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Healthy Images of Manhood: A Male Engagement Approach for Workplaces and Community Programs Integrating Gender, Family Planning and HIV/AIDS

A Case Study

This paper describes how the Extending Service Delivery (ESD) project has implemented an integrated male engagement program to address gender and family planning/reproductive health in a workplace HIV/AIDS Program. The program, called Healthy Images of Manhood, was launched in January 2008 in partnership with Unilever Tea Tanzania Ltd. (UTTL) at the company's estates in south-central Tanzania. It is now being replicated at Unilever Tea Kenya Ltd., many other Kenyan companies, and community programs in Burundi focusing on Congolese refugees and internally displaced Burundians.

BACKGROUND

In 2006, ESD sponsored a training workshop in Tanzania on public-private partnerships in health that brought together non-governmental organizations, government and private companies.¹ The workshop engaged the three sectors to develop partnerships addressing family planning, reproductive health and HIV/AIDS using best practices. UTTL attended the workshop for a very specific reason: with a 21 percent HIV prevalence rate among its employees, UTTL was looking for ways to increase the use of company health facilities to improve the health of workers and their dependants, with a particular emphasis on reaching men. ESD and UTTL formed a partnership in 2007 to assess the situation on the plantation and develop appropriate interventions.

The leading producer of tea in Tanzania, UTTL has 6,000 employees (60 percent male, 40 percent female) working in three factories and five tea estates. The company provides free medical care to approximately 30,000 employees and dependents. It also provides HIV/AIDS health services to the surrounding community, which has a population of about 200,000. The com-

pany supports a 70-bed hospital that provides comprehensive health services (including family planning), two HIV/AIDS care and treatment clinics and 12 dispensaries. Since 1992, UTTL has tried to stop the spread of HIV through the establishment of a cadre of more than 160 Peer Health Educators (PHEs) drawn from the workforce and dedicated clinical services, including voluntary counseling and testing (VCT), prevention of mother to child transmission (PMTCT) and care and treatment clinics (CTC).

UTTL sets aside time every Monday morning for PHEs to provide information to workers in its factories and tea estates. PHEs also conduct small group education activities, disseminate information during organized community events (such as sports matches or fairs), and counsel their peers one on one. They make household visits and conduct couples counseling. The PHEs distribute condoms (both male and female) and make referrals to HIV, reproductive and child health clinical services. Despite these efforts, the HIV prevalence rate remained high and stigma and non-use of services, especially among men, remained major problems. UTTL realized that traditional and cultural norms of

ESD piloted a workplace intervention in Tanzania that helped workers understand the effects of harmful gender norms on sexual and reproductive health.

The Extending Service Delivery (ESD) Project, funded by USAID's Bureau for Global Health, is designed to address unmet need for family planning (FP) and increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, in order to improve health and socioeconomic development. To accomplish its mission, ESD strengthens global learning and application of best practices; increases access to community-level RH/FP services; and improves capacity for supporting and sustaining RH/FP services. ESD works closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries. A five-year Leader with Associate Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

¹ See ESD's companion legacy paper: *Transferring Knowledge and Skills*



These Peer Health Educators provide health information and services to workers at Unilever Tea Tanzania, including the distribution of condoms, and referrals for HIV counseling and testing, reproductive and child health clinical services.

behavior among men and women contributed to poor health in the workplace and the community. Like many companies with workplace programs, UTTL faced the challenge of improving program outcomes: ESD and UTTL hypothesized that addressing traditional gender roles that lead to unhealthy behaviors could be an efficient and cost-effective way of strengthening the existing program.

ESD staff with expertise in workplace programs, gender, family planning and reproductive health developed Healthy Images of Manhood (HIM) as an integrated approach to addressing gender, HIV, and family planning with a focus on building effective counseling and communication skills among those who disseminate information, such as peer or community educators. ESD's goal was to pilot a workplace intervention that helped workers understand the effects of harmful gender norms on sexual and reproductive health and adopt healthier attitudes and behaviors.

