

**Addis Ababa University
School of Graduate Studies
Institute of Gender Studies**

**The Role of Men in Achieving Gender Equality and
Promoting Adolescents Sexual Reproductive Health:
The Case of Hiwot Ethiopia**



By: Mahlet Abraham

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree
of Master of Arts in Gender Studies at the Addis Ababa University.

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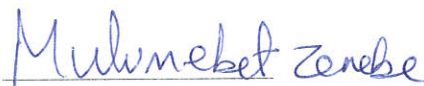
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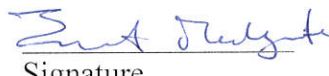
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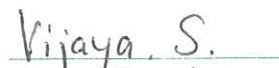

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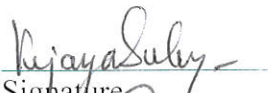
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Advisor


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Date


Internal Examiner


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23/07/09
Date


External Examiner


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Acknowledgment

Before anything and anyone, I would love to thank my God, for his endless love and for providing me the courage and strength through out my life.

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Abstract

This study is conducted on a small indigenous organization called Hiwot Ethiopia, who aims to achieve gender equality and promote ASRH by focusing on men. The main objective of the study is to view the role of these men/boys practitioners who actively participate in the project serving as mediators between the organization and the beneficiaries to achieve the objective of the project.

The role of men practitioners in the project is evaluated in this study, through their performances and activities that they have conducted through out the project cycle. To conduct the study, both qualitative and quantitative methodologies are employed. Accordingly, questionnaire is distributed to the total population of 60 practitioners, while interview is conducted with 31 men practitioners of the project. Moreover, 10 women practitioners have participated in focus group discussion, while additional in-depth interview is conducted with 4 purposely selected staff of the organization.

Findings of the study show that, only few of these men participated during the problem identification, while none of them took part in designing the project. However, it is noted practitioners are highly involved in implementing and conducting M&E in the project. In addition, it is learnt through the study that the organization involves young boys and parents in coffee ceremony discussions, edutainment programs and different discussion sessions, so as the issue of sexual reproductive health, masculinity, femininity and gender inequality are addressed and communicated to the beneficiaries.

However, there are certain weaknesses observed during this study that should be addressed by the organization to strengthen the participation of these men so as to achieve gender equality and promote ASRH. In order to run the program effectively and to increase the commitment of the practitioners, it is recommended that the organization needs to allocate enough budget, in addition it needs to monitor and observe the performance of the practitioners more closely so as to enhance their contribution in attaining what is required.

Acronyms

| | |
|----------------|--|
| AIDS | Acquired Immunodeficiency Syndrome |
| ASRH | Adolescent Sexual Reproductive Health |
| FGM | Female Genital Mutilation |
| FP | Family Planning |
| HIV | Human Immunodeficiency Virus |
| ICPD | International Conference on Population and Development |
| IEC/BCC | Behavioral Change Communication |
| M&E | Monitoring and Evaluation |
| NGO | Non Governmental Organization |
| PIE | Pathfinder International Ethiopia |
| PLWHA | People Living with HIV/AIDS |
| PMTCT | Prevention of Mother to Child Transmission |
| RH | Reproductive Health |
| SCS | Save the Children Sweden |
| SRH | Sexual Reproductive Health |
| STD | Sexual Transmitted Disease |
| STI | Sexual Transmitted Illness |
| UNDP | United Nations Development Program |
| UNFPA | United Nations Populations Fund |
| USAIDS | United States Agency for International Development |
| VCT | Voluntary Counseling Technique |
| WHO | World Health Organization |

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Chapter I

Introduction

1.1 Background

UNICEF (2008) defines gender equality as leveling the playing field for girls and women by ensuring that all children have equal opportunity to develop their talents. According to Chinkin (2001) included in the construct of gender are the unequal power relations (social, political, economic) between women and men; the stereotyping of women as inferior; and the greater value that is put on men's roles and functions in society (as cited in Commonwealth Secretariat, 2002).

Gender equality and non-discrimination on the basis of sex are fundamental human rights recognized by a number of international legal instruments and declarations and they are included in most National constitutions (Chigaga, 2007; UNFPA, 2006). Fetenu (2003) further stated that, in order deconstruct unequal power relation, and to promote women's equality in social, economic and political spheres, several attempts have been made worldwide. For instance, the United Nations Millennium Project has put achieving 'gender equity' as one of its major goals. The project claims that every single goal is directly related to women's rights, and societies where women are not afforded equal rights as men can never achieve development in a sustainable manner (UN, 2001).

Moreover, the Beijing Platform for Action (1995) and the ICPD Program of Action (1994) incorporate new and related stipulations, drawn from practical experience, for addressing women's needs and rights in holistic and integrated way. These include: securing women's human rights; ensuring male involvement and responsibility in reproductive health; providing quality services; taking a life-cycle approach to women's health; attending to adolescent sexual and reproductive health needs; preventing and treating HIV/AIDS and eliminating all forms of violence against women, including damaging cultural practices such as FGM (UNFPA, 2000).

What is more, several studies also show that, gender inequality and poverty are far more important contributors to HIV/AIDS risk than any other factors (Save the Children Sweden (SCS), 2007). Therefore, one can conclude that, 'gender inequality', 'poverty' and 'sexuality'

are highly intermingled issues that should be addressed by governments and non governmental organizations.

In order to avoid such kinds of problems and to achieve the above mentioned objectives of the ICPD program of action and to bring gender equality, scholars argue that men should try to understand and support women in making the equality they seek a reality, realizing, along the way, that any effort in that direction is not meant to be against them (Tizita, 2003). For instance, Barker & Ricardo (2005) stated that in recent years, there has been increasing attention to how boys are socialized and to the specific needs and risks to health and development that boys and young men face, as well as to the need to engage boys and men in promoting gender equality (as cited in SCS, 2007). As to Tizita (2003):

...lots of approaches have been developed and implemented to make women equal participants and beneficiaries of the social, economical and political arena. As a result, WID (Women in Development) approach has been introduced in the 1970 with the idea of making women the actors of development putting men aside. However, the approach did not last long, for a reason that the assumed development and equality could not be gained by putting men in the corner. As a result GAD was later introduced to fill the gap that was previously created and to promote gender mainstreaming (p.42).

In addition, following the Beijing Conference in 1995, involving men to achieve gender equality has been raised in a number of intergovernmental platforms, including the World Summit on Social development (1995), General Assembly on HIV/AIDS (2001) and the 48th session of United Nations Commission on the status of women specifically focused on the theme: “The Role of Men and Boys in Achieving Gender Equality”.

In regard to Ethiopia, scholars believe that programs promoting gender equity, adolescent empowerment, and access to education and employment will have a major and long lasting impact on Ethiopian society as a whole. Investing in the health and well being of this large cohort is vital if Ethiopia is to meet the poverty reduction goals as stated in the Plan for Accelerated Sustainable Development for Eradicating Poverty (PASDEP) and the Millennium Development Goals (MDGs) by 2015 (Ministry of Health (MOH), 2007). Moreover, Ahmed (2005) further stated that protecting the human rights of women, including their reproductive

rights, and ensuring women's sexual and reproductive health is central to empowering women. As a result issues such as gender equality, reproductive health and HIV/AIDS have become the integral part of many international and national laws.

However, young people in Ethiopia are highly affected by the epidemic of the HIV/AIDS and women are found to be more vulnerable group for several reasons (Hiwot Ethiopia, 2006). According to a data released by MOH (2008) the prevalence rate for women in 1995 was 3.6% while this number is 2.8% for men for the same year. In addition, in 2008 the prevalence rate for women is found to be 5.7% while it is 4.4% for men (MOH, 2008).

Nevertheless, engaging men and studying their role in bringing gender equality in fighting the epidemic of HIV/AIDS and promoting Adolescence Sexual Reproductive Health (ASRH) so as to create a balanced and harmonious society is overlooked, especially in our country, partly because they have ignored the influence of men on the lives of women.

For the last three years, Hiwot Ethiopia supported by other organizations is found to be among the few indigenous NGOs that have been engaged in bringing gender equality in preventing HIV/AIDS and promoting ASRH by putting boys and youth at the center. Bearing this in mind, this paper has tried to evaluate or conduct an assessment on the involvement of men in promoting gender equality and ASRH in the above mentioned NGO. The research is dedicated to study the level of participation of boys and men in achieving gender equality in fighting HIV/AIDS and promoting ASRH for the period of one year, i.e., January – December 2008.

Hiwot Ethiopia which was established in 1995, as a club and was officially registered and recognized as a Local NGO under the City government of Addis Ababa in 2001. The organization is currently operational in Addis Ababa and Merhabete (North Shoa Zone) (Hiwot Ethiopia, 2006).

The organization mainly focuses on young people aged between 10- 24 found in two sub-cities of Addis Ababa, Gulele and Arada. In addition, parents, teachers, community leaders and women are also the indirect target of the program in promoting ASRH and gender equality with in the community (Hiwot Ethiopia, 2006).

The profile of the organization and detail information on the above mentioned project will be discussed in detail on the fourth chapter of this paper.

1.2 Statement of the Problem

Even though gender is the study of relations between men and women, focus by governments, scholars and organizations is given to the study of women since they are discriminated and unequally treated by their respective society. However, Kimmel (2000) argues that efforts to further gender equality that do not include men are doomed to failure. According to Ruxton (2004) there are a number of reasons for such an omission being a recipe for failure. He furthers that men are the gate keepers of current gender orders and are potential resisters of change. Second, if programs do not effectively reach men and boys, efforts to promote gender equality and reproductive health will be simply ignored. Moreover, if men are not involved then programs are *de facto* removing men from the gender equation.

After centuries of struggle women have relatively gained certain rights that they were previously denied because of their gender. However, HIV/AIDS, feminization of poverty, gender based violence, conflict, displacement, religious fundamentalism are among the challenges that still need to be addressed in order to achieve gender equality (Fetenu, 2003).

Studies show that women are, unfortunately, more at risk of HIV/AIDS and adolescence sexual reproductive health infection than men due to both biological and cultural factors. Hence, in order to fight back these problems, the deeply-rooted discriminations and the unequal treatment, many international stakeholders believe that it is important to include men and boys in addressing the problem. These stakeholders advocate that it is possible to work with men to promote gender equality and at the same time improve health and fight disease among both men and women.

According to Chant and Gutmann (2000):

Although discussion about men in gender and development are underway, there is scant evidence of 'male inclusive' gender initiatives on the ground. Moreover, where these do exist, they tend to be restricted to a limited number of sectors such as reproductive health, violence and conflict. These are the areas in which the importance of gender relations is most direct and obvious, where the impacts of gender inequalities on women may be serious to the point of life threatening, and where the need to engage men in transformational interventions is paramount (p.2).

Hence, attention should be given to men inclusive gender related activities so as to avoid the high risk that revolves around the lives of both men and women because of what is mentioned above and to achieve gender equality. In Ethiopia, however, the idea of integrating boys and men in achieving change and creating improved relations between men and women seems a new idea that just recently grabbed the attentions of both international and indigenous NGO's, therefore, extensive study needs to be conducted in the area.

Furthermore, researches are hardly conducted by scholars of our country, in the area of men's involvement in gender related issues. Therefore, there is a lack of information regarding men's involvement in project formulation, implementation and monitoring evaluation process of projects that work towards achieving gender equality by putting men at the center.

With this fact in mind, the researcher attempted to look into the roles and responsibilities of men in formulating, implementing, monitoring and evaluating the aforementioned project of Hiwot Ethiopia to promote gender equality via ASRH promotion.

1.3 Objective of the study

The research has both general and specific objectives that are stated below:

1.3.1. General Objective

The general objective of this research is to assess the idea of integrating boys and men in tackling gender inequalities in eradicating HIV/AIDS and ASRH problems on the project of Hiwot Ethiopia.

1.3.2 Specific Objectives

This research paper tries to achieve the following specific objectives:

- To evaluate Hiwot Ethiopia's conceptualization of gender equality and its rationale behind the integration of young men and male parents in promotion of ASRH.
- To evaluate the role of young men and male parents in implementing the formulated project of Hiwot Ethiopia in achieving gender equality via ASRH promotion for the last one year.

- To examine the role of young men and male parents in Hiwot Ethiopia, in decision making with regard to the promotion of the gender equality under question during the year 2008.
- To assess the level of participation of young men and male parents in monitoring and evaluation stage of the project, while attaining to achieve gender equality by focusing on ASRH during the above mentioned period.

1.4 Research Question

As mentioned above, this paper is dedicated to assess the idea of men's involvement in promoting gender equality through fighting HIV/AIDS and promoting ASRH in an indigenous NGO called Hiwot Ethiopia. In order to achieve the objectives of this study that are mentioned above, the research attempts to answer the following questions:

- How do the organization, Hiwot Ethiopia and the practitioners conceptualize the idea of gender equality?
- What is the role of young men and men parents in the project formulation and how does their role contribute to gender equality?
- What activities do young men and male parents do during the implementation of the project under question, that contribute to gender equality? What is their role in decision making and how does that lead to gender equality?
- And what roles do they play during the M&E process of the project?

1.5 Operational Definitions of Key Terms

Adolescence: According to WHO, it is a period between 15 & 24, while addressing to CDC it is a period between 13 & 19 . It is also a period of turbulence and an adolescent is a person who is in sexual as well as identity crises (Kamaara, 2005).

Counseling: To discuss reproductive health issues and choices, guiding the client to make informed decisions regarding his or her reproductive life while respecting confidentiality and privacy (MOH, 2007).

Gender Equality: Refers to the equal valuing of the roles of women and men. It works to overcome the barriers of stereotypes and prejudices so that both sexes are able to equally contribute to and benefit from economic, social, cultural and political development within society (EU, 2008).

Reproductive Health: Is a state of physical, mental and, social well being, not merely the (ck if there is a better definition) absence of diseases or infirmity, in all matters related to the reproductive system and its functions and process (ICPD, Program of Action, para 7.2 as cited in MOH, 2007).

Rights on Sexual and Reproductive Health: These are rights specific to personal decision making and behavior on reproduction including access to RH information, privacy guidance from trained personnel, obtaining RH services free from discrimination and no coercion or violence in one's sexual life (MOH, 2007).

Youth: A period in human physiological development whereby one is in transition from childhood to adulthood. It is a transition period characterized by physical change and such factors as mental/cognitive/psychological, emotional and spiritual re-awakening. The period of youth ranges between 11 and 24 years of age (Kamaara, 2005); while according to WHO and Ethiopian Youth Policy, the period of youth ranges between 15-24 and 15-29 respectively.

1.6 Significance of the Study

Conducting the research on the aforementioned area will have its own importance in gender studies for the following reasons:

- It will shade light on the emergent trend of taking men as partners in attaining gender equality through ASRH endorsement.

