

Emerging practice for the engagement of men and boys in WASH

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Case Studies



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Credit: Nilima Das, Union Facilitator, SHOMOTA, Satkhira, Bangladesh

Acronyms

CFAR	Centre for Advocacy and Research
CFM	Child faeces management
CMC	Community Management Committee
GESI	Gender equality and social inclusion
GWMT	Gender WASH Monitoring Tool
iDE	International Development Enterprise
MHH	Menstrual health and hygiene
NGO	Non-government organisation
PHED	Public Health Engineering Department
PNG	Papua New Guinea
RHOs	Rights Holder Organisations
SGM	Sexual and Gender Minorities
SNV	SNV Netherlands Development Organisation
SWF	Single Window Forum
WASH	Water, Sanitation, Hygiene
WVV	World Vision Vanuatu

Terminology and definitions

Below is a set of terminology and definitions used throughout this paper in relation to engaging men and boys in WASH and gender equality.

Backlash	Backlash is a strong negative reaction, or a more extreme or aggressive form of resistance to gender-related social change (see also: Resistance).
Champions	A champion is a supporter or defender of the cause for gender transformative change. The contestability of using the term 'champions' for men is recognised i.e., there is a move towards using 'partners for change' or 'allies', to ensure greater equity. Women and LGBTQ+ advocates for equality are never referred to as 'champions'.
Do no harm	A duty of care and responsibility to ensure no harm is caused to individuals, households, communities and others as a result of engagement with these individuals and groups.
Engaging men and boys	Raising men and boys' awareness and encouraging them to take action towards positive changes in gender roles and relationships, to abandon harmful stereotypes, and to challenge norms for the advancement of gender and social equality and the ending of violence.
Gender	Refers to the socially constructed roles, expectations, and definitions a given society considers appropriate for men and women (WHO 2007).
Gender equality	Refers to the equal rights, responsibilities, and opportunities of women and men and girls and boys.
Gender equity	The process of being fair to men, women, and gender non-binary people. To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent men and women from operating on a level playing field. Equity leads to equality.
Gender equality and social inclusion	Improving equality and inclusion in rights, access to livelihood assets, resources, and services for all, including people who experience marginalisation based on factors of age, gender, disability, ethnicity, caste, race, location, income, and other factors causing discrimination and exclusion.
Gender norms	The different practices that are expected of women and girls and of men and boys. Male gender norms are the social expectations and roles of behaviour assigned to men and boys, which most people within that group accept and abide by.
Gender role attitudes	The views held by individuals regarding the roles men and women should play in society (e.g. the distinction between paid and unpaid work).

Terminology and definitions (cont.)

Below is a set of terminology and definitions used throughout this paper in relation to engaging men and boys in WASH and gender equality.

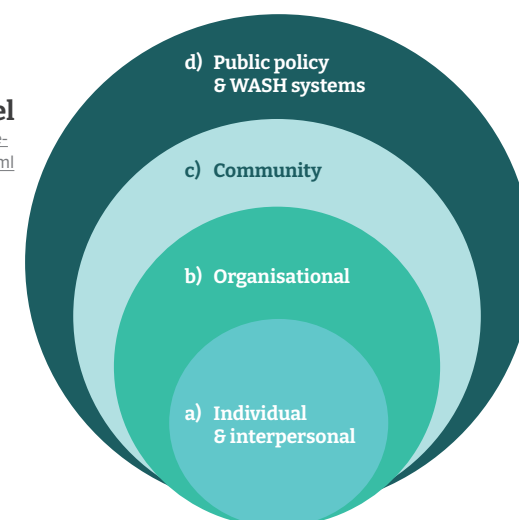
Intersectionality	Men and boys (like women and girls) are not a homogenous group and differ by age, context, social class, race and ethnicity, sexuality, and disability. The presence of combinations of these factors is known as intersectionality and also shapes gender norms.
Gender-transformative WASH	WASH approaches that seek to transform gender roles and promote more gender-equitable and diverse relationships between men and women. The Water for Women fund uses a 'towards transformation spectrum': harmful/unaware; aware; responsive/accommodating; transformative. Gender-transformative WASH requires changing power dynamics to bring about equality in decision-making and ensure no one is left behind.
Masculinity	Masculinity is socially defined across historical and cultural contexts. Power differences exist between specific versions of manhood.
Resistance	An active pushing back against progressive programmes, policies, and perspectives. There is a spectrum of resistance, which includes: denial of the problem, refusal to implement a change initiative, reversing a change initiative, or an aggressive, attacking response (VicHealth 2018).
Sexual and gender minorities (SGM)	People whose gender identity or expression can, but does not necessarily, fit into the binary 'female' or 'male' categories. Gender minorities include non-binary and trans identities and third genders. Sexual minorities are people whose sexual orientation does not align with the dominant heterosexual norm.
Social norms	Unwritten rules of beliefs, attitudes, and values that are considered acceptable in a particular social group or culture.
Twin-track approach	Combining mainstreaming and targeted activities. Considered best practice for integrating gender equality and social inclusion into policy and programming.