At its core, HIM is a health education program that improves outreach, contributes to behavior change among workers, and strengthens the links between outreach and service delivery. HIM aims to change norms related to traditional beliefs of masculinity and femininity that contribute to poor sexual and reproductive health. HIM builds on many innovative programs and promising practices that engage men to address sexual and reproductive health, such as Project H, Men as Partners, Raising Voices, and Stepping

Stones.² It also incorporates ESD's technical leadership in promoting the use of family planning for improved healthy timing and spacing of pregnancy (HTSP) and family planning-HIV integration.

PROBLEM STATEMENT

The failure to understand and address gender norms can limit the effectiveness of workplace programs. Many companies have invested significant resources in workplace and community programs to promote workplace safety or to prevent and treat HIV/AIDS and other diseases. While such programs often disseminate valuable information and promote healthy behaviors, most do not directly address the influence of gender on the health and behaviors of their workers and surrounding communities. UTTL returns a large percentage of its profits into supporting its health system for its employees and their dependents, yet 65 percent of those utilizing HIV/AIDS services are from the surrounding community, and women make up 75 percent of all clients. The reliance of the surrounding community on the UTTL health system and the underuse of services by men have been both a business and health challenge for the company.

Men learn from their families, communities, and societies how to be "real men." It is well documented through research and experience from sexual and reproductive health programs that gender norms and attitudes strongly influence their behaviors. When responding to cultural expectations for "real men," some men will have multiple sex partners, take little responsibility for their health and that of their families, and control the behavior and sexual decisions of women. In fact, most men want to be caring partners, fathers, and husbands, but lack knowledge, communication skills, and opportunities to reflect on their behavior. Men's negative behaviors undermine their health and well being, as well as that of their families and their community.

SUMMARY OF INTERVENTION STRATEGIES

In partnership with UTTL, ESD developed the HIM approach as an intervention to increase both the adoption of healthier behaviors and the use of services by UTTL employees, especially men. The intervention was informed by a comprehensive assessment, and implementation was supported by the establishment of a monitoring and evaluation system that allowed

² Institute Promundo's Project H is designed to help young men challenge traditional gender norms and existing definitions of masculinity (www.promundo.org.br/english/index.asp); EngenderHealth developed the "Men as Partners" initiative (www.engenderhealth.org); Raising Voices developed the program tool *Rethinking Domestic Violence: A Training Process for Community Activists* (www.raisingvoices.org/women/program_tools.php); Stepping Stones is a life-skills, communication, and relationships training program (www.stepsstonesfeedback.org).

ESD and UTTL to assess the implementation of the program's components.

Initial Assessment

ESD conducted an assessment of UTTL's program in March 2007 to understand the specific context of UTTL and to recommend appropriate interventions. The main issues identified during the assessment were:

- Cultural and gender norms that limit the utilization of services by men and women, including poor compliance among clients and poor communication between couples about HIV, reproductive health and family planning;
- Limited understanding of reproductive health and family planning among some clinicians and UTTL PHEs and no integration of family planning into HIV services;
- Increasing numbers of HIV + women who were becoming or wanted to become pregnant, reflecting a strong pronatalist culture; and
- Didactic, non-participatory approaches to health education by the PHEs.

ESD recommended piloting a program that would incorporate gender and reproductive health into the existing HIV/AIDS prevention and treatment efforts to create a more comprehensive, integrated approach to health services and education, focusing on:

- Providing PHEs and clinical staff with updated technical content on gender, reproductive health and family planning, especially for people living with HIV/AIDS, with an emphasis on how gender norms influence sexual and reproductive health behaviors;
- Improving the knowledge and skills of PHEs to adopt participatory, holistic education and communication methodologies and messages;
- Strengthening the capacity of PHEs to influence co-workers to adopt healthy behaviors; and
- Increasing programmatic linkages between outreach and clinical care.

Once this was agreed upon, ESD and UTTL operationalized these recommendations within UTTL's peer outreach and clinic-based services, emphasizing practicality, cost-effectiveness and sustainability.