- It will study the activities of Hiwot Ethiopia in the involvement of boy peer educators and male parents so as to elucidate the working project of men's participation in the liberation of themselves and women or humankind.
- The paper will invite more scholars and stakeholders in our country, to study the involvement of boys and men in gender related work so as to create a responsible society, who equally participate and benefit from the system.
- It will also provide Hiwot Ethiopia, with information and findings that will help them improve their project implementation.

Chapter II

Review of Related Literature

Under this section, reviews and studies conducted in relation to gender and equality, sexuality, reproductive health and men's involvement in promoting gender equality and fighting the epidemic of HIV/AIDS are reviewed in detail so as it will give readers substantial information in the area.

2.1 Literature Review

2.1.1 Gender Equality and Discrimination

According to UNESCO (2004), the term gender is defined as the socially and culturally constructed meanings and roles assigned to persons of different biological sexes; males and females (as cited in Chattopadhyay, 2004). However, scholars seem to focus on the study of women because according to Tapan (2006) 'women have low status since time immemorial' (as cited in Muleta, 2008, p.21). Nevertheless, according to Rexton (2004) failing to include men and boys in development intervention results male power to remain dominant in gender relation, and marginalizes women and women struggles.

Gender equality which refers to the equal valuing of the roles of women and men, works to overcome the barriers of stereotypes and prejudices so that both sexes are able to equally contribute to and benefit from economic, cultural and political developments within society (EU, 2008). The Beijing platform for Action has also stated that:

The advancement of women and the achievement of equality between men and women are a matter of human rights and a condition for social justice and should not be seen in isolation as a women's issue. They are the only way to build a sustainable, just and developed society. Empowerment of women and equality between women and men are prerequisites for achieving political, social, economic, cultural and environmental security among all peoples (UN, 1995, Para. 41).

Moreover, according to UNFPA (1998) Principle 4 of the International Program of Action Conference on Population and Development stated that:

Advancing gender equality and equity, and the elimination of all kinds of violence against women, and the empowerment of women, and ensuring women's ability to control their own fertility, are cornerstone of population and development programs.... the full and equal participation of women in civil, cultural, economic, political and social life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex, are priority objectives of the international community (p.2).

The ICPD affirmed that empowerment and autonomy of women, and the improvement of their political, social, economic and health status, constitute an important end in themselves and one that is essential for achieving sustainable development. There should be full participation and partnership of both women and men in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintenance of the household (UN Economic and Social Council (ESC), 1999, para.40).

Nevertheless, Sweetman (2001) argued that “global statistics continue to show that women are disproportionately poorer than men, and their political and social marginalization has not ended anywhere in the world” (P.1). In addition, UNDP showed that, despite many improvements made in the status of women, there are still many inequalities: two thirds of people in the world who cannot read are female, nearly seventy percent of the world's poorest people are female, women represent a growing proportion of people living with HIV/AIDS, in only 16 countries in the world women's representation in national parliaments is about 25 percent, women's contributions to the global economy are growing rapidly but their labor remains undervalued and undercounted in the national accounts (EU, 2008).

Women often have less resource than men to legal recognition and protection, less access to public knowledge and information, and less decision making power both within and outside the home (Ruxton, 2004). Further he argued, in many parts of the world, women frequently have little control over fertility, sexuality, and marital choices. Such discrimination increase vulnerability to poverty, violence, and ill-health, and results in women representing a disproportionate percentage of the poor population of the world. However, if women and men have relative equality, economies grow faster and there is less corruption. When women are healthy and educated, their families, communities and nations benefit (EU, 2008).

As it is clearly mentioned above, the concept of gender equality is very wide that it will be unwise to touch up on each and every aspect of it in this study. For this reason, this paper only focuses on gender equality in relation to sexuality and fertility since women's little control over fertility, sexuality, and marital choices has made them to be vulnerable to poverty, violence, and ill-health. Therefore, as it is stated on ICPD, there should be full participation and partnership of both women and men in productive and reproductive life to achieve gender equality (UN Economic and Social Council (ESC), 1999, para.40).

2.1.2 The Progress in Integrating Men in Achieving Gender Equality: WID and GAD Approaches.

Fetenu (2003) stated that after the Nairobi's conference in 1985, it was thought that equality would be achieved by working with women and addressing their socio-economic needs. Enhancing their access to resources to engage in income-earning activities and providing basic social services were among the interventions pursued to advance the 'women cause'. Nevertheless, continued research and analysis of the causes of inequality by feminist researchers and grassroots practitioners in developing countries demonstrated the shortcomings of the exclusive focus on women to the exclusion of their relational life with men.

WID tends to focus on women as an analytical category, and visualizes the setting up of separate organizational structures for the development of women-specific policies and projects (Ruxton, 2004). Furthermore, according to Rathgeber (1989), the WID approach is a singular preoccupation with the productive sector at the expense of the reproductive side of women's work and lives. The labor invested in family maintenance, including childbearing, and -rearing, housework, care of the ill and elderly and the like, has been considered to belong to the 'private domain' and outside the purview of development projects aimed at enhancing income-generating activities.

WID approach uses women as a basis of analysis, i.e., it underlines the importance of women in development and targets them through 'women-only' projects and/or women specific components of broad programs (Tizita, 2003; Rathgeber 1989). At one level, these contributions signaled a major breakthrough for women: never before had resources been apportioned to

women's development in this way, nor had so many women infiltrated the ranks of the international development system (Chant & Gutmann, 2000).

Therefore, WID's orientation to treating the symptoms rather than the resources of inequalities has led to the emergence of GAD (Shahrashoub & Miller, 1995). Rathgeber (1989) further argues that "unlike the WID and WAD approaches, the GAD approach leads, to a fundamental reexamination of social structures and institutions and, ultimately, to the loss of power of entrenched elites, which inevitably will effect some women as well as men" (p.14). Moreover, the 'Gender and Development' (GAD) approach integrates gender planning in all aspects of development programs. It works to understand the impact of the proposed changes on both men and women but it may not always address the specific needs of women and men (EU, 2008, para.8). In addition, the GAD approach signals three important departures from WID. First, it identifies the unequal power relations between women and men. Second it reexamines all social, political and economic structures and development policies from the perspective of the gender differentials. And third, it recognizes that achieving gender equality and equity will demand 'transformative' change in gender relations from household to global (Shahrashoub & Miller, 1995).

2.1.3. Sexuality and Adolescence Sexual Reproductive Health

Health and sexuality are significant areas of life where gender inequalities appear, or are constructed (UNDAW, 2003). In the era of HIV/AIDS, the importance of better understanding of sexuality to improve sexual health becomes increasingly critical, and reproductive health remains one of the best entry points to achieve this (Kwaak & Wegelin-Schuringa, 2006). According to Dixon-Mueller (1993) researchers studying sexuality often use narrow definitions of sexual behavior, focusing almost exclusively on risks of pregnancy and disease. The analytical framework for studying sexuality and reproductive health should involve four dimensions of sexuality, namely sexual partnership, sexual acts, sexual meanings, and sexual drives and enjoyment (as cited in Kwaak & Wegelin-Schuringa, 2006).

According to Hardon (1995) sexual health is seen in terms of reproductive health. In addition to fertility regulation and the prevention and control of reproductive morbidity and mortality, sexual health refers to a satisfying sex life, free of violence, fear and unnecessary pain, and

including mutually caring sexual relations. World Health Organization (WHO), therefore, defined sexual health as the integration of the somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love (as cited in Royal Tropical Institute (RTI), 2001).

Reproductive health, hence, implies that people are able to have a responsible, satisfying and safe sexual life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice and the right of access to appropriate health care services (UNFPA, 1995).

The same document further stated that the ICPD Program of Action not only endorsed this view of reproductive health but also helped operationalize what reproductive health care services should include as follows:

Reproductive health care in the context of primary health care should, inter alia, include: family planning counseling, information, education, communication and services; education and services for prenatal care, safe delivery and postnatal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infection; sexually transmitted diseases and other reproductive health condition; and information, education and counseling, as appropriate, on human sexuality, reproductive health and responsible parenthood (Para 7.6).

As stated above, both sexuality and reproductive health are highly interrelated topics. An understanding of human sexuality and reproductive health in general and youth in particular gives an understanding of youth sexual behavior. Therefore, before discussing the issue of Adolescents sexual reproductive health (ASRH) in the next part, it is important to mention some important points regarding adolescence.

According to Kamaara (2005):

The physical and cognitive development during adolescence makes one realize that he/she is growing up and is no longer a child. Often times one questions his/her identity. In addition, the physical development experience during adolescence, awakens the minds of the adolescent to the realization that he/she is a sexual being. One begins to take interest in members of the opposite sex and strives to be recognized (p.4-5).

Moreover, the same documents stated that the energy and stamina acquired during adolescence are essential for reproduction, production and maintenance of resources, not only for the individual but also for the family and the society at large. A healthy adolescent is a healthy future, a healthy part of the human race. Hence adolescence is “the promise and hope of humanity” (p.6).

In addition, studies show that reaching out to youth is very critical since young people between the ages of 10 and 24 represent more than one fourth of the world’s population and in many countries they are engaging in sexual behaviors at increasingly early age, leading to unwanted pregnancy and out-of-wedlock births. In addition, many young men are also at risk of contracting STD and HIV infection because they have multiple sexual partners and/or visit commercial sex workers. Their limited access to information regarding fundamental issues related to reproduction, also exposes them to higher risk of becoming pregnant or contracting an STD, the hazard of early child bearing, the responsibilities of parenthood and others. Misinformation abounds, the mass media are filled with sexual innuendoes, and peer pressure to engage in sex and other high-risk behaviors is difficult to resist (UNFPA, 1995). Therefore, according to Lesh and Kruger (2005), in order to improve the effectiveness of prevention programs for adolescents dealing with HIV/AIDS and teenage pregnancies, it is important to focus on the adolescent’s own understanding and experience of their sexual behavior (as cited in Kwaak & Wegelin- Schuringa 2006).

Moreover, emphasizing the need for equity in gender relations and responsible sexual behavior, the Program of Action notes that males as well as females must have access to appropriate information and services to achieve good sexual health and exercise their reproductive rights and responsibilities (UNFPA, 1995; PIE, 2007). However, expanding reproductive health services to

better address sexuality and sexual health issues continues to be challenging in many countries (Kwaak & Wegelin-Schuringa, 2006).

Likewise, to majority of sub-Saharan countries, ASRH is found to be a very important issue. Pregnancy, childbirth and Sexually Transmitted Infection (STI) are major contributors to overall morbidity in the adolescent age group. According to a publication by an organization called Advocates for Youth (2008) many governments in sub-Saharan Africa view with concern the region's continued rapid population growth, high birth rates, and escalating rates of HIV infection. Unprotected adolescent sexual activity significantly contributes to these numbers. Many non-governmental organizations and some governments are working to meet the reproductive health needs of adolescents by providing sexuality education and life skills development, but more needs to be accomplished.

When we see the case of Ethiopia, different studies have showed that the sexual and reproductive health problems faced by youth are tremendous and complex and thus need to be addressed immediately. MOH (2004) stated that a considerable proportion of the country's population has little or no access to modern health facilities of any type. The health service coverage for the country is estimated to be 73.16% (as cited Hiwot Ethiopia, 2006).

As it is mentioned above, the unequal decision making power that prevails between men and women, in addition to the limited access to resources adversely affect the reproductive health of women leading to STD and HIV/AIDS infection, high risk of maternal mortality, FGM and unwanted pregnancy. The National Reproductive Health Strategy of Ethiopia (2006-2015) has also, clearly outlined the disadvantaged position women hold in the Ethiopian society. It recognizes the fact that harmful traditional practices such as FGM, early marriage, abduction, polygamy, wife inheritance, and other forms of forced marriage as affecting women's and girl's reproductive health and rights, and the status of women in society (as cited in PIE, 2007). It further stated that since adolescence is a time of transition from childhood to adulthood where new behaviors are more easily learned than when in adulthood, it is mandatory to design targeted interventions since programs promoting gender equity, adolescent empowerment, and access to education and employment will have a major and long lasting impact on Ethiopian society as a whole (MOH, 2007).

As highlighted above, Adolescents Sexual Reproductive Health (ASRH) is a broad concept that includes several issues. Therefore, the following part of this study tries to review documents in relation to major ASRH issues, such as HIV/AIDS, STI, unwanted pregnancy and gender based violence that highly affect the sexual lives of adolescents worldwide. Moreover, discussing those ASRH issues is found to be mandatory since the objective of this study is to view men's involvement in promoting ASRH in the organization under question.

2.1.3.1 HIV/AIDS and STI

Young people between the ages of 15 and 24 are both the most threatened-globally accounting for half of all new cases of HIV with the highest prevalence rate– and the greatest hope for turning the tide against AIDS. Several factors place young people at the center of HIV vulnerability. These include lack of HIV information, education and services, the gambles many must take in order to survive; and the risks that accompany adolescent experimentation and curiosity (UNAIDS, 2004; UNAIDS, 2002; Kamaara, 2005).

According to Matlin and Spence (2002) at the 1995 International Conference on STI/AIDS in Kampala, a group of young Africans from 11 countries put forward seven principles which they saw as essential for effective AIDS action:

- *The participation of young people in program planning, implementation , monitoring and evaluation ;*
- *Provision of youth-friendly services and centers where young people can access information, support and referral;*
- *Parental involvement in giving better communication, guidance and support to young people;*
- *Promotion of skills-based education about HIV/AIDS;*
- *Protection of girls and women against sexual abuse and exploitation, and sensitization and education of boys and men about their sexuality and behavior;*

- *Establishment of networks for young people, including those living with HIV/AIDS, for prevention, protection, of human rights and promotion of acceptance by society;*
- *More commitment and more responsible decision-making by young people themselves about their sexual behavior and influence on peers (as cited in Commonwealth Secretariat, 2002)*

Young people raised a great concern because according to UNFPA (2003) this youth's generation is the largest in history: nearly half of the global population is less than 25 years old and yet they have not known the world without AIDS (as cited in UNAIDS, 2004).

The HIV/AIDS Policy of Ethiopia (1998) also recognizes the increased vulnerability of women and youth to the infection as well as gender inequality as a contributing factor to its spread. The policy acknowledges the need for women to have access to information and recognizes women's empowerment and decision making as essential components for the prevention of the pandemic. The policy recommends, that women and youth be the main parties in planning strategies of prevention (as cited in PIE, 2007).

According to CSA and ORC Macro (2004) the HIV problem in Ethiopia has become a 'feminine epidemic'. Girls aged 15-19 years are seven times more likely to be HIV/AIDS positive than boys of the same age (as cited in MOH, 2007). Women 20-24 year are four times more likely to be infected than men of the same age. In addition due to biological, physiological, socio-cultural and economic factors, young women are at risk of HIV transmission (MOH, 2007; RTI, 1995).