Introduction

A number of good examples have been identified for engaging men and boys in water, sanitation and hygiene (WASH) programming, all aligned to the four levels of the socio-ecological model: individual and interpersonal, organisational, community, and public policy/WASH systems (Figure 1). There can be a degree of overlap between the categories of the socio-ecological model. Some of the examples speak to multiple categories, but for the purposes of this document they have been aligned to the most relevant one for ease of use. In order to transform unequal gender and social outcomes, changes to roles, relationships, and norms between men, women, and gender diverse people would need to happen at all these levels.

Figure 1.
The socio-ecological model

Source: <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>



Examples are presented from Uganda, Zambia, Timor-Leste, Papua New Guinea (PNG), Solomon Islands, Bangladesh, India, Indonesia, Vanuatu, and Nepal. Each of these examples, all of which are from projects funded by the Australian Government's Water for Women Fund, describe interventions that employed different gender-transformative approaches to engage with and reach men and boys. They also describe the projects' successes and challenges. A summary of the examples is also included in the accompanying *Frontiers of Sanitation* 'Engaging men and boys for gender-transformative WASH', which should be read in conjunction with this document.

Level 1: Individual and interpersonal

Practice example: World Vision PNG – Working with husbands to encourage support of their wives' leadership roles

World Vision's WASH Voices for Empowerment project implemented in PNG has held training sessions with couples, helping husbands to be more supportive of their wives' roles on WASH committees. The sessions encouraged men to support their wives with activities at home while the women are serving in committee leadership roles.

The project, supported by Water for Women, has collaborated with influential community members, leaders, and role models to advocate on sensitive issues that are viewed as taboo – or against strong social norms – and cannot be talked about. For example, on issues of menstrual hygiene, male community leaders were encouraged to talk about the importance of proper management and the need for husbands to support their wives and daughters. Having male staff conduct most of the sessions made a huge difference.

Engaging men as partners for change contributed to the empowerment of women in a number of communities. The project also sensitised the wider community in community gatherings so that both men and women advocating for change were supported. Men were actively engaged as partners for change and included in the process, to avoid their feeling threatened and to reduce the potential for backlash and resistance.

A key learning is that it can be more impactful to use male staff to facilitate the gender and social inclusion training sessions, as this challenges men to acknowledge the need to support women more if their communities are to develop. This contrasts with using female staff to talk to men about women's rights, gender roles/responsibilities, and empowerment, which may not be as well received.

Author: Godfrey Bongomin, World Vision PNG

Practice example: International WaterCentre – Changing norms through child faeces management: Shared responsibilities, shared care

The International WaterCentre at Griffith University, Solomon Islands National University, and London School of Hygiene and Tropical Medicine, supported by Water for Women, are partnering on a two-phase applied research project that seeks to understand the behavioural determinants of child faeces management (CFM) practices in rural Solomon Island communities. The research is exploring what types of behaviour change interventions might support parents to increase their practice of safe CFM, and might help improve inequitable gender norms associated with safe CFM. The first formative stage of the project is now complete.

The project has explicitly recognised that promoting changes to how families manage their children's sanitation could, if not appropriately considered and enacted, increase women's domestic workloads and/or contribute to the risk of gender-based violence perpetrated by men if domestic gender norms are challenged. The formative research explored how fathers were involved in CFM and what sorts of social, environmental, and epistemological barriers might hinder their involvement. The research activities were conducted separately with mothers and with fathers. It was determined that safe CFM can be promoted as an issue for parents because nurturing and looking after their children was considered a high priority for both mothers and fathers. For the second phase of the project, behaviour change campaign activities will target fathers, mothers, and potentially newlywed couples, for example, by using peer-to-peer learning, testimonial videos, and/or celebration activities. The effects of the behaviour change campaign on fathers' direct involvement in CFM will be measured and evaluated.