Partnership Design



Unilever

Unilever Tea Tanzania

A close and well-defined partnership has enabled ESD and UTTL to make effective use of their existing (though limited) resources. A valuable aspect of the partnership was that UTTL already had a system in place for collecting both clinical and outreach data, which it agreed to provide to ESD on a monthly basis. UTTL also contributed staff time and its platform of existing programs and services, as well as direct (food, transportation, materials) and indirect costs of PHEs and staff to participate in training, regular meetings and outreach. UTTL paid (in the first year on an equal, cost-share, basis with ESD, then afterwards fully) the salary of a HIM Project Coordinator and provided him with a motorcycle, an essential tool for doing his job. Finally, UTTL covered the local travel expenses of ESD staff and local resource persons. UTTL senior management invested significant time into building support for the HIM project with other UTTL managers, line supervisors and in the community.

In turn, ESD provided technical assistance and limited financial inputs, including: the design of HIM and the development of a *HIM Training Manual*; the capacity building of key staff in program implementation and management; the provision of best practice resources and tools; the supervision of the training; the adaptation of its data forms and collection processes, and; ongoing monitoring and support via email, phone calls and field visits to UTTL. ESD also directly funded select activities, such as the cost of a local trainer in HIM and later for training in the use of Community Action Cycle.

Both partners were committed to the principle that the HIM intervention, if successful, should be sustained and scaled up. From the beginning, there was a focus on building UTTL's internal capacity to manage the program and use existing resources more effectively.

Project Design

The HIM intervention had two main components:

Component 1: To improve the health outreach and education activities of PHEs; and

Component 2: To improve the delivery of family planning by integrating family planning with HIV services.



ESD helped to build the capacity of Peer Health Educators to promote family planning and the healthy timing and spacing of pregnancy.

Cross-cutting strategies were used to implement these programmatic components so as to create and maintain strong linkages between outreach and service delivery.

Component 1: Health Outreach

The HIM program built on the programmatic resources mentioned above and adapted them for the workplace. ESD emphasized fostering individual normative change among PHEs to apply their new skills and knowledge to promote broader community changes. Often peer education programs mistake information and education communications (providing content and messages) for behavior change interventions, which help people analyze their choices and encourage new behavior. HIM reflects ESD's mission of disseminating best practices in family planning and reproductive health, integrated approaches to health, and behavior change training methodologies. HIM's core curriculum integrates information on HIV, gender, stigma, reproductive health, family planning and HTSP into the sessions as well as communications, outreach, and counseling skills.

The HIM program has several elements:

- A six-day initial training followed in six months by a

three-day refresher;

- Monthly meetings (lasting half a day or longer) where PHEs update their skills, learn new technical content, jointly problem solve, share successes, and revise action plans;
- Supportive supervision by the HIM Coordinator, who visits the PHEs in the field, organizes monthly meetings, and helps PHEs individually and collectively plan and implement activities;
- Analysis of data by PHEs, who review their own data and identify trends and issues in real time so they can adapt their plans and activities in response to the data; and
- Ongoing capacity building for the HIM Coordinator and the PHEs.

For the first nine months of the program, ESD hired and trained a local Tanzanian trainer in the HIM approach who could facilitate the trainings and monthly meeting and help build the capacity of the HIM Coordinator to manage the program and strengthen his training and facilitation skills.

A key goal for HIM was to establish a critical mass of male PHEs who are not just role models, but also change agents in transforming gender relations, serving as *positive deviants*³ in the community. The success of the HIM approach depends on PHEs understanding that their role goes beyond disseminating health information in the workplace and the community, by modeling new attitudes and behaviors, such as seeking health care services, by being a supportive and caring partner/husband and father, and by using non-violent means to resolve conflict.

The Initial Training. In January 2008, UTTL selected 29 male PHEs out of their pool of 160 to pilot the HIM approach. At the close of the workshop, the PHEs identified three areas that needed to be addressed further in outreach:

- High prevalence of sexually transmitted infections;
- Limited knowledge of family planning, especially among men; and

³ **Positive Deviance (PD)** is an approach to personal, organizational and cultural change based on the idea that every community has certain individuals (the "Positive Deviants") with special attitudes/practices/ strategies/ behaviors that cause them to behave differently and more effectively than others. The premise of PD is that Positive Deviants can help improve outcomes in the community and their unique practices can be isolated.