Further, the imbalance in the power relationship between women and men created by unequal access to productive resources translates into unequal balance of power in sexual interactions. Women's low economic status contributes to their vulnerability to HIV/AIDS, since some of them are forced to earn a living through commercial sex work, unwanted and arranged marriage, or marriage by abduction. In addition, ignorance about protection under the law and inadequate information and negotiation power for safe sex also make women vulnerable (PIE, 2007).

According to UNFPA (1995) the emergence of the AIDS pandemic has created vastly increased interest in condom promotion, since the two major ways to prevent sexual transmission of HIV that causes AIDS are; changes in sexual behaviors (such as abstinence, monogamy and non-

penetrative sex) and condom use. Faced with the urgent need to control AIDS transmission and to give more attention to STD prevention and treatment, and since condoms are also key means of protecting both men and women from STD infection, many Governments have permitted condom advertising in the mass media and have endorsed condom distribution and promotion initiatives (UNFPA, 1995).

MOH (2007) further stresses this idea. Promoting contraceptive and condom use among youth can lead to decreases in morbidity and mortality due to unplanned and unwanted pregnancy, abortion, and sexually transmitted diseases (STDs), including HIV/AIDS, and can slow population growth. However according to Ethiopia's Demography and Health Survey (EDHS) (2005) despite high rate of awareness of HIV/AIDS, about one in four girls age 15-19 does not believe there is a way to avoid HIV/AIDS. In general, knowledge of condom and the role they can play in preventing the virus transmission is limited. Sixty percent of the women and 30% of men are unaware that using a condom during sexual intercourse can reduce the risk of contacting HIV/AIDS (as cited in MOH, 2004).

Further, MOH (2007) reported that adolescents knowledge of other STIs is much more limited than that of HIV. Only about half of the adolescents age 15-19 had some knowledge of STIs and their symptoms. As STI is useful marker for unprotected sex and also as a co-factor for HIV transmission. According to 2005 EDHS, sexually active girls aged 15-19 are three times more likely to report an STI than sexually active boys in the same age group. Thus as stated above, young girls are at increased risks of contacting STI and HIV/AIDS as they probably engage in unprotected sex due to the limited control they may have over their sexual lives, in addition to the limited information they have regarding protection under the law.

2.1.3.2. Unwanted Pregnancy and Abortion

“No discussion of reproductive health can ignore the question of induced abortion and the complex moral, social and political issues that surround it” (Smyre, 1991, p.64).

Paragraph 7.44 of the 1994 ICPD Program of Action invites countries to address ASRH issues, including:

unwanted pregnancy and unsafe abortion through the promotion of responsible and healthy reproductive and sexual behavior, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behavior, including voluntary abstinence, and the provision of appropriate services and counseling specifically for that age group ... in order to substantially reduce all adolescent pregnancies (as cited in UNFPA, 1999, p.6)

However, despite this provision, limited knowledge of sexual physiology, early marriage, limited use of contraceptives, limited access to reproductive health information and education, and girls' limited agency over their sex lives all contribute to the high rate of unwanted pregnancy. In addition to the psychological trauma associated with unwanted pregnancy, adolescent pregnancy carries its own obstetric risks (MOH, 2007).

Different studies also show that in many sub-Saharan countries, first sexual activity takes place before marriage. Sub-Saharan Africa's adolescent fertility rate is generally higher than for other regions in the world. Childbearing in adolescents poses health risks for both mother and child including toxemia, hemorrhage, anemia, infection, malnutrition, disproportion, obstructed labor, vesico- or recto-vaginal fistula, low birth weight, and prenatal and maternal mortality (Advocates for Youth, 2008).

According to CSA and ORC Macro (2000) unwanted pregnancy is one of the major RH challenges faced by adolescents in Ethiopia. 54% of pregnancies to girls under age 15 are unwanted compared to 37% of those ages 20-24. This indicates the need to refocus programs and prioritize interventions tailored to adolescents under 15 years (as cited in MOH, 2007).

What is more, abortion that arises because of unwanted pregnancy also places many young women at risk as the termination of pregnancy is usually conducted under unsafe conditions. Most abortions are illegal (MOH 2007).

Abortion is used to some extent in every country, no matter what the laws regulating it, no matter what the predominant social and moral attitudes towards it and no matter what the percentage of couples using contraceptives. When women are determined not to have a child, and if other means of preventing births

are not available or have failed, they do not resort to abortion, regardless of the risks (Smyre, 1991, p.65).

In relation to women's health and abortion, one of the common problems is inadequate data in abortion especially on abortions done illegally (Smyre, 1991). Likewise, accurate data is difficult to collect in Ethiopia. However, it is estimated that girls under age 15 are three times more likely to end their pregnancies in abortion compared to those ages 20-24 (MOH, 2007). In addition, in Ethiopia, abortion accounts for nearly 60% of gynecological and almost 30% of all obstetric and gynecological admissions (MOH 2006, as cited in MOH 2007).

2.1.3.3 Gender Based Violence

When discussing various challenges within the field of gender and health, violence against women needs to be discussed because it is a major public health problem and human right's violation throughout the world (Kwaak & Wegelin-Schruinga, 2006). Gender based violence is an act that results in, or is likely to result in physical, sexual or psychological harm or suffering in both women and men, occurring in public and private life (PIE, 2007). According to WHO (2008) each year, over 1.6 million people world wide lose their lives to violence. Violence is among the leading causes of death for people aged 15-24 years world wide. For every person who dies as a result of violence, and many more are injured and suffer from a range of physical, sexual reproductive and mental health problems.

Most forms of violence against women and girls are related to gender inequality and to the desire to control women's sexuality (Kwaak & Wegelin-Schruinga, 2006). Gender based violence has many forms, and in Ethiopia occurs throughout a woman's life cycle. Gender based violent acts, such as rape, abduction, FGM, early marriage, marriage by abduction, have severe negative consequences for women's reproductive health as well as their psychological well being placing them at high risk of physical and mental damage (PIE, 2007). According to a survey conducted in 2006, 3 out of 10 girls in Ethiopia have been raped at least once before they age 18 years old. Other forms of violence experienced include being punched and kicked. One of the main reasons given for being assaulted is not accepting a man's request for partnership, a request that girls face usually between the age of 14 and 17. Being insulted, shouted at or glared at, and

embarrassed in front of others are the most frequently repeated forms of violence experience by Ethiopian girls (Stavropoulos as cited in Save the Children Sweden, 2007).

In addition, although there is little information available on the experience of sexual violence against boys, there are indications that boys are also victims of sexual abuse and rape. Due to fear of reporting and taboos surrounding sexuality, the magnitude of sexual violence on boys and men is little understood (Hiwot Ethiopia, 2006).

2.1.4 Men's Involvement in Promoting Gender Equality and Safeguarding RH

Even though, conceptual shift from WID to GAD has been observed, in practice many programs and projects continue to target women without considering the need to transform men's attitudes and behavior. This could be attributed to the fact that, working with men could be seen as a distraction from the fundamental work of empowering women, or because they are regarded as problem creators or, involving men could be regarded as an attempt by men to designate existing gender work for their own purpose (Chant & Gutmann, 2000)

However, unless men's practices, attitudes, and relations change, effort to promote gender inequality will be a problem since they hold an upper hand in different aspects of women's life (Ruxton, 2004). Men often have the capacity to influence women's health outcomes and their access to health services. Men exert power and influence in households through their interpersonal relations, and in communities and societies through their institutional roles as decision makers and leaders in political, economic and cultural spheres (UNDAW, 2003). Moreover, this document argues that, gender inequalities in sexual relations have a pervasive influence on women's well-being and on both women's and men's vulnerability to HIV/AIDS and other sexual transmitted infections.

Gender power imbalance, male involvement and male responsibility are therefore issues that need to be discussed in detail so as to understand their effects on gender equality. According to Save the Children (2007) 'gender power imbalance' means that girls and women are often in no position to negotiate safe sex and therefore can expose themselves to STIs and to unwanted pregnancy. 'Men responsibility' on the other hand stresses the need for men to assume responsibility for the consequences of sexual and reproductive behavior, such as caring for their

offspring, using contraception to take the burden off their partner and practicing safer sexual behaviors to protect themselves, their partners and their families from STDs, including HIV (UNFPA, 1995). In addition, 'Male involvement' is used as an umbrella to encompass the various ways in which men relate to reproductive health problems and programs, reproductive rights and reproductive behavior. According to same document, male involvement in reproductive health has major two facets: the way men accept and indicate support to their partner's needs, choices and reproductive health and men's own reproductive and sexual behavior.

In order to achieve gender equality through fighting the epidemic of HIV/AIDS and other related RH problems, a growing interest among governments and the international community in the role of men is observed. According to Barker & Ricardo (2005) the 1994 International Conference on Population and Development and the 1995 Fourth World Conference on Women in Beijing provided a foundation for engaging men- including young men- in RH, including FP and sexual health that will ultimately improve the status of women (as cited in Save the Children, 2007; UNFPA, 1995). Paragraph 4.29 of the ICPD reaffirmed the urgency of reaching out for youth as follows:

National and community leaders should promote the full involvement of men in family life and the full integration of women in community life. Parents and schools should ensure that attitudes that are respectful of women and girls as equals are instilled in boys from the earliest possible age, along with an understanding of their shared responsibilities in all aspects of a safe, secure and harmonious family life. Relevant programs to reach boys before they become sexually active are urgently needed (as cited in UNFPA 1995, p.25).

As a result achieving gender equality is now seen as a societal responsibility. It is not also an issue that only concerns women. It requires active commitments by men, and partnership between women and men (UNDAW, 2003). In addition, recent attempts made by organizations to involve men and boys in policies and programs designed to address HIV/AIDS and gender violence helps challenge constructions of masculinity and prompt changes in many commonly-held attitudes and behaviors. This includes the way boys are socialized to become men and how boys and young men approach sexuality and violence (Save the Children, 2007). Moreover, according to Keijzer and Ayala (2003) many masculine traits (seeking power, being

unemotional, competitive, uncaring, and rule breaking) also have high negative impacts in the lives not only women but also men (as cited in Ruxton, 2004).

According to UNFPA (2000) “men play an important role in safeguarding the sexual reproductive health of the women in their lives. They also have RH needs of their own that should be met” (p.9). Moreover, they can make important contributions to gender equality in the area of sexuality by striving for egalitarian and consenting sexual relations and by taking responsibility and caring role in relations to pregnancy, birth and child rearing (UNDAW , 2003). Men, should therefore, need to be involved in prevention and education, and be empowered to adopt healthier sexual behavior (Commonwealth Secretariat, 20⁰²). Additionally, with respect to FGM, since men are often the ones who need to marry a circumcised girl, they could play an important role in banning the harmful traditional practice and protect the RH of women (Kwaak & Wegelin-Schuringa, 2006). Therefore, involving men may help to create wider consensus and support on those issues which have previously been marginalized as interest to women only.

The beneficial impact of involving men and boys is likely to be felt in the longer-term, and that such an approach will contribute to raising the next generation of boys and girls in a framework of gender equity and equality and respect for human rights. Shifting the attitudes and behavior of men and boys should also improve the lives of women and girls in the home, the workplace, and the community (Ruxton, 2004).

Since little is known about what men think, and what they might respond successfully to in terms of HIV and STI prevention in addition to achieving gender equality, it is important to engage them in discussion in order to understand their perception, attitudes and practices. Hence, it is mandatory that governments and stakeholders to give emphasis to men’s beliefs and practices in relation to gender, sex, sexuality and sexual health (Commonwealth Secretariat, 2002).

2.2 Analytical Framework

According to Beasley (1999) even though, radical feminists strongly advocate that men as a group are the 'main enemy' of women and beneficiaries of the oppressing system, they at the same time stated that, "...this does not mean that all men are invariably oppressive to all women all the time" (p.56) nor does this theory deny that some men at least may struggle to overcome the system of domination.

Moreover, Liberal feminists such as Naomi Wolf explicitly rejects strategies which might be less palatable to 'mainstream' women and men, effectively. In crude terms says Beasley (1999), 'liberal feminist such as Wolf want to have access to opportunities associated with men' (p.52).

A number of approaches were also introduced in addressing gender inequality. According to Tizita (2003) although the concept of gender has its own perspective from which it can and should be discussed, it originally emanated from the idea of women's inequality. The 'Women in Development' (WID) approach which is introduced in 1970, mainly focuses on the economic independence of women. According to Levy (1996) while different types of WID policy emerged during this period, three common factors stand out: a focus on women as an 'analytical and operational category', the setting-up of separate organizational structures for dealing with women, and development of women specific policies and projects (as cited in Chant & Gutmann, 2000).

Though WID helps to raise the knowledge and skills of women to overcome, social, economic and political disadvantages, it may however increase the workload of women and fail to recognize the role of men as an essential element of change (Rathgeber, 1989; Ruxton 2004 ; EU, 2008).

GAD approaches that emerged in the 1980's, on the other hand call for 'gender relations' (rather than women) to be adopted as the primary analytical tent, and for the integration of a gender perspective in all development activities, and at all levels of the development planning process (Levy, 1996, as cited in Chant & Gutmann, 2000). This approach seeks to give power to women while addressing existing power imbalances between men and women. GAD targets both women and men, focusing on promoting equality in the relationship between the two sexes to achieve fair and sustainable development (Pathfinder International (PIE), 2007).

According to Sen and Grown (1987), GAD is not concerned with women *per se* but with the social construction of gender and the assignment of specific roles, responsibilities, and expectations to women and to men. In contrast to the emphasis on exclusively female solidarity that is highly prized by radical feminists, the GAD approach welcomes the potential contributions of men who share a concern for issues of equity and social justice (as cited in Rathgeber, 1989).

Further, approaches making women as the only target entity, by excluding their relational situation with males, through 'women only' projects couldn't guarantee the expected positive impacts and sustainable development. (Tizita 2003). Furthermore, women only approaches have limited impacts on gender relations. In this light involving men may be seen as more effective alternative in scaling down gender inequalities (Chant & Gutmann, 2000). The emphasis of GAD on 'gender relations' inevitably encourages a more active approach to men and masculinity issues than in the past (Ruxton, 2004). Furthermore, the GAD approach does not focus singularly on the productive or reproductive aspects of women's (and men's) lives to the exclusion of the other (Rathgeber, 1989). Moreover, GAD suggests that 'gender relations' should be the key analytical framework, and that a gender perspective should be integrated (or mainstreamed) into all development activities and planning structures in order to transform the power balance between men and women within society (Ruxton, 2004). Therefore, the GAD approach which is introduced in 1980's started to be the influential approach, for a reason that, it is a stage of development in understanding gender inequality and since it invites men to be part of the development process and makes the balance right between men and women (Tizita, 2003).

Although WID and GAD are often presented as dichotomous approaches, the fact that GAD evolved out of WID is extremely important, both in terms of contemporary manifestations of GAD and in respect of men's until now marginal role in the field of gender and development (Chant & Gutmann, 2000). However, it is important to note that addressing men through GAD does not necessarily involve abandoning projects and strategies that focus on women, which may still be justified by gender analysis (Ruxton, 2004).

Based on this analysis, women and pro-equality development practitioners advocated mainstreaming gender analysis into all policy and programming both in design and impact assessment. Gender mainstreaming was formerly adopted as a transformative strategy at the Beijing conference in 1985 (Rathgeber, 1989).

Sweetman (2001), also stated that, since mainstreaming strategy involves taking gender considerations into account throughout the work of organizations concerned, advancing gender equality should be the responsibility of both men and women. According to her, this is very different from the earlier WID approach, which typically found expression in small female – staffed gender cell devoted to projects on women’s issues.

UNIFEM/CIDA-SEAGEP (1998) defines mainstreaming gender as:

The process of assessing the implications for women and men of any planned action, including legislation, policies or programs in any area at all levels. It is a strategy for making women’s as well as men’s concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality (as cited in Chant & Gutmann, 2000, p.2).

Moreover, according to PIE (2007), the concept of gender mainstreaming refers to creating an equitable distribution of resources, opportunities, and benefits to both women and men, thereby contributing to their improved development. The process of gender mainstreaming requires the integration of equality for men and women into all aspects of society and concerns the analysis and formulation of policies, programs, and projects with the goal of ensuring an equal positive impact on both men and women and narrowing existing gender disparities and gaps. It promotes increased gender equality as an integral objective of development programs by addressing women’s practical and strategic gender needs and improving women’s access to and control over resources.

In addition, according to Commonwealth Secretariat (2002), Gender mainstreaming is based on the recognition that gender equality and equity are: central to national development; a human rights issues that speaks to fairness and social justice for women and men in society, a contributor to good governance in respect of people-oriented, participatory management; and an enabling factor in current efforts at poverty alleviation.

Gender mainstreaming seeks to maintain gender equality and does not work exclusively in areas that are for women. Gender specific interventions can target women, men or both to enhance

their participation and benefit from the development process. In general, gender mainstreaming is based on the principle that women and men should maximize their contributions to national development, eliminate imbalances in the division of labor, and share the resultant benefits equally (PIE, 2007).

Gender mainstreaming is the most efficient and equitable way to use existing resources for combating HIV/AIDS by focusing on the real needs of the whole population. Furthermore, because gender mainstreaming cuts across government sectors and other social patterns, it requires strong leadership and organization (Commonwealth Secretariat, 2002)

In this study, the researcher has applied the GAD approach, specifically the gender mainstreaming in analyzing the findings of this study.

Chapter III

Research Methodologies

Harding (1987) in her article ‘is there a feminist method?’ argues that researchers should give due attention to women’s experiences if they want to address their problems. Though I support Harding’s idea, I would however want to argue that, it could be more effectual if it gave room for the study of men’s experience from feminist perspective since women’s experiences can be analyzed in relation to men’s domination (which could also be attributed to the socialization of boys/men). Here, I would like to stress the fact that men’s experiences need to be studied from women’s perspective since women’s exclusive roles would not redeem them unless the experiences of men are studied well. As a result, this research gives focus on the experience of men, who are the direct implementers of the project of Hiwot Ethiopia, who are working as intermediaries between the organization and the beneficiaries to achieve gender equality through fighting the epidemic of HIV/AIDS and through promoting ASRH related issues.

3. 1 Study Area

The study is conducted in an indigenous organization called Hiwot Ethiopia, which is found in Gulele sub-city of Addis Ababa. Hiwot Ethiopia is found to be among the few indigenous organizations who are currently working in engaging men in promoting ASRH and fighting AIDS at a grass root level.

Hiwot Ethiopia is a youth focused, humanitarian non-governmental organization, established in 1995 as an anti-AIDS club. The organization was founded by 14 volunteer young men and women who decided to work actively to protect themselves and other from the epidemic of HIV/AIDS by using awareness creation as a strategy (Hiwot Ethiopia Strategic Plan, 2006).

The organization which initially started as a small youth club was developed into an association and registered under the city government of Addis Ababa in 1997 and in 2001 Hiwot Ethiopia was registered under the Ministry of Justice (Hiwot Ethiopia Report, 2006).

In 2000 it formally signed operational agreement with Disaster Prevention and Preparedness Commission (DPPC). In the same year it signed a project agreement with the Foreign Relations and Development Office of the Addis Ababa City Administration, to implement its planned activities in two sub cities of Addis Ababa (Hiwot Ethiopia Strategic Plan, 2006)

Gulele and Arada sub-cities are the two areas of Addis Ababa where the project of Hiwot Ethiopia, i.e. 'engaging boys and young men in promoting ASRH' takes place. Since the two boys group (peer educators group) organized by the organization are also located in the two districts of Addis Ababa that are stated above, this study also conducted in both Arada and Gulele sub cities of Addis Ababa.

3.2 Research Design

According to Kvale (2006), many feminist researchers apply qualitative research methodology for a reason that the method helps the social scientists in understanding and knowing the different aspects of human life, and has given voice to common people and to those who were marginalized. Qualitative research according to Bless & Higson (2000) refers to the kind of research that describes, interprets and analyzes data gathered through textual explanation and narration in a meaningful manner. Jane and Lewis (2003) also stated that, feminists have used qualitative research method in order to make women's diverse voices and experience heard. Moreover, qualitative method is believed to provide an appropriate understanding of the gender issues (as cited in Muleta, 2008). On the other hand, quantitative research refers to a research that relies upon measurement to analyze different variable and uses various scales. This is a formal, objective and systematic process which aims to describe, compare and analyze different variable (Bless & Higston, 2000).

For this reason, the researcher applied mainly qualitative method while conducting this study. However, quantitative methodology is also employed so as to avoid complete dependency on one methodology. Moreover, employing quantitative methodology is found to be convenient in collecting background information on respondents. What is more, according to Tashakkori and Teddlie (1998), the use of multiple methods can overcome some of the drawback of certain method, since both qualitative as well as quantitative have their own different innate weaknesses (as cited in Muleta, 2008).

The research design of the study is summarized as follows:

Table 1
Research Design

| Research Method | Data Sources | Tools Used | Nature of Sample | Method of Analysis | Sample Size | | |
|-----------------|--------------|--------------------------|------------------------------------|---------------------------|-------------|-----------|------------|
| | | | | | F | M | Total |
| Qualitative | Primary | In-depth Interview Guide | Staff of the Organization | Content Analysis | 1 | 3 | 4 |
| | | | Men practitioners of the project | Content Analysis | 0 | 31 | 31 |
| | | FGD Guide Line | Women practitioners of the project | Content Analysis | 10 | 0 | 10 |
| | Secondary | Document Review | - | Content Analysis | - | - | - |
| Quantitative | Primary | Questionnaire | Practitioners of the Project | Percentage and frequency. | 23 | 37 | 60 |
| Total | | | | | 34 | 71 | 105 |

3.3 Data Collection Methods:

Both secondary and primary data are applied in conducting the research:

3.3.1 Primary Data

Primary data were mainly collected from the practitioners of the project, who are members of the boys group (peer group) and who are engaged in achieving the objective of the project. Moreover, data is also collected from staff of the organization, parents of youth who are also engaged in the Hiwot Ethiopia project.

To obtain the primary data, the researcher has distributed questionnaire, conducted in-depth interviews and organized one focus group discussion.

The *questionnaire* distributed consisted of both open and close ended and it was distributed to all 30 youth who are members of the peer educators group found in Gulele and Arada sub-cities. In addition, the questionnaire is also distributed to all 30 members of the parent's group found in both sub-cities. Four practitioners of the project assisted the researcher in distributing and collecting questionnaire from April to May 2009.

In-depth interview was also employed as primary data collection. In-depth interview was conducted by the researcher, exclusively with only men practitioners of the organization, since the aim of the study is to view the role men practitioners in the project in promoting ASRH and gender equality. Accordingly, 20 boys from the peer educators group and 11 male members of the parent's group were interviewed. In addition, 4 purposely selected staff of the organization who are directly engaged in the project were also interviewed to obtain additional information. The interview was conducted from April – May 2009 at Hiwot Ethiopia's office and in Arada sub- city, Kebele 07/08 compound.

In addition, in order to include in the study the experience of women practitioners, one *focus group discussion* was conducted on may 2, 2009 at the compound of Hiwot Ethiopia. 5 girls from the peer educators group and 5 mothers from the 'parents' group' participated in the focus group discussion.

3.3.2 Secondary Data

Different literatures written on men's involvement in gender, men and masculinities, gender equalities and discrimination, ASRH and HIV/AIDS, etc., were referred. Other secondary sources from Hiwot Ethiopia such as proposals, reports, evaluations, journals and action plans were also used to see the involvement of boys and men in attaining the objective of the project.

3.4 Sample Size Determination

Hiwot Ethiopia has organized peer educators in to two groups in Arada and Gulele sub cities to achieve the objective of the project. Each group has 15 members. Like wise, the two parents groups that are organized by the organization have also 15 members each.

Since the total members of the boys and parents group is 60, the researcher has taken the total population, i.e, 60 as the sample size of the study for the quantitative data collection. Moreover, even though it was initially planned to conduct an interview with the total male population, i.e., 37 only 31 of them were available. Furthermore, based on the work experience and years of service in the organization, interview is conducted with 4 purposely selected staff of Hiwot Ethiopia.

Focus group discussion is also conducted with ten purposely selected women practitioners so as to include their experiences in the study.

3.5 Ethical Consideration

Before deciding to work on the project of the organization, the goodwill of the organization was consulted from the program coordinator. In addition, willingness of the staff of Hiwot Ethiopia in providing the researcher with all the necessary materials and information was gained beforehand.

Respondents and interviewees were informed about the objective of the study so as they would have clear understanding about questions forwarded to them and to avoid misconception.

Voice recorder was used after gaining the permission of the interviewees. In addition, information gathered is kept confidentially and are not revealed to secondary party. Moreover, the willingness of respondents who were invited and participated on the focus group discussions and interviews was also consulted beforehand. Identity and name of interviewees are not mentioned on this paper.

3.6 Data collection Procedure Followed

With the goodwill and support of the project officer of Hiwot Ethiopia, data collection was made from April 19 to May 14, 2009.

With appropriate orientation and direct supervision of the researcher, 4 members from the boys group participated in distributing and collecting the questionnaire. Moreover, the focus group discussion and interviews were conducted by the researcher herself during the same period that is mentioned above.

3.8 Method of Data Analysis

Both qualitative and quantitative method of data analysis were employed in this study. The data gathered from respondents was organized and tallied in table using Microsoft Excel program and then it was analyzed using frequency and percentage to substantiate findings obtained qualitatively. Likewise, the data obtained from interview was categorized and arranged in theme and sentences recurrences to help the researcher achieve the desired objectives of the study.

3.9 Challenges Encountered

By the time this research was being conducted, practitioners of the program (both peer educators and parents) were disbanded since the project was temporarily canceled because of lack of budget. It was, therefore, very difficult to get in touch with them and gather the required information, as per the schedule. Moreover, 4 boy peer educators and 2 parents were unable to be reached for the interview by the researcher for the above mentioned reason.

Chapter IV

Data Presentation, Findings and Discussion

Findings obtained and discussions are presented in this chapter of the study. The first section of this chapter gives background information about the organization Hiwot Ethiopia and the project under question. In the second section, frequency and percentage of the social, religious and educational background of practitioners who participated in the survey is given. The organization's as well as the practitioner's conceptualization of the notion, 'gender equality', is discussed in the third section so as to elicit what Hiwot Ethiopia really tries to achieve through the program implementation. Finally, the last section tries to assess and gives evaluative discussion about the boys and men practitioners in decision making, problem identification, project design, implementation and M&E process of the project.

4.1. Organization's Background Information

Hiwot Ethiopia is a youth focused, humanitarian non governmental organization, established in 1995 as an anti-AIDS club. The overall activities of Hiwot Ethiopia are governed by a constitution and policy guideline. The constitution emphasizes volunteer participation. The structure of the organization consists of a general assembly, executive board, executive director, program and administration manager, and the middle level management of project officer and monitoring and evaluation officer. Under the project officer, Hiwot has four functional departments that are responsible for IEC/BCC, clubs coordination, SRH service and advocacy projects (Hiwot Ethiopia, 2006).

Headed by an Executive Director, the organization has two program units; Addis Ababa and Amhara region, who report to the Program Manager of Hiwot Ethiopia. The two supportive units (Personnel and Finance) report to the Administrative and Finance Manager (Hiwot Ethiopia, 2006).

Currently the organization has 10 permanent and 10 contract employees working at different levels. Furthermore, the IEC/BCC and club coordination department has 33 volunteer young

people who are engaged in newspaper development and in preparing and organizing drama and music programs (Hiwot Ethiopia, 2006).

4.2 Project Background Information

According to the ICPD for action paragraph 7.46 and 7.48

Countries along with international communities have the responsibility to promote and protect the rights of adolescent reproductive health education, information and care (p.15). In addition, they should promote programs directed to the education of parents, with the objective of improving the interaction of parents and children to enable parents to comply better with their educational duties to support the process of maturation of their children, particularly in the areas of sexual behavior and reproductive health (as cited in UNFPA, 1999, p.11).

Likewise, Hiwot Ethiopia has targeted youth themselves and parents to protect the right of adolescent's reproductive health under the project "Engaging Boys and Young Men in Promotion of Adolescent and Sexual Reproductive Health and Right".

The project believes that, for change to come, men and boys must be brought into the framework of strategy and policy of gender equality programs. With this idea in mind, the project designed a strategy of working with boys and men groups to improve the knowledge attitude of adolescents and young men, to bring about an equitable and healthy sexual relationship and contribute to the reduction of sexual violence against girls and women.