- Alcohol abuse and its effect on risky behaviors.

Monthly Meetings. Since it was difficult to address the broad range of technical content that both the trainers and participants identified as critical to performing their jobs, the monthly meetings played an important role in both reinforcing the skills and knowledge learned in the first training and addressing new content areas identified during the workshop. In addition, monthly meetings enabled PHEs to address communication, counseling, family planning, stigma and discrimination, mentoring, and participatory methodologies in greater detail.

Building capacity in family planning required special attention, since the PHE program was originally designed to provide information about HIV/AIDS and to encourage employees and community members to make use of available HIV/AIDS services. There were low levels of knowledge and pervasive myths about family planning. Further, with the increased availability of antiretroviral (ARV) drugs and improvements in the health of men and women living with HIV, more women were becoming pregnant, either because of cultural pressure to have children, fear, or lack of access to family planning.

Refresher Training. The PHEs struggled to adopt participatory methods of outreach because the prevailing educational model in many communities is didactic, that is, it “tells people what to do.” They also found that some communities were resistant to the information and new behaviors that were being promoted. A four-day refresher training for 22 of the original 29 PHEs was conducted in September 2008 to strengthen PHE abilities to engage their communities and use participatory methodologies using the Community Action Cycle.⁴ This increased PHE comfort with participatory methodologies and helped them understand better ways to work closely with their communities to build on existing knowledge and strengths.

The refresher also allowed the PHEs to explore the conflict between the messages on condom use, abstinence, and pregnancy avoidance they were disseminating to people living with HIV (PLHIV) and their own cultural norms that promote fertility and childbearing. This

region of Tanzania is highly pronatalist, and the fertility of men and women is valued. Women who do not give birth are often viewed suspiciously. Despite the messages given by PHEs and clinicians for HIV+ women to avoid pregnancy, cultural pressures often overcome these recommendations, and women become pregnant, at times with serious consequences related to miscarriage, pre-term births, and vertical transmission of HIV. The improved understanding of the role of family planning in promoting health and in preventing HIV transmission helped PHEs—and CTC health staff—become more comfortable in meeting the reproductive health information and service needs of all people in the community.

Component 2: Service Delivery Improvement: Family Planning/HIV Integration

The participation of ESD in this component focused on key activities:

- Conducting a review and assessment of UTTL health facilities that resulted in the recommendation of family planning-HIV integration and resource utilization;
- Providing an overview of the benefits of family planning and HTSP, especially for PLHIV, for select clinical staff; and
- Facilitating participation in Ministry of Health Social Welfare approved training in family planning for UTTL staff to strengthen UTTL’s family planning services, including those for PLHIV.

During the January 2008 training, ESD assessed UTTL health facilities and found that while the overall health system was strong, the staff was stretched too thin and family planning service delivery was weak. ESD’s recommendations included increasing family planning education and family planning counseling skills, ensuring joint provision of HIV and family planning services, improving linkages between health outreach and service delivery programs, and developing a community-based distribution program.

A 15-hour family planning overview was conducted in September 2008 by ESD and a trainer from the Ministry of Health and Social Welfare’s Reproductive and Child

³ The Community Action Cycle methodology for community mobilization was developed by Save the Children: (<http://www.savethechildren.org/search.jsp?query=How%20to%20mobilize%20communities&page=1>).



Unilever Tea Tanzania.

Health Unit. In addition to providing a technical update on family planning methods, based on WHO's Family Planning Handbook, the training addressed appropriate family planning methods for PLHIV and dispelled the common myth that ARVs and family planning methods contraindicate each other. Staff explored the idea that PLHIV have the right to make their own decisions about childbearing, and the role of clinical staff is to assist clients to make healthy choices and decisions on how to time, space or prevent pregnancy, based on their health status. ESD introduced the clinicians to the Balanced Counseling Strategy for family planning, which was developed by the Population Council and is a USAID best practice.