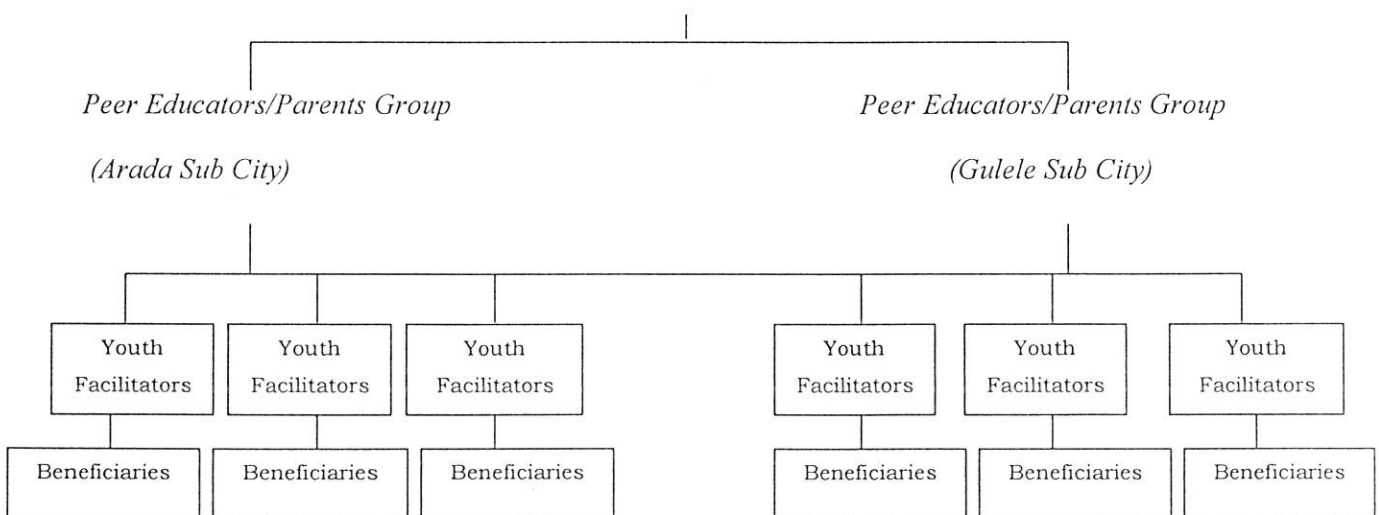
At the international level, this project is expected to contribute to the implementation of goal 6 (target 1) of the Millennium Development Goals (MDGs) which refers to combating HIV/AIDS and the ICPD more specifically it contributes to ensuring that the 15-24 year olds have access to information, education services, and necessary skills required to reduce their vulnerability to HIV infections, including access to the preventive methods such as male and female condoms, and follow up.

At the national level, it is expected to contribute to the implementation of the national adolescent and youth reproductive health strategy. The overall goal is attainment of good standard of health by all people in Ethiopia in order to promote a healthy and productive life. The project is also expected to contribute to the implementation of the HIV/AIDS policy launched in 1998 which recognizes the increased vulnerability of young people, to the implementation of the national youth policy by facilitating meaningful involvement of youth national development efforts and to respond to their various needs as the revised penal code penalizes sexual violence and many of the international harmful practices.

Specific objectives of the project, therefore, include: enhancing the participation of young people in behavioral change communication program and projects focused on sexual reproductive health and rights at a community and institutional level; improving attitudinal and behavioral changes among boys and young men in relation to gender, sexual relationships, communication tolerance and responsibilities; and promoting free and open discussion between children, parents, teachers and service providers on sexuality and RH and rights at community and institution levels.

4.2.1 Structure of the Practitioners in the Organization

Chart 1
Boys and Parent's Structure
Of Hiwot Ethiopia



Source: Hiwot Ethiopia

In 2005, the project has established 2 boys group (peer educators group) and 2 parents group in Arada and Gulele Sub cities. Each boys group initially contained 15 boy members, however very recently three girls were included in each group. Currently the two groups have a total of 12 boys and 3 girls in both sub cities. The parents group in Arada sub city on the other hand contains 7 father and 8 mothers, while the Gulele parent's group contains 6 fathers and 9 mothers.

The peer educators and parents group under each sub city have established their own 'youth facilitators group', who are responsible to reach beneficiaries at a grass root level. These groups have an average 4 male and 1 female members each.

The groups have been discussing among themselves and trying to reach out other adolescent boys, girls, young women and men through coffee ceremonies, school based entertainment educations, etc. The project wants these groups to be fully conversant with the issues under consideration and to reach other boys and the community at large through various communication channels.

4.3 Data Presentation

Background information on respondents obtained through distributed questionnaire is presented on this section. Accordingly the tables that are stated below have summarized and presented number of percentage of respondents from both Arada and Gulele sub cities by their age, sex, religion, occupation and year of service in the organization.

4.3.1 Background Information on Respondents

As mentioned earlier in this study, the total number of peer educators and parents who work on the aforementioned project of Hiwot Ethiopia and who participated in the in the survey are 60. In Gulele sub city, nearly 10 of the boys and all of the girls are found under the age 15-19 years, while the rest 2 of them (boys) are categorized under the age level 20-24 years. From the parents

group, 2 fathers and 2 of the mothers are found the age group 41-50, while 2 of the fathers and 2 of the mothers are categorized under the age 51-60 years. In addition, 3 of fathers and 2 of the mothers are found under the age 61-70 years.

In Arada sub city, only 1 of boys of the peer groups are found under the age category 10-14 years, all of the girls and 9 of the boys are found under the age group 15-19, while the rest (2) are under the age level 20-24 years.

On the other hand, 2 of the fathers and 2 of the mothers from the parents group from Arada sub city are found under the age category 41-50 years, 1 of the fathers and 4 of the mothers are categorized under the age 51-60, while the rest of them (3 of the fathers and 3 of the mothers) are categorized under 61-70 years of age.

Table 2
Distribution of Respondents by Age

| Category | Age | Gulele Sub City | | Arada Sub City | | |
|----------------|--------------|-----------------|-----------|----------------|-----------|---|
| | | Male | Female | Male | Female | |
| | | Frequency | Frequency | Frequency | Frequency | |
| Peer Educators | 10 - 14 | 0 | 0 | 1 | 0 | |
| | 15 - 19 | 10 | 3 | 9 | 3 | |
| | 20 - 24 | 2 | 0 | 2 | 0 | |
| | 25 < | 0 | 0 | 0 | 0 | |
| | Total | 12 | 3 | 12 | 3 | |
| | Parents | > 40 | 0 | 0 | 0 | 0 |
| | | 41 - 50 | 2 | 2 | 2 | 2 |
| 51 - 60 | | 2 | 4 | 1 | 4 | |
| | | | | | | |

| | | | | | |
|---------|--------------|----------|----------|----------|----------|
| Parents | 61 - 70 | 3 | 2 | 3 | 3 |
| | 71 < | 0 | 0 | 0 | 0 |
| | Total | 7 | 8 | 6 | 9 |

In terms of the religion of the peer educators found in Gulele sub city, 10 of the boys and 2 of the girls are Orthodox Christians, while the rest 2 of the boys and 1 of the girls are Muslims. On the other hand all of the parents in this sub city are Orthodox Christians. From Arada sub city, 9 of the boys and 2 of the girls are Orthodox Christians, while 2 of the boys and 1 of the girls are Muslims, and the rest 1 are Protestants. From the same sub city, 4 of the fathers and 4 of the mothers are Orthodox Christians, while the rest of the fathers, i.e. 1 of them are Muslims. On the other hand, 1 of the fathers and 1 of the mothers are Protestants.

Table 3
Number of Percentage of Respondents by Religion

| Category | Religion | Gulele Sub City | | Arada Sub City | |
|----------------|---------------------|-----------------|-----------|----------------|------------|
| | | Male | Female | Male | Female |
| | | Frequency | Frequency | Frequency | Frequency. |
| Peer Educators | Orthodox Christians | 10 | 2 | 9 | 2 |
| | Protestant | 0 | 0 | 2 | 1 |
| | Muslim | 2 | 1 | 1 | 0 |
| | Total | 12 | 3 | 12 | 3 |
| | Orthodox Christians | 7 | 8 | 4 | 8 |
| Parents | Muslim | 0 | 0 | 1 | 0 |
| | Others | 0 | 0 | 1 | 1 |
| | Total | 7 | 8 | 6 | 9 |

Table 4

Number of Percentage of Respondents by Occupation

| Category | Occupation | Gulele Sub City | | Arada Sub City | |
|----------------|----------------------------|-----------------|-----------|----------------|-----------|
| | | Male | Female | Male | Female |
| | | Frequency | Frequency | Frequency | Frequency |
| Peer Educators | Students | 9 | 3 | 9 | 3 |
| | Employees | 3 | 0 | 3 | 0 |
| | Total | 12 | 3 | 12 | 3 |
| | Employee | 3 | 3 | 2 | 4 |
| Parents | Retirees/ Non employees | 4 | 5 | 4 | 5 |
| | Total | 7 | 8 | 6 | 9 |

Regarding their occupation, as illustrated below, in Gulele sub city, 9 of the boys and all of the girls from the peer educates are students, while the rest of the boys, i.e., 3 of them are employees. Three of the fathers and 3 of the mothers from the same sub city are employees, while 4 of the fathers and 5 of the mothers are retirees/non employees. In Arada sub city, 9 of the boys and all of the girls are students, while 3 of the boys are employees. On the other hand, 2 of the fathers and 4 of the mothers are employees while the rest (4 of the fathers and 5 of the mothers) are retirees/non employees.

Table 5

Number of Percentage of Respondents by the Year of Service in the Organization

| Category | Year of service in the organization | Gulele Sub-city | | Arada Sub-city | |
|-----------------------|-------------------------------------|-----------------|-------------|----------------|-------------|
| | | Frequency | Percentage | Frequency | Percentage |
| Peer Educators | | | | | |
| | > 1 yr | 3 | 25% | 4 | 33% |
| | 2 - 3 yrs | 6 | 50% | 6 | 50% |
| | 4 - 5 yrs | 2 | 17% | 2 | 17% |
| | 6yrs < | 1 | 8% | 0 | 0% |
| | Total | 12 | 100% | 12 | 100% |
| Parents | | | | | |
| | > 1 yr | 0 | 0% | 0 | 0% |
| | 2 - 3 yrs | 3 | 43% | 4 | 67% |
| | 4 - 5 yrs | 3 | 43% | 2 | 33% |
| | 6yrs < | 1 | 14% | 0 | 0% |
| | Total | 7 | 100% | 6 | 100% |

In terms of the year of service in the organization, 25% of the boys in Gulele sub city have been with the organization for less than one year. In addition, 43% of the parents and 50% of the boys from the same sub city have stayed with the organization for 2-3 years. In addition, 17% of the boys and 43% of the parents from Gulele sub city stayed with the organization for 4-5 years, while the rest i.e., 8% of the boys and 14% of the parents have been with the organization for more than 6 years.

In Arada sub city, 33% of the boys have been with the organization for less than one year, while 67% of the parents and 50% of the boys have stayed with the organization for 2-3 years. The rest

of the boys, 17% of them and 33% of the parents have served the organization for 4-5 year and none of them stayed for more than 5 years.

This statistics shows that, majority of the practitioners stayed with the organization for an average of 2 years, while only few of them have worked for longer period of time.

4.4 Conceptualization of Gender Equality

Before trying to evaluate the role that boys and men play in the project; (from the problem identification to designing, implementing and M&E process), it is found important to dedicate the following section to discuss how the concept of gender equality is entertained by the organization in its reproductive health interventions and how this concept is understood and achieved by the practitioners of the organization. Men peer-educators and male parents contribution in the project to promote ASRH will also be discussed on the subsequent part.

4.4.1 Hiwot Ethiopia's Conception of Gender Equality

The ultimate goal of gender mainstreaming is to achieve gender equality. For gender equality to be achieved, equal participation of women and men in every field is required. Similarly, according to the information obtained from Hiwot Ethiopia, this particular project of the organization has tried to integrate the experience and concerns of both men and women to promote gender equality and Adolescent Sexual Reproductive Health. The staff of Hiwot Ethiopia said,

...even if our organization used to focus on young boys only while promoting reproductive health issues, we have learnt through time that women's experience should also be added since reproductive health and gender equality is the issue of both men and women ..

In contrast to the radical feminists who give due emphasis on the exclusive women's solidarity and in contrast to the WID approach that exclusively focused on the integration of women in development activities by putting men aside, Hiwot Ethiopia is found to be an organization that

applies the concept of GAD approach while working to address gender inequality. Similar to the GAD approach that is not concerned with women *per se*, the organization gives importance to the social construction of gender and the assignment of specific roles, responsibilities and expectations to women and men. Hence, the organization highly welcomes the contributions of men who share a concern for issues of equity and social justice. According to the organization, gender inequality and domination of men over women, initially starts in the family when certain responsibilities are handed over to women and others to men.

As several studies in the area indicate, many men suffer from socially constructed gender stereotypes since such stereotypes put pressure on them to be stronger, tougher and rougher towards women. This results violent acts to be developed in the behavior of boys since they may also be thought that to be manly is to be competitive and aggressive (HE, 2006 and UNFPA, 1995). Hence, gender norms and socialization of children defines their conception of masculinity and femininity (Hiwot Ethiopia, 2006 ; UNFPA 1999).

To deconstruct such expectation and socialization of men and women, the organization strongly believes that the society in general has to be mobilized and social roles assigned to men and women need to be revisited. According to Hiwot Ethiopia, the fact that men are just socialized and not born to be violent and perpetrators of sexual violence, and victimizing of women happens just in the struggle to live up to the society's constructed features of real man, explains a new insight in to ways of addressing gender inequality. In order to avoid this gender disparity, it is believed by the organization that active participation of boys and young men need to be secured. Accordingly, the organization has tried to bring men and boys into the framework of the project to achieve gender equality. But here, it has to be questioned if reassigning gender roles only can lead us to promote the required gender equality that the organization plans to achieve.

Since the rationale for involving men and boys in the project is to abroad the process of fighting gender inequalities and RH problems, it is noted during the study that not appropriate link is created by the organization between RH, violence and gender, while implementing the project, despite the fact that the relation between those issues are lightly touch up on, on the documents of the organization. However, as stated earlier in this study, gender inequality, sexuality, RH and violence are highly intermingled issues that should be addressed at a grass root level, if planned to promote ASRH and gender equality at the same time. In fact, as the organization claims, the

socialization and norms of the society highly impacts the behavior of children and the construction of masculinity and femininity which results inequality between men and women. Yet, Hiwot Ethiopia's focus on socialization and norms, while trying to address inequality seems to be narrow, which is confined only to the socialization and assignment of domestic roles to both sexes. Nevertheless, it should be clearly understood by the organization and communicated to the practitioners that 'women and girls' relative lack of power over their bodies and their sexual lives, which is supported and reinforced by their social and economic inequality, makes them more vulnerable to contracting and living with HIV/AIDS (Save the Children, 2007). In addition, Hiwot Ethiopia, has to understand the fact that, not only norms related masculinity and femininity create gender imbalance in a broader terms but also the dominance over women (both physically and sexually) place both young men and women at high risk of HIV infection.

This conception of gender equality is directly or indirectly is imposed on the minds of Hiwot Ethiopia practitioners, which will also affect the designing and implementation of the project objectives. In addition, the narrowed understanding of the concept gender equality will restrain the organization from promoting the desired goal of the program.

4.4.2 Practitioners View of Gender Equality

In relation to the view of practitioners regarding gender equality, some of the boys and parents interviewed about the program of Hiwot Ethiopia described that they have developed a strong sense of responsibility to their family and their future family. Peer educators stated that they would ensure their future relationships with girls to be based on equality, while parents said; they now view their children, both boys and girls as equal beings. These parents explained that their attitudes towards girls and women changed positively because of their involvement in the group.

A father interviewed stated that, *"joining the group has enabled me to critically see the subjugation of women that I had accepted. Now I can not imagine my daughter being unequally treated because of her gender. I would not allow it."* In addition a 16 year old boy said, እንደወንዶች ሁሉ ሴቶች ሊደረግላቸው ብቻ ሳይሆን ሊያደርጉ እንደሚችሉ ተምራለሁ። ሴቶችን ሳስብ እናቱን እሁቱን እና የወደፊት ሚስቱን አስባለሁ። which means, *"I have learnt that just like men, not only women should equally benefit but also they should equally*

contribute to everything. When I think of women, I think of my mother, my sister and my future wife."

However, when asked about "gender equality", almost all of the respondents from both parents and peer educators group defined the concept in terms of gender role and domestic work that is assigned to men and women. For instance one male parent described it as follows:

I have one daughter and I used to treat her differently, I never wanted her to go out with her friends, I never provided her with the required school materials, while I did whatever is necessary for my boys. I wanted my daughter to specialize in the housework, especially cooking. I wanted her to be as good as her mother and marry a good husband. But now I learnt during the training that it is not fair to her, that I have to treat her equally with the boys.

Others stated that girls in their community, specifically and in Ethiopia in general are expected to perform domestic works such as, cooking, cleaning, and helping their respective mothers while boys are free to do whatever they please to do outside their home. They explained that girls are not allowed to go outside and explore the outside world, while on the contrary boys are provided with the right to play and nothing is expected of them to contribute or to help in the house.

In addition, when a 17 year old practitioner was asked if he believes there is gender equality between men and women, and what he understands by gender equality, he said:

I know that boys and girls are not equal. I live with my aunt and my cousin, who take full responsibility for the domestic work. They do everything but I never helped. I am not expected to. I am glad that I am a boy because if I were a girl, I would have been burdened with all the responsibility that my cousin does. I started feeling sorry for her, after I joined this program and I sometimes want to help but they would not like it. They do not want me to go to the kitchen and they will name me 'girlish' if I do.

Even though, many of the boys interviewed admitted that they have changed their attitude towards domestic work, and believe they should share responsibility and should contribute more in the house work, their parents would not allow them to do so because the house work is not the boys' job. However one boy stated that, even if his friends at his neighborhood ridicule him and

usually call him 'የወንድ አልጫ' which refers to 'girlish' for participating in the house work, he does help anyway. From this, one can observe the fact that the strong belief of the society regarding issues such as domestic work defines and shapes the minds of boys and girls. Factors such as peer pressure and social norms reinforce devotion to gender specific roles. Boys who show interest in caring for younger siblings, in cooking or other domestic tasks, who have close friendship with girls, may be laughed at.

To a certain extent, understanding of gender equality in terms of domestic work is expected since the home is the first place where boys and girls develop an understanding of masculinity and femininity, and parents are the most influential people in the lives of children. Because of such kinds of socialization, boys learn and believe that less involvement in the domestic work makes them more masculine. However, as it is discussed on the previous section, the organization's limited way of understanding the concept gender equality has also affected the understanding of the peer educators about the issue. This fact will also be reflected in the designing as well as implementation of the project, since it restrains practitioners not to view the concept in a broader term and not to play an effective role in bringing gender equality as required.

The major reason to involve men in reproductive health is to make them not only responsible socially and economically but also there is a need to promote observance of human rights and the need to enforce equity, i.e., an obligation from the gender and reproductive rights perspective (UNFPA, 1995). Male practitioners of this project therefore need to have a clear understanding of reproductive health and how their involvement as a man should affect their partners as well as other beneficiaries. The organization should clearly educate practitioners, that directly or indirectly, men have an important role in contraceptive decisions. The condom, which has been used for quite sometime continued male domination of fertility. However, male practitioners seem unaware about the negotiation of safe sex practices such as using a condom could be problematic in the context of gender inequality. In addition, they need to be informed that, their involvement in creating gender equal society not only benefit women but also themselves since, men will be able to enjoy more intimate, trusting and respectful relations with women. Moreover, practitioners should know and let others know that men will have more opportunity for sharing the care and contributing to the growth of young children both as fathers and as professional caregivers. This way, responsibility will be shared by both women and men and equality between them will gradually takes place.

In addition to this, practitioners of the program hardly understood the root cause of much greater violence is gender inequality. The fact that women have little control over their fertility, sexuality and marital choices, increase their vulnerability to poverty, violence and ill health. However, just like the organization itself, practitioners interviewed seems to lack to create an appropriate link between RH and violence. Though, it is learnt during the study that Hiwot Ethiopia believes issues such as violence and reproductive health are the manifestation of social process, the relationship between gender equality and RH in addition gender equality and violence is not clearly communicated to practitioners. As a result, practitioners seem to contend and understand the idea of gender based violence as a separate issue that is not related with gender equality. Majority of the practitioners interviewed relate the issue of violence in relation to child abuse. Nevertheless, few of them tried to view gender violence in relation to rape only.

Though it is important to understand the part that domestic role plays in shaping the attitude of children and constructing the idea of masculinity and femininity, it is also crucial for the boys and male parents to broaden the concept of gender equality, especially in relation to reproductive health. Moreover, as several researches conducted on violence show, it should be noted that achieving gender equality will not totally end violence, which has many roots, but moving towards gender equality is an important step towards reducing violence (UNDAW, 2004) and this fact should be communicated to practitioners so as they will understand their engagement in the project contribute a great deal in ending violence and in bringing gender equality.

Moreover, as it is stated in paragraph 7.34 of the ICPD, responsible sexual behavior, sensitivity and equity in gender relations, particularly when instilled during formative years, enhance and promote respectful and harmonious partnership between men and women (as cited in UNFPA, 1999). Hence, boys and male parents of the project, should understand these facts and promote responsible sexual behavior among beneficiaries to create a society free of violence and ill health.

Practitioners' conception of gender equality needs to move out of domestic arena and into the wider world of sexual relationships and gender violence, so that boys and men parents can have more of an impact in what they are currently engaged. It is only when practitioners have clear understanding of the concept gender equality that their role in designing, implementing and M&E results positive outcome and help promote the desired equality between men and women.

4.5 The Role and Responsibilities of Men in the Project to Bring Gender Equality

The role of boys and male parents, engaged in the project will be discussed in the following section. The role of these men to bring the desired gender equality will be evaluated through their performances and engagement in the project. Their responsibility in making important decisions, problem identification, in project formulation and design is therefore, stated below.

4.5.1 Decision Making and Problem identification

Boys and men are integrated in the aforementioned project 'to achieve gender equality, and to promote reproductive health rights of adolescents'. One of the research questions of this study is to see to what extent those boys and male parents are involved not only in implementing the objectives of the project but also in making important decisions while working in the project. Evaluating this, will enable us to find out if these boys and men are passive agents that just receive instruction from the organization or if they are active agents that contribute to the project not only in participating and duplicating what they are told but also in making important decisions from the project formulation to the monitoring and evaluation stage of the project.

According to UNFPA (1999), in projects and programs for sexual and reproductive health, young people may be involved as advisers and decision makers from project's development phase to its implementation and evaluation. Correspondingly, practitioners at Hiwot Ethiopia were asked if they were part of the problem identification process before the project was designed and if they have made decisions when found necessary.

According to findings of this study, 10% of the boys and 13.3% of the male parents from both sub-cities participated in the problem identification stage of the project. Even though, it is advisable to make a project participatory so as beneficiaries (practitioners) will understand how their situation improve, directly or indirectly as a result of the project, the participation of practitioners in this project is found to be limited. The small number of practitioners' participation at this stage could be partly attributed to the practitioners' short year of service in the organization. According to an interview with one of the staff of Hiwot Ethiopia, drop out of trained parents and youth practitioners is one of the challenges that the program has been facing since the introduction of the project. Lack of interest, resistance to change, lack of support from

their peer and the community, lack of appropriate incentives are some of the reasons for the practitioners to drop out of the program shortly. Hence, according to him, most of the parents and youth who were part of the problem identification process have left the organization for one of the above mentioned reasons.

As per the information obtained from the staff of Hiwot Ethiopia, after joining the program, it is witnessed that some youth resist changing their attitude towards gender. This fact is also related with the lack of support that is provided to them by their respective family and community members which is the result of the traditional and conservative nature of Ethiopian society. These kinds of attitude make practitioners to develop fear of rejection and stigmatization by their respective friends, which discourages the youth not to participate in the program. As a result, their the tendency to drop out increases.

Moreover, the fact that there is a financial constraint in the program has resulted into shortage of allocating appropriate amount of incentives to practitioners. From the total parent practitioners, 60% of them are non employees /retirees which might indicate that they expect a certain amount of income from the organization for the services that they are providing the organization. Likewise, peer educators also give priority for jobs that pay better. However, practitioners who are students are found to be the ones who stay longer period of time, since they view their work on the project as their part time job and they seem to be satisfied with the small amount of incentive that is provided to them. But this doesn't guarantee their stay in the project after completing their school, since they will also start to demand a better income.

However those boys and parents who took part on the problem identification stage of the project have stated that, they have shared their experience and shared problems that they have identified in the program. One father during the interview stated that, people from keble administration, government, parents, etc have attended when problems were being identified. They were given a room to freely participate in the meeting and gave different ideas including about the budget.

Concerning decision making, it is learnt that decision in regard to how often to conduct the discussion sessions and edutainment programs is predominantly made by the organization. According to the project officer of the organization, Hiwot Ethiopia has a commitment to undertake an average of one edutainment program a month and 4 to 5 discussion sessions to be conducted by both the parents and peer educators. The practitioners are therefore expected to

facilitate and organize those programs according to the plan. However, the practitioners are given the right to decide on the title of the discussion. From the available discussion issues on which the practitioners are given training, peer educators and parents can select appropriate discussion topics depending on the type the audience that they are targeting.

In addition to this, practitioners decide on the type and number of beneficiaries who would participate on the programs. Peer educators, invite their friends, their peers, and members of their community depending on their age, where as parents also invite member of their idir and their friends and children. “በተቻለን መጠን በአካባቢው ምን እየተካሄደ እንደሆነ ለመስማት እንሞክራለን አንዳንድ ጊዜ ሠዎች እራሳቸው መተው እዚህ አካባቢ ችግር አለ ለምን ዓቡና ጠጡ ፕሮግራም አታዘጋጁም ሲሉን የአንባቢውን ሰዎች ፈቃድ ጠይቀን ፕሮግራሙን አናዘጋጃለንን” which is translated as: “we gather information about what is going on in the neighborhood. And sometimes people themselves observe problems and tell us to organize a coffee ceremony in one of the neighborhood where problems are observed” said one of the parents from the group.

Table 6

Participants Involvement in Decision Making

| Category | Practitioners | Hiwot Ethiopia |
|----------------------|---------------|----------------|
| What to discuss | √ | √ |
| Where to discuss | √ | x |
| How often to Discuss | x | √ |
| With whom to discuss | √ | x |

Regarding the venue of the discussion, in most cases the practitioners themselves decide where to conduct it but according to one of the parents, they do not have much alternative than organizing those discussion sessions in kebele offices and compounds leaving them without much choice.

Since practitioners are the ones who are affecting change in the community and those affected by it, the right to make important decisions in the project helps them to develop commitment, responsibility and sense of belongingness. Though the increased commitment and participation of male practitioners in the project, it would be possible to help them and the organization to bring gender equality as planned.

4.5 Project Design

As stated above, it is advised by different conferences including the ICPD for action, for the youth to be given the opportunity to actively participate and get involved in the planning, implementation and evaluation of development activities that have direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of HIV/AIDS and other sexual transmitted diseases.

However, although integrating the practitioners through out the project cycle was part of the plan of this particular project, which is read as: “*..would pay attention to youth participation during planning, monitoring and evaluation process*” it is learnt that non of the practitioners interviewed participated in the project designing stage. According to information obtained from the organization, during the project design, only donors and staff of Hiwot Ethiopia were part of the formulation process. Hence, peer educators and male parents played no role in this stage of the project.

However, as mentioned earlier, involving practitioners not only in implementing the programs but also in designing would have made the parents and peer educators to develop a sense of ownership and responsibility in the program. Moreover, their involvement in this stage would have enabled them to come up with strategies that they think are feasible and applicable to tackle the problems mentioned and to achieve what is planned through their involvement. In general, their contribution in the planning would have made the program even more successful and strengthen their involvement in promoting ASRH and gender equality.

Table 7**Practitioners Participation throughout the Project Cycle**

Area: Gulele and Arada Sub City

| Category | Peer Educators | | Parents | |
|---------------------------|----------------|------------|-----------|------------|
| | Frequency | Percentage | Frequency | Percentage |
| Problem Identification | 3 | 10% | 4 | 31.3% |
| Project Design | 0 | 0% | 0 | 0% |
| Project Implementation | 30 | 100% | 30 | 100% |
| Monitoring and Evaluation | 30 | 100% | 30 | 100% |

4.5.3 Project Implementation

According to Hiwot Ethiopia, it is the experience of many organizations and schools that sexuality educations related to adolescent reproductive and sexual health were explained with little emphasis on their social and cultural context. The approaches employed to teach young people and adolescents were lecture type and stressing on facts and figures only. This kind of approach has left adolescents and young people to seldom get possibilities to discuss and explore how HIV and other reproductive health problems related to their individual lives.

This particular project, however, has been working to complement these inadequacies of previous interventions by putting boys and men at the center through designing a behavioral change communication strategy intended to develop skills of adolescents to negotiate safe sex, resist peer pressure, resolve conflicts, think critically, make decision, create gender equitable relationships, plan ahead and communicate well. Moreover, attempts made by Hiwot Ethiopia to involve boys and men in their discussion program is designed to address what is mentioned

above in addition to challenge the construction of Masculinity and most commonly held attitudes towards gender.

The organization strongly believes that educating young people HIV/AIDS, and teaching them life skills improves their self esteem and ability to make informed choice, such as postponing sex until they are matured enough to protect themselves from HIV/AIDS and other STI and unwanted pregnancies. To teach adolescents those skills, Hiwot Ethiopia applies different strategies such as peer to peer approach and parent to child approaches. The members of the peer educators try to discuss among themselves and try to reach out other adolescent boys and young men through coffee ceremonies and edutainment programs, in addition to condom and IEC material distribution.

The different activities performed by both boys peer educators and male parents to promote ASRH and gender equality is therefore discussed as follows. However, it should be noted that, for easier reference, figures and data stated below only represent the year 2008 (from January - September). In addition, the activities that are stated below also represent both sub cities of Arada and Gulele.

4.5.3.1 Peer Educators in Edutainment Programs

The edutainment programs consist both drama and music as a strategy to reach boys and girls found in schools. This program that highly involves member of the boys group is designed in away that entertains and educates the youth. With the assistance of different schools and kebele administrations of 19/20/21 & 01/02, peer educators of the two sub cities participate in performing in both the drama and musical activities.