Following the technical update, ESD secured additional government approved training for five UTTL clinical staff on family planning, thereby increasing the total number of clinical staff able to dispense family planning methods. UTTL introduced family planning methods into its CTC in October 2008. Now, injectables, pills, and condoms (male and female) are provided at the CTC at the same time ARVs are dispensed, and women and men who want a long-term or permanent method are referred to the hospital. Clients appreciate being able to get a method where they obtain their HIV care, and providers also believe it is appropriate and effective to address the family planning needs of clients during care and treatment.

ESD TECHNICAL ASSISTANCE

After the initial training, ESD continued to provide long distance technical assistance to support the implementation of the program. ESD staff also conducted several site visits to monitor activities or to provide additional technical guidance, and worked closely with the Project Coordinator and the local resource person to develop the content for the monthly sessions. Capacity building of and support to the Project Coordinator to ensure his ability to supervise and support PHEs and manage the entire program was seen as critical to sustainability and ultimately scale-up. The Project Coordinator took on increasing levels of responsibility and within less than a year managed the entire HIM program under the supervision of the Company Medical Officer. ESD interacted regularly by telephone and email with the Project Coordinator and the Company Medical Officer to plan activities, solve problems, and review data.

ESD paid particular attention to data collection and analysis. In many education and clinical programs, data is collected by workers and submitted to management for analysis, which is then returned to them in summary form at a later date. Under the supervision of the Project Coordinator, PHEs collect and analyze their data in real time, which improves their responsiveness to issues in their workplaces and communities, and contributes to their sense of ownership of the importance and relevance of data collection.

SUPERVISION AND COORDINATION

Supportive supervision is an essential element of the HIM approach, and the Project Coordinator is instrumental to the PHEs ability to plan and implement their activities and to coordinate and collaborate with other aspects of UTTL's programs and services, such as community dramas or health campaigns. The Project Coordinator also plays a central role in building and maintaining linkages between the PHE program and the clinical staff through his relationship with the Company Medical Officer (CMO). The CMO has technical oversight of the entire HIV/AIDS prevention, care, and treatment program, and of the clinical staff at the company hospital, CTC, and dispensaries. As a senior UTTL manager, it is the CMO's responsibility to keep senior and middle management informed of the HIM program, while the Project Coordinator plays an important supporting role in his frequent interaction

with line supervisors who manage workers in the fields and factories and clinical staff in the dispensaries.

PROJECT MONITORING, LEARNING, AND EVALUATION

ESD measured progress toward achieving the two project goals through three different methods:

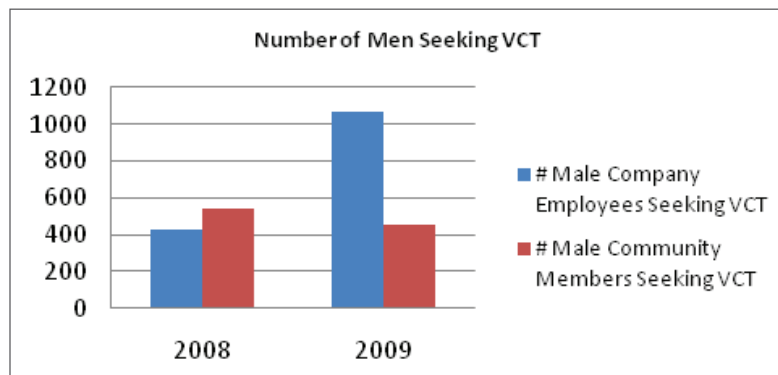
- Monthly output data was collected and analyzed by the PHEs, including the number of counseling sessions and events held, the number of referrals made, and the number of male and female condoms distributed;
- Service statistics from UTTL health facilities were collected quarterly, specifically CTC, VCT, and family planning data; and
- A comprehensive qualitative assessment was conducted to assess the perception of the HIM approach, knowledge and opinions about topics PHEs addressed, and perceptions of behavior change among UTTL staff and community members. The assessment included structured interviews and focus group discussions with nearly 300 factory workers, tea pluckers, PHEs, community members, and middle and senior management.