The project officer of the organization said that the boys reach out to other youth through these entertaining and educative programs. The artistic activities performed by the active participation of boys are aimed to get the attention of many in-school youth with vision and commitment to exert the utmost effort towards the desire advantage, i.e, promoting ASRH and gender equality.

Table 8

Number of Edutainment Programs Held by Peer Educators

| Period | Roles played | Number of Activities | Number of Participants | | Number of Beneficiaries | |
|------------------|--------------|----------------------|------------------------|----------|-------------------------|-------------|
| | | | M | F | M | F |
| Jan. – Sep. 2008 | Music | 4 | 7 | 3 | 870 | 662 |
| | Drama | 3 | 8 | 5 | 764 | 939 |
| Total | | 7 | 15 | 8 | 1634 | 1601 |

As illustrated on the above table, from January – September 2008, four music performances and 3 drama programs were transmitted for a total of 3235 students. According to the action plan of the project, it was planned to reach 4000 beneficiaries through the edutainment programs, during the above mentioned period. Hence, findings show that, 87% of the targeted beneficiaries are reached by the program during the above mentioned period, which shows the active participation and commitment of the practitioners to the program.

In this edutainment program, message on how to tackle gender and gender norm problems by engaging young boys are raised and awareness is created for all participants. Moreover, construction of masculinity, traditional understanding of ‘real man’ and ‘real woman’ and its effect in creating gender equality, sex, sexuality and how to win peer pressures, the importance of open discussion, HIV/AIDS and SRH problems are included.

According to a 19 year old boy from the peer educators, in the dramas the issue of HIV/AIDS and STI are systematically incorporated, so as the audience will not get bored. Another boy also said that, youth beneficiaries seems to be attracted to the idea of gender, instead of AIDS since it has been addressed by the media several times.

Although it is strongly believed by the peer educators and the organization that the edutainment programs are effective in transmitting the targeted message, some obstacles such as lack of place

to demonstrate and practice drama and music programs in addition to repeated electricity failure have discouraged the contribution of the program. However, these programs have given opportunities to peer educators to be creative and to develop sense of ownership, since they are engaged in writing the play, demonstrating, performing and facilitating the whole event.

Developing their sense of ownership and increasing their engagement in different activities also increases their commitment to the project which ultimately help them achieve the objectives of the project. Their positive attitude towards the project will also be reflected on the beneficiaries attitude.

Moreover, by taking part in such kinds of programs, the boys have also developed responsibility and confidence in themselves, as one of the boys interviewed said *“I believe I have changed and I have changed others too.”* This shows, the program’s aim to promote gender equality and shared responsibility among men and women is gradually being met, which will also be reflected on the beneficiaries.

Though, obtaining the desired change in the community may not be observed immediately and may require constant effort, no one has to question the positive impact that these youth and male parents who are engaged in the project, are making in their peers and their communities lives. These men are viewed as agents of change and role models by the rest of the youth. Many have witnessed during the interview that they have gained respect and acceptance by their family and friends because of their work in the program. According to a 17 year old boy, *“every time my mother watches me with my girlfriend, she used to say ‘I don’t want you to bring your illegitimate child to my house’, but later when she saw what I was doing, she developed confidence in me.”* Parents and members of the society have developed confidence on these youth and believe they are responsible agents with the capacity to care for their partners and the power influence their peers.

4.5.3.2 Peer Educators in Group Discussion

Peer to peer initiative is applied by the organization as a bridge where by young people could meet each other and exchange their view for the betterment of their lives. In this program, the peer educators themselves play a great role by establishing the club, electing their leader,

facilitating and organizing the discussion. This kind of initiative is believed to have created plenty of youth leaders with vision and commitment to exercise the utmost effort towards the achievement of the desired advantage.

Through such kinds of discussions, beneficiaries are informed about the importance of open discussion. According to information obtained from the peer educators, all of them have taken part in organizing and conducting intensive discussion sessions among their peers on the role of young men and boys to decrease ASRH problems such as gender based violence, HIV/AIDS, unwanted pregnancy, abortion and STD.

According to them, they participate in the project by organizing coffee/tea ceremony, 3 - 4 times a month. Peer educators have the responsibility to organize such kinds of discussion opportunities, where youth from different age (10-24) take part.

Consequently, from January to June 2008, a total of 115 (63 male and 52 female) have been targeted by peer educators. In addition, from July – September, 2008 a total of 799 (508 boys and 291 girls) were reached by the peer educators. When compared to the project plan, 85% of the targeted beneficiaries were contacted by peer practitioners of the project.

Table 9

Number of 'Peer to Peer' Group Discussion

| Period | Number of discussions | Number of Participants | | Number of Beneficiaries | |
|------------------|-----------------------|------------------------|----------|-------------------------|------------|
| | | M | F | M | F |
| Jan. – June 2008 | 7 | 11 | 3 | 63 | 52 |
| July – Sep. 2008 | 36 | 24 | 6 | 508 | 291 |
| Total | 43 | 35 | 9 | 571 | 343 |

group has encouraged them to speak out about sexuality which is usually unthinkable to discuss among friends let alone within family. Parents in the project are now informed that discussing sexual related issues with their children does not refer to encouraging them to be sexually active but rather refers to educating them regarding the risk that revolves around unsafe sexual activities.

Even if the training that is given to the practitioners by the organization may not guarantee perfection in their ability to influence beneficiaries, they have witnessed that, they develop their skills and knowledge every time they facilitate and attend discussion sessions. The discussion sessions do not only benefit the target group but also give peer educators the opportunity to enrich and develop their knowledge from the experiences shared by the beneficiaries.

According to Chant and Guttmann (2000) it is beneficial to include men in gender and development issues, especially when it comes to talking about gender, because in various cultural contexts, men are most likely to listen to men. Results on this particular study also show that men are interested to take part in discussions held by the peer educators, when they are approached by men instead of women. During FGD, a girl who is member of the peer educators group stated that, let alone challenging some of the boys who have 'rigid attitude' towards gender, it is difficult for her to even invite them to take part in the discussion. She added, for her it is easier to invite girls than boys. Another girl also said that, *"it is important that majority of the group members are boys because, we can reach a lot of boys and boys feel at ease when discussing about sexuality with boys."*

Moreover, since one of the objectives of the project under question is to improve attitudinal and behavioral change among boys and men in the two sub-cities of Addis Ababa, in relation to gender, sexual relationships, communication tolerance and responsibilities, it is important that boys take a lead in discussion programs that are organized by the organization. Men's active involvement in this particular project and in different gender related programs in general, will also help us build a critical mass of gender sensitive men within the community. In a longer term, engaging men in such activities would help us deconstruct patriarchy and construct gender equality within our society.

4.5.3.3 Peer Educators in IEC Materials and Condom Distribution

In addition to facilitating and organizing edutainment and discussion programs, peer educators are also responsible for distributing IEC materials such as brochures, newspapers, etc., through schools, youth associations, market places, edutainment and discussion session, etc. The IEC materials have detail information on the importance of engaging young men and boys to decrease gender violence, HIV/AIDS and SRH hazards so as to create an equitable relationship between women and men.

According to the information obtained from the organization, youth are also encouraged to contribute articles to be incorporated on the IEC materials.

Table 10

Number of IEC Materials Distributed

| Period | Number of boy Participants | Number of IEC materials distributed | |
|------------------|----------------------------------|--|-------------|
| | | News paper | Brochures |
| Jan. – June 2008 | 18 | 3000 | 1500 |
| July – Sep. 2008 | 15 | 1800 | 1723 |
| Total | 23 | 571 | 3523 |

Source: Hiwot Ethiopia

As stated above, from January – September 2008, 23 boys have been involved in distributing 571 newspapers and 3523 brochures. According to the discussants, despite the huge demand of the IEC materials, there is shortage of supply because of financial constraint on the project.

Moreover, with the need to control HIV/AIDS transmission and to give attention to STD prevention and treatment; the organization also distributes condom to members of the

community. Although no tangible figure is obtained from the organization, it is also learned that, some members of the peer groups also take part in distributing condom to places such as Chat and Shisa houses, to commercial sex workers and to broker houses. While distributing, these youth also give advice to recipients. One of the boys engaged in condom distribution shares his experience as follows:

One of the people whom I usually provide condom is a broker found in an area called Shiro Meda. Whenever girls visit his small office looking for an employment, before providing them the job, he makes them spend at least one night with him. While giving him the condom I try to provide him advice about the risk of having several sexual partners.

4.5.3.4 Parents in “Parent – Child Discussion”

As it is stated above, one of the objectives of the project is to promote free and open discussion between children, parents, teachers and service providers on sexuality and RH and rights at community and institution levels. Similarly, just like the peer educators, parents in the project are also given appropriate training that would enable them achieve change not only their personal attitude towards reproductive health, but also to influence and change the attitude of their children and member of their community regarding sexuality.

According to UNFPA, (1999) when parents (adults) get involved in the promotion of ASRH, they are safeguarding the potential of young women and men and they are protecting them during the crucial time of their lives. In addition, adolescents watch and imitate the behavior of adults close to them; they share the same value and gain self esteem when they are given love and respect. Adults who create a safe environment for children to ask questions and to share and to seek knowledge and skill for succeeding in life are giving a valuable gift to the next generation.

Similarly, staff of Hiwot Ethiopia said:

Adults should know that talking to their children about sex does not mean that they are encouraging them to have sex. Instead, their engagement in open discussion on those issues that are usually regarded as forbidden to discuss in the society will

የማያምኑ በራስ መተማመን የሌላቸውን ሴቶችንም ሃሳብ ለማስቀየር እንጥራለን”, translated in English as “We are not only trying to change the attitude of men, but also to change the attitude of those women who do not believe in themselves and who do not believe in equality between men and women.”

Despite attempts made, change may not be easily obtained because of the conservative nature of our society and influence of strong religions perspective. Nevertheless, organizing and facilitating these discussion sessions could not be disregarded as thus may lead us to a better world tomorrow. Hence, consistent discussion sessions among parents and children is expected to strengthen the partnership between them and to promote a healthy and equitable relationship among youth.

4.5.3.5 Parents in ‘Parent – Neighborhood’ Discussion

Adults need to learn about sexuality as much as young people do. According to staff of Hiwot Ethiopia, parents should have appropriate knowledge and education regarding sexuality. The aim of parent-neighborhood discussion is therefore to inform parents and family members in the community about sexuality and reproductive health issues among others so as the ultimate goal of the project, i.e, bringing gender equality will be met.

In these discussions participants are informed that lack of open discussion about sexuality between parents and children put many youngsters at higher risk. Practitioners share their experiences during discussion sessions. One male parent during the interviews said,

Many young girls in my neighborhood have committed suicide and some faced difficult health threats when they try to abort without notifying their parents. But now we are trying to communicate with our children regarding their sexual relationships, problems that they might face and how to be open to us (parents) whenever they face problems. During parent to neighborhood discussion sessions, we raise several reproductive health issues and the danger of lack of open discussion. We therefore advice parents how to communicate with their children about those issues.

Table 12

Number of Parent-Neighborhood Discussions

| Period | Number of Discussions | Number of Participants | | Number of Beneficiaries | |
|---------------------|-----------------------|------------------------|-----------|-------------------------|------------|
| | | Male | Female | Female | Male |
| January – June 2008 | 10 | 13 | 17 | 52 | 100 |
| July – Sep. 2008 | 48 | 13 | 17 | 273 | 661 |
| Total | 58 | 26 | 34 | 225 | 661 |

Even though the number of female parents seems to dominate the number of male parents on the above table, it is learnt that male parent’s involvement in the discussion has positively impacted the attitude of the discussion participants. According to one female parents who participated in the focus group discussion, “በቡና ጠጠጡ ፕሮግራም ላይ የወንዶች መኖር እኛን በጣም ጠቅሞናል.. ሴቶች ብቻ ብንሆን ኖሮ እንደተለመደዉ ሴቶች እሮሮአቸዉን ሊያሰሙ ነዉ ብለዉ የሚያዳምጠን አናገኝም ነበር አሁን ግን ከኛ የበለጠ የወንዶችን ልምድ ይጋራሉ” which refers to:

The fact that men are among us during the coffee ceremony has helped us a lot. If it was only us (women) no one would take us seriously. They will think that we are complaining as usual. They take the experience of men more seriously.” Another woman also added “*it is good that men are among us, because it is not only the woman that transmits the virus. Men are also responsible and to make a difference, in the family and community, they should participate and teach with us*

Hence, the fact that men are part of the discussion program is found to be crucial in influencing others and obtain positive change among participants. This experience of the organization is directly related with the concept of GAD approach, that advocates the involvement of men as a

Youth should be actively involved in the planning, implementation, and evaluation of development activities that have direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education and the prevention of HIV/AIDS and other sexually transmitted diseases.

Likewise, in the case of Hiwot Ethiopia, to evaluate the activities performed, different monitoring and evaluation tools and formant are employed. For instance, using a monthly and weekly action plans, assigned officer of the organization monitors the day to day activities of the project. In addition, although inconsistent, training officer holds meetings with the parents and peer educators. Facilitating such kinds of meetings helps the organization to obtain feedback from the practitioners and gives them appropriate guidance on how to better implement the program. During such discussion, practitioners are expected to actively participate in discussing difficulties encountered during the discussion sessions and edutainment programs, topics that are found to be interesting by the groups and issues that were difficult to discuss etc. The discussion between the staff and the practitioners was initially planned to take place at the end of every month, however, irregularity in keeping the schedule is observed. Consistency in this regard, would have upgraded the performance the practitioners since they would have obtained advice and support from the staff.

In addition, it is learnt that after a discussion session is adjourned, parents and peers are required to provide the organization a written report. Challenges they have faced during the discussion programs, interesting reflections they have gathered that had not been anticipated, etc., are some the issues that should be incorporated in the report. During the report writing, every practitioner who took part on the discussion session participates in contributing ideas regarding their experience of that particular day.

Over and above participation in the M&E process, practitioners also conduct discussion among themselves to evaluate their performance during the discussion session with the children and neighbors. The aim of such meeting is to help them come up with a better way of handling unusual questions that are forwarded from the beneficiaries and to improve their contribution in the project.

Chapter V

Summary, Conclusion, and Recommendation

5.1 Summary

Even though gender refers to the study of both women and men, due emphasis has been given by governments and development organizations to the study of women only. To promote a healthy life style between men and women and to achieve gender equality, different organizations have been working on programs that exclusively focus on women, partly because these organizations might have ignored the influence of men on different aspects of women's lives. It is the argument of this research that, for sustainable change to come, addressing women alone will not be the solution. Instead, men need to be the integral part of the solution, since they hold the upper hand in the patriarchal society of our world. As a result, a stronger focus has developed, over the years on the positive role men and boys play in promoting gender equality and reproductive health of women, in addition to fighting and eradicating HIV/AIDS and STD.