Given limited funds for M&E, ESD was unable to conduct a representative, randomized baseline and end-line survey of the UTTL community to track changes in knowledge, attitudes, and practices over time. However, ESD was fortunate to pilot HIM in a setting where clinical and PHE data were routinely collected. This enabled ESD to triangulate quantitative data with qualitative data collected through the qualitative assessment conducted in March 2010. Furthermore, ESD has regularly administered pre- and post-training tests on knowledge related to gender, sexuality, reproductive health and family planning, and communication skills.

OUTCOMES AND RESULTS

Since the inception of HIM, ESD found the following:

- **Increased use of services by men: male UTTL employees comprise a greater percentage of employees seeking VCT and CTC services than do males within the surrounding community.**



- The number of male employees seeking VCT increased by 60 percent, from 423 in 2008 to 1,068 in 2009. During the same time period, the number of male community members seeking VCT decreased from 543 in 2008 to 451 in 2009.
- In 2008, 48 percent of company employees seeking VCT were men. This increased in 2009 to 51 percent. Men comprised 39 percent of community members seeking VCT in 2008, and 37 percent in 2009.
- Of company employees enrolled at the CTC, in 2008, 38 percent were men, and in 2009 40 percent were men. Among community members, men comprised 34 percent enrolled at the CTC in 2008 and 2009.

• Transformations in Gender Relations:

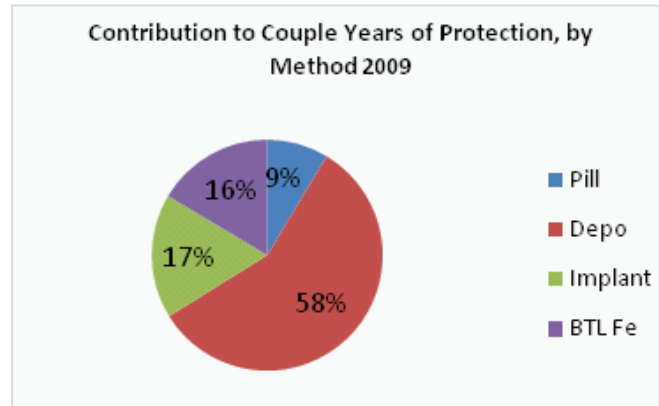
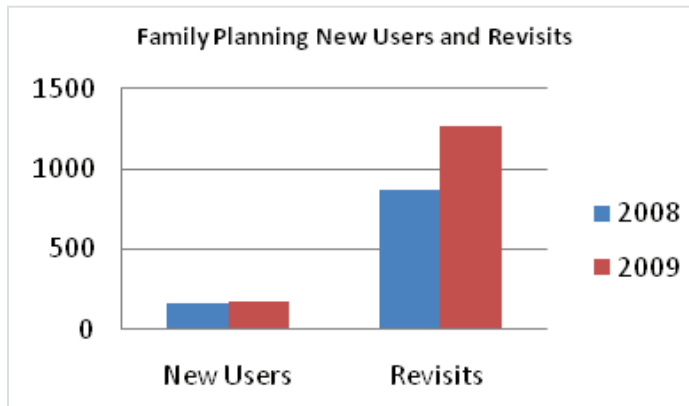
- **Changes in relations between male and female workers (including their own perceptions of male and female workers).** One manager reported that as a manager he is conscious of giving equal opportunity to women. For example, when choosing workers for an activity, he would choose an equal number of men and women. Another said, "We want to eliminate that some of the jobs are to be done by women, some of the jobs to be done by men. We want to share. To bring things together so that we can put as one thing, [things] that a man can do [and] things that a woman can do, and [now] a woman can do things that a man can do."
- **Men are more likely to participate in services provided to family.** This was reported by managers, who have noted that men are more frequently requesting time off so they can take their children to the health clinic. Providers reported an increase in cou-

ples HIV counseling and testing and family planning counseling. Factory workers and tea pluckers reported changes in the way men and women make decisions at the family level and in their communities.

- **Better male/female relations in the workplace and in home.** In describing the changes that he has seen, one tea plucker reported, “If such kind of things were seen 10 years ago, people at the community level would start talking differently about a man who is doing this type of work. They would think that the wife went to the local doctor to get “Limbwata”—the medicine that makes a woman totally control a man. But now things have changed.... A baby could be crying and the wife is cooking. A man nowadays can choose either of the two tasks to help—the cooking or help with the baby.”

• **Increased Use of Family Planning**

- From 2008 to 2009, the number of family planning visits increased by 28% from 1,036 in 2008 to 1,443 in 2009.
- In 2009, 390 couple years of protection (CYP) were generated with Depo Provera, comprising 58 percent of CYP.



masculinity. In addition, community members stated that they sought out HIM PHEs as mediators, particularly around domestic violence issues.

- **Personal Behavior and Attitude Changes by Male PHEs:** As a result of HIM, PHEs and coworkers reported that they were viewed as credible change agents and role models.
 - One married PHE, who was known for having many girlfriends in the community, changed completely after joining the HIM program, according to the PHEs, and now presents himself openly at community meetings as an example of how to make personal change.
 - Many male PHEs said their relationship with their wives became more collaborative: “Now we are open to each other. My wife can tell me anything and I usually take it positive. A few years ago when my wife was pregnant for the first time, she went to attend clinic and came back and said I should go with her the next time so that I can get my health checked out. To be honest I ran away. But the second time I said yes, I need to go. They checked our HIV status and thank god we were both negative. The

- **Consistent Understanding of HIM Program Goals:** All people interviewed could articulate that HIM was intended to change men’s behavior and challenge harmful norms of

provider told us some things about raising the baby that I did not know.”

- PHEs also reported personal changes in

attitudes and behavior around family planning and use of the health clinics:

- *"For family planning, before I got this education, ok we were lucky we didn't have many children, but it was just by chance. By getting this education we can sit down and decide what is the best way to use family planning."*
- *"Even now I am changed. I am sending my babies to the clinic, but it was not the case some few years ago."*

• **High Output by the HIM PHEs. From March 2008 to March 2010 HIM PHEs:**

- Conducted more than 46,000 one-on-one and more than 12,000 couples counseling sessions.
- Held over 4,000 events, including meetings, drama shows, and football matches.
- Made nearly 1,100 referrals for services.
- Distributed 193,000 male condoms and 6,700 female condoms.

Beyond Results

Sustainability and Scalability. In September 2009, well before the ESD assessment, UTTL decided the HIM pilot was worth the investment. It began scaling-up the program by training 52 new PHEs in the HIM approach, this time selecting an equal number of men and women. To date, UTTL's contribution to the HIM project is more than \$60,000. UTTL's Director of Operations noted that HIM was an example of two organizations putting together their limited resources effectively to create a successful program. UTTL is now poised to scale-up HIM to all of its PHEs, and is increasingly being recognized as a leader in both the private and public sectors for its efforts to incorporate gender, reproductive health and family planning into its programs.

Replication. UTTL's sister company, Unilever Tea Kenya, is integrating the HIM approach into its peer education program in Kericho, which is three times the size of the program at

UTTL. The Ministry of Health and Social Work's District Health Management Team in Mafinga has approached UTTL to learn how they have integrated family planning into their HIV care and treatment clinic. Also the Nairobi regional office of the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria is now working with ESD and four other organizations to replicate the HIM approach in their workplace programs. HIM trainings have taken place at 16 companies.

At a May 2010 conference in Nairobi, sponsored by ESD, participants from Tanzania, Kenya, Guinea, and Burundi expressed interest in learning from UTTL how it has been able to increase men's participation in health. ESD has also adapted HIM to address issues of sexual violence in camps for Congolese refugees and internally displaced Burundians. The National Gender Based Violence Task Force of Burundi and APROFAM and ALAS, two leading NGOs in Guatemala, are reviewing HIM with the intention of using it in its community program throughout the country.