For this reason, this study is conducted on an indigenous organization called Hiwot Ethiopia, who is trying to integrate boys and men in challenging and changing the unequal power relation that takes place between men and women through promoting ASRH. This study has tried to evaluate the role of men play in promoting adolescent sexual reproductive health and promote gender equality in aforementioned indigenous organization. Moreover, the conceptualization of gender equality by both the organization and the practitioners is discussed on the paper.

This project of the organization, i.e., 'Engaging boys and men in ASRH promotion and right', has three major objectives; enhancing participation of young people in behavioral change communication program and projects focused on sexual reproductive health and rights at a community and institutional level; improving attitudinal and behavioral changes among boys and young men in relation to gender, sexual relationships, communication tolerance and responsibilities; and promoting free and open discussion between children, parents, teachers and service providers on sexuality and RH and rights at community and institution levels.

To achieve those objectives, 30 peer educators and 30 parents actively participated in the project. Among the total 60 practitioners, 24 of them are boys aged 15-24 and 13 male parents aged 31-70.

As mentioned earlier, the study has tried to evaluate practitioners as well as the organization's conception of the notion gender equality, since they aim to promote ASRH and gender equality among youth. Accordingly, findings show that, gender equality is viewed in terms of socialization and norm only. As a result, they both lack to create appropriate link between gender equality, reproductive health and violence. Little do the practitioners understand that women's little control over their body and fertility makes them vulnerable to contracting HIV/AIDS and other STDs. Moreover, men's important decision on contraceptive use seemed to be given little attention in the project.

However, the organization has designed certain strategies that would enable to meet the objectives mentioned in the project. Peer to peer discussion, parent to children discussion, parent-neighborhood discussion and edutainment programs are the major areas in which these male practitioners take part by facilitating, organizing, and educating the beneficiaries to achieve the desired objectives of the project. Moreover, they are also responsible for the distribution of IEC materials and condoms to beneficiaries as required.

Even though, majority of the practitioners hardly participated in problem identification and problem design of the project, the organization has tried to integrate them in the decision making, implementation and M&E stage of the project. The aim of involving these men in the project is to enhance their participation in gender related works of our country and to promote ASRH and gender equality.

Findings show that, practitioners with the support provided to them from the organization, decide on the types of issues to discuss with beneficiaries, in addition to the venue of discussion. Moreover, practitioners also select the target group to contact, while, the organization, plans the frequency of discussion.

Practitioners' lack of participation in designing the project might restrict the project from meeting its desired goal, since their involvement would have brought applicable and feasible strategies to tackle problems. However, it is discovered that all of the practitioners in the project actively participate during the implementation as well as M&E process of the project.

Accordingly, from January to September 2008, 4 music and 3 drama programs were organized and facilitated by the practitioners for a total of 3235 beneficiaries. In addition, during the same period, 43 peer to peer discussion and 15 parent to children discussion were also organized by both parents and boys practitioners of the project and reached a total of 2,019 beneficiaries.

Through, the edutainment programs and discussions, practitioners educate young people as well as parents in the community, regarding reproductive health issues such as HIV/AIDS, STI, unwanted pregnancy, abortion, etc., in addition to masculinity and gender equality. Moreover, their active participation in the project, is planned to promote open discussion between parents and children, so as to tackle problems that arise as a result of lack of communication and to promote ASRH that help them achieve gender equality.

Practitioners also play important role in the project by getting involved in the M&E process. Their engagement during this stage enables the organization to consider relevant issues to be included in the project and to strengthen their commitment and responsibility in achieving the required objective.

It is also observed during the study that certain challenges such as lack of appropriate amount of project budget to implement the program, lack of consistency, peer pressure, and resistance to change, and high practitioner's turnover have negatively impacted the work of peer educators and male parents. The budget constraint affects the performance and commitment of the practitioners, since programs are repeatedly canceled. According to some of the peers interviewed, the program disruption influences the attitude of beneficiaries towards them. In addition, active participation of stakeholders in the problem identification stage of the project, would develop collaborative efforts and shared vision to promote what is planned.

5.2 Conclusion

The unique program of the organization Hiwot Ethiopia, is found to be exemplary in our country and other organizations and stakeholder should consider duplicating the idea of integrating men in their gender related programs.

It is learnt through this study that peer pressure, social norms, and available institutional rules influence gender specific stereotypes. And because of such gender stereotypes, not only men but also women pressurized to be perpetrators of the patriarchal system.

Achieving gender equality requires systematic changes in policy and modes of social interactions at all levels of the society. With the active involvement of boys/men, it would be possible to deconstruct patriarchy and create a society who believes in harmony and equality between men women. Even though, achieving tangible result in this particular project could be very slow, the role played by boy peer educators and male parents in promoting gender equality and adolescent sexual reproductive health is found to be very important. Men in this particular project are found to be actors who serve as mediators between the beneficiaries and the organization. Even though, their participation in problem identification and project design was little, these men along with their women counterparts have been actively participating in the implementation, and M&E process of the program. They are also given a room to make certain decisions while working towards the achievement of the desired goal. Their involvement in these stages, however needs to be strengthened so as to enhance their responsibility and commitment in implementing the work and to develop a sense of belongingness and ownership towards what they do.

The interactive strategies, such as coffee ceremony, edutainment program and discussion sessions, designed by the organization, are found to be effective in making the practitioners active participants and facilitators of the program. Through those programs, beneficiaries are informed and educated about HIV/AIDS, STD, reproductive health issues. They are also thought that, men have the responsibility to share burdens and to be more active in the domestic work, since it is strongly believed by the organization that stereotypes and socialization that starts at home plays a great role in influencing and shaping masculinity and femininity in a given society.

In the organization, gender equality is viewed in relation to socialization and social norms only. As a result, men practitioners of the program seem to lack to create an appropriate relationship between gender equality, reproductive health and violence. Moreover, budget constraint, lack of appropriate place to demonstrate and facilitate programs seems to negatively affect the performance of men and boys in the project since it erodes their commitment and confidence towards the program. As a result of this, inconsistency and program interruption are observed, which may restrain the program from achieving the desired goal. Lack of appropriate incentive has also forced beneficiaries to withdraw from the program.

Despite the above weaknesses observed, the program is found to be different and effective in addressing gender related problems and promoting gender equality by focusing on men. Although, expecting a tangible result within a short period of time may not be realistic, it is however learnt that men play crucial role in addressing the epidemic of HIV/AIDS and reproductive health related issues in our society. In general, engaging these men to achieve the objectives of the project, has given the opportunity to members of the society, to view these men not as problem creators but also as solution providers.

What is more, since men, in general, continue to occupy key positions and privilege in any society, it is important that they actively participate in creating sustainable gender equitable society, where both men and women benefit and contribute equally.

5.3 Recommendation

-Hiwot Ethiopia, unlike other organizations who are engaged in gender related works, integrates the experience of both men and women in addressing ASRH related problems. It is strongly believed that addressing these problems by targeting men and boys is expected to change and challenge the unequal power relations that exist between men and women. In addition, since the few countries that have successfully decreased national HIV prevalence have achieved these gains mostly by encouraging safer behavior choices among young people (UNAIDS, 2004) it is important that government and stakeholders fight the epidemic of HIV/AIDS and reproductive health problems by giving due attention to the participation of youth and men.

-Though, the important roles that are played by men practitioners in the organizations should be appreciated, there are some problems observed during the study that the organization should give emphasis to, so as to strengthen their contribution and achieve the objectives of the project.

For instance, in order to run the program effectively and encourage the commitment and enthusiasm of the practitioners, the organization has to consider allocating appropriate amount of budget for the incentive. This way, practitioners will be motivated and encouraged to do more and reach the targeted goal. In addition, allocating sufficient incentive will also reduce practitioners' drop out of the program and may guarantee consistency and sustainability in the program.

-Hiwot Ethiopia has also to consider increasing the involvement practitioners not only in the implementing stage of the project but also representatives of the practitioners could get involved in the planning, project designing, decision making and M&E stage of the project, in order to help them develop a sense of commitment and belongingness toward the program.

-Moreover, it is also advisable for the organization to monitor and observe practitioners performance closely as it is necessary to ensure if they have given the required focus to program goals and if they are addressing ASRH and gender inequality problems as needed. The organization should, therefore, consider providing practitioners (both peer educators and parents) a more systematic and close supervision, more regular and frequent meetings, so as to help them achieve the targeted goal of the project by providing them all necessary assistance.

-The organization should also increase the number of girl/women practitioners to take part in the program, since the issue of gender represents both women and men.

-The organization has also to strengthen its approach that makes practitioners more supportive and responsible partners in their respective relationship. Hence, relevant and refreshing trainings should be given to practitioners to strengthen their knowledge on gender equality and to help them build their confidence and their ability to influence others and face challenges when encountered.

-To bring sustainable change in a broader term, not only Hiwot Ethiopia but also other parties such as schools and government administrations should be included as they are crucial components for the achievement of positive change.

-Government should also incorporate intensely the idea of gender and gender equality in the school curriculum, so that boys and girls will have good understanding of gender relations and equity.

-It is the belief of the researcher, that findings in the study has provided useful information for those organizations who are involved and plan to be involved in promoting ASRH and achieve gender equality. Those organizations and governments should consider involving men in addressing gender related problems, since supporting men's responsible and positive involvement in SRH is key element in building gender equality.

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Annex

I. Questionnaire for all Practitioners of the Organization

First of all, I would like to thank you for your cooperation and for dedicating your precious time to answer the questions that are stated below. At the very outset, I would assure you that your answers are invaluable in the under mentioned area of research.

The objective of the research is to learn about the level of men's involvement in promoting ASRH and achieving gender equality. Moreover, it will give the researcher an idea about men's attitude and perspective towards gender equality, HIV/AIDS, STD and other ASRH matters.

Please feel free to answer the questions honestly since your responses will be kept confidentially. Please note that you are not required to write your name. However, I would kindly request you to write your age, sex and address on the space provided below.

You can answer the questions by ticking on the correct choice on the spaces provided next to the questions. Please also write your answer for those questions that require explanation on the space provided.

Thank you!

A. Background Information

1. Sex: Male _____ Female _____

2. Age: 10 -14 _____ 31 -50 _____

15 -18 _____ 51 -60 _____

19 -24 _____ 61 -70 _____

Over 25 _____ Over 71 _____

3. Religion: Orthodox _____ Protestant _____ Muslim _____ other _____

4. Employment: Student _____ Employee _____ Retiree/non employee _____

5. Year of service in the organization: less than one year ___ 1-3 years ___
4-5 years ___ above 6 years ___

B. Roles played by practitioners

1. Did you take part during the problem identification process?

a. Yes ___ b. No ___

2. If you did, what role did you play /what was your major responsibilities?

3. Where you part of the project formulation process?

a. Yes ___ b. No ___

4. If you did, what role did you play /what was your major responsibilities?

5. Do you take part on the implementation process?

a. Yes ___ b. No ___

6. If you did, what role did you play/ what was your major responsibilities?

7. Do you get the appropriate training from Hiwot Ethiopia?

a. Yes _____ b. No _____

8. How often do you organize discussion sessions within one moth?

a. 1-2 times _____ b. 3-4 times _____ c. 5-6times _____

9. Who makes the decision regarding the frequency of discussion sessions?

a. We do _____ b. Hiwot Ethioia does _____ c. Donors _____ d. others _____

10. Who makes the decision regarding the topics of discussion?

a. We do _____ b. Hiwot Ethioia does _____ c. Donors _____ d. others _____

11. Who selects the target group for you?

a. We do _____ b. Hiwot Ethioia does _____ c. Donors _____ d. others _____

12. Who decides where to hold the discussion sessions?

a. We do _____ b. Hiwot Ethioia does _____ c. Donors _____ d. others _____

13. Who monitors and evaluate you work?

a. We do _____ b. Hiwot Ethioia does _____ c. Donors _____ d. others _____

14. What kinds of mechanism do you employ to evaluate your work?

Thank you!

II. Interview questions for male practitioners of the project

1. How did you join the project?
2. What kinds of trainings have you received from Hiwot Ethiopia? And do you believe those trainings are strong enough that enable you to influence others?
3. What is your contribution to the prevention of ASRH problems and promotion of equality among the youth?
4. What do you understand by the term gender equality?
5. How do you think gender equality should be achieved?
6. How do you think, ASRH and gender equality related?
7. How do you think, violence and gender equality related?
8. How do you think your involvement as a man affects you, your families and the beneficiaries?
9. Do you believe you have changed because of the program?
10. Do you believe men's involvement in the project results positive outcome?
11. What kinds of problems have you encountered while working in this project?
12. Do you believe the trainings that is provided to you by the organization is enough that enables you influence others?
13. What Challenges have you faced while working in this project?
14. Is there anything you want to add?

Thank you!!

III. Interview questions for the staff of Hiwot Ethiopia?

1. Why do you want to focus on men than women while addressing the problems mentioned in the project?
2. How do you think, men's involvement affect the beneficiaries
3. What does Hiwot Ethiopia refers to by term 'gender equality?'
4. What kinds of approaches does Hiwot Ethiopia employ to promote ASRH and achieve gender equality?
5. Why did you select these approaches?
6. How often do practitioners participate on programs or planned activities?
7. Who monitors and evaluates the work done by the practitioners?
8. Did you involve the practitioners during the problem identification, formulation, and monitoring and evaluation process?
9. What role did they play during the problem identification process, project formulation, project design and M&E
10. Who decides on: Whom to contact, how to contact, where to organize the discussion, what to discuss, when to contact the beneficiaries, etc?
11. What challenges have you faced so far?

Thank you!!

Focus Group Discussion

1. How did you join the project?
2. What kinds of trainings have you received from Hiwot Ethiopia? And do you believe those trainings are strong enough that enable you to influence others?
3. What is your contribution to the prevention of ASRH problems and promotion of equality among the youth?
4. How do you reach the target group?
5. What do you understand by the term gender equality?
6. How do you think gender equality should be achieved?
7. How do you think, ASRH and gender equality related?
8. How do you think, violence and gender equality related?
9. How do you think men's involvement affect you, and the beneficiaries?
10. Do you believe gender equality is attainable by involving men in the project?
11. Do you believe men's involvement in the project has positive outcome? How?
12. What kinds of problems have you encountered while working in this project?
13. Is there anything you want to add?

Thank you!!

DECLARATION

I, the undersigned, declare that this thesis is my original work; it has not been presented for degree in any other university and that all sources of materials used in this thesis have been duly acknowledged.

Name: Mahlet Abraham

Signature: 

Place of Submission: A-AU

Date of Submission: July 23, 2009

This thesis has been submitted for examination with my approval as a university advisor.

Name: _____

Signature: _____

Date of approval: _____