CHALLENGES AND PROGRAMMATIC RESPONSES

UTTL faced several challenges in implementing HIM:

- **Changing gender norms takes time.** No single training, even a long one, leads to immediate behavior change by participants or fully builds their skills to promote community change. That is why ESD designed the monthly meeting structure to review gender knowledge, reinforce skills, and solve challenges in undertaking outreach activities.
- **Heavy workloads can cause CTC providers to view family planning as one more task they have to do.** Providers saw the importance of ensuring that HIV+ clients are able to prevent

"For family planning, before I got this education, ok we were lucky we didn't have many children, but it was just by chance. By getting this education we can sit down and decide what is the best way to use family planning."

- Unilever Peer Health Educator

unintended and space future pregnancies, yet were already stretched. To help manage provider workloads and ensure that essential family planning services are offered, providers have begun to identify CTC clients most at risk for an unintended pregnancy to ensure that these women receive family planning counseling and services.

- **HIM created an initial backlash from religious leaders.** Religious leaders viewed HIM's promotion of family planning and condoms and more gender equitable norms as undermining men's traditional role as head of the household. The CMO met with these leaders and was able to soften their opposition, if not build some support, convincing many of them of the importance of male involvement and men's use of available services to arrest the spread of HIV/AIDS. Several religious leaders even agreed that family planning was moral, at least for married couples where one spouse was HIV+.
- **Community members—and even providers—were suspicious of family planning.** Many men and women in the community believed that family planning caused cancer, a worry heightened by the cultural importance attached to fertility. Some providers reinforced this belief because of their concerns that some methods cannot be used with ARVs. The trainings on family planning for PHEs and providers helped dispel the myths and prepared PHEs to explain the benefits of family planning for the health of women and children through HTSP or prevention of pregnancy—especially to stop the vertical transmission of HIV.

LESSONS LEARNED

Companies recognize the importance of gender and family planning in their workplace health programs. Companies are seeing first-hand the need for gender transformative programs to help change unhealthy behaviors of men and women. The integration of behavior change relating to gender equitable norms, family planning and HTSP knowledge

is particularly attractive to companies with HIV/AIDS programs, where family planning and gender have been underemphasized. Managers at UTTL and other companies told ESD that a selling point for HIM was that it focused on improving men's health, not just that of their partners and families, and promoted gender equity rather than just women's empowerment. They reported that a common perception is that gender programs are against men.

A small group of PHEs can have an impact on gender relations and utilization of services.

With only 29 PHEs in the pilot, ESD urged UTTL to select PHEs from just one of the 12 tea estates, focusing on a small and clearly defined population. UTTL, however, saw the great value of HIM, and wanted to make it a company-wide program from the start. Therefore, UTTL selected a limited number of individuals from all estates to be HIM PHEs. This small yet representative group of PHEs proved to be effective change agents for the wider UTTL community.

The issue of women's participation in HIM must be addressed from the beginning.

Female PHEs felt excluded since the initial HIM training focused solely on male PHEs; some said it caused them to feel less committed to their peer education activities. While UTTL believes the initial focus only on male PHEs was right for the start-up, better communication with female PHEs about the program and plans to include them was needed. The inclusion of women has strengthened the program. Male PHEs frequently felt the effectiveness of their couples counseling or home visits was hampered without the support of a female HIM PHE who could talk with women privately in ways the men could not.

RECOMMENDATIONS

It is important to provide the tools and assistance to help companies and community organizations replicate HIM in their programs. HIM can easily be integrated into workplaces around the world where companies have already made investments in health education and services for their workers. ESD is finalizing a package

of HIM tools, including a gender assessment tool, a Peer Educator handbook, and a guide for corporate managers and project coordinators to support the implementation of HIM.

ESD also recommends that:

Capacity building on applying simplified gender transformative programs should be done for companies to ensure that gender and cultural norms are identified and addressed in their programs and operations.

Workplace programs should link *outreach* and *service delivery*, and pursue a more strategic coordination of services.

Male engagement programs should build on men's strengths, assets, and real desires to be caring husbands and fathers. This may be more effective than solely focusing on telling men to be more responsible and to change their behavior so as to improve the health of women.



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