While the research suggested that CFM in families is primarily the responsibility of mothers and that strong gender roles in the division of

household labour are present in rural villages, there was a parallel narrative that suggested there is general support for men (fathers) to care for their children, including managing their child's sanitation needs. Promoting safe CFM by fathers is a double-taboo topic in the Solomons – sanitation and gender roles. Nonetheless, the research to date suggests this is not an insurmountable issue. A safe CFM intervention that promotes active participation of parents – both mothers and fathers – offers an opportunity to improve gender inequalities relating more broadly to domestic caring duties.

Author: Rosie Sanderson, International WaterCentre, Griffith University

Level 2: Organisational

Practice example: Plan International Indonesia: Monitoring men's and boy's support for gender equality and social inclusion within community-based total sanitation (STBM GESI)

To regularly measure overall gender relation between men and women in STBM, Plan Indonesia uses the Plan International Gender WASH Monitoring Tool (GWMT), as part of their WASH and Beyond – Transforming Lives in Eastern Indonesia project, supported by Water for Women

The monitored activities are attended by six different groups (young women, middle-aged women, elderly women, young men, middle-aged men, elderly men). Men's groups are facilitated by male facilitators and women's groups by female facilitators.

The GWMT is a medium to spark discussion within communities (including in boy's and men's group). It also facilitates communities in identifying aspirations for changes in household gender equality (workload and decision making) as well as in the community (participation and leadership).

GWMT impacts not only the participants but also the facilitators.

'Before I became a GWMT facilitator, there was no division of roles in my household. However, after attending the training, I became aware of the workload of women in the household, especially related to water and sanitation work. So I ended up dividing the homework afterward. I have also become active in campaigning so that men can help take part in sanitation and hygiene household work.'

(Male, female GWMT facilitator)



Level 3: Community

Practice example: CFAR India – Engaging men through male forums

In Jaipur, the impetus for change under CFAR's Water for Women supported project came with the onset of COVID-19 when many men realised, especially during the lockdown, that they and their families were not ready to deal with the virus. The women leaders and members of Single Window Forum (SWF)¹ and Community Management Committee (CMC), with support from the CFAR team, sensitised men and boys on the need to be aware of and to address unsafe practices at the household and community levels.

This resulted in 107 men forming male forums. In partnership with SWF and CMC members in 17 wards, 796 boys and men were sensitised on handwashing and safe hygiene practices, including menstrual health and hygiene, at the household and community levels. Together, they set up nine low-cost foot-operated handwashing stations, increased donations to a sanitary pad bank to ensure timely and on-demand distribution of pads and,² most importantly, began to support SWF and CMC members in addressing long-standing WASH issues, the brunt of which women have to face as primary carers of the family.

During the pandemic, the male forum members began to realise the long distances women were facing in fetching water. Many men started helping their wives to fetch water. SWF, CMC, and male forum members have together lobbied the Public Health and Engineering Department to extend water pipelines and install tanks for drinking water in their areas.

¹ Single Window Forums are a consultative mechanism used by CFAR to strengthen collaboration between community, civil society networks, local authorities, service providers and stakeholders to support the delivery of inclusive WASH services for the most vulnerable and marginalised communities in urban settlements of Bhubaneswar and Jaipur, India.

² Women in India have been running pad banks where pads or money are donated to provide sanitary pads for women and girls who cannot afford to buy them.

Recent GWMT data from the project has shown that the WASH workload of middle-aged women in the household – one of the key indicators tracked by the GWMT – has been reduced. 'Since a lot of socialisation and community discussions have been carried out, community perception has begun to change, men are now more active in taking part in household activities, as well as actively providing opportunities for women in community activities. For example, the sub-district waste bank development involved young men and women. However, of course, not everything has changed, so we still continue to encourage the community' (Male – environmental health worker and GWMT facilitator).

A change in gender and social inclusion at household and community levels was also reported by the project as part of its recent mid-term review. The review results show:

- **WASH decision-making at home:** at baseline, the decision to build a toilet was made by women and men together in 44 per cent of households. At mid-term this had increased to 79 per cent, with 76 per cent of women and 78 per cent of men agreeing that men and women should make decisions about household WASH expenditure together.
- **WASH work at home:** women were primarily responsible for fetching water in 70 per cent of households at baseline and 35 per cent at mid-term. In 49 per cent of households WASH work is now shared by men and women, with 46 per cent of women and 50 per cent of men agreeing that men should help with WASH work in the home.

Author: Novika Noerdiyanti, Plan International Indonesia

The involvement of men in a struggle being led by women to access safe water, was in many ways a strong recognition of the fact that these issues were as important to them as to women. They not only played a supportive role and respected the leadership of women but also, in the process, got involved in the care and support of the family and doing chores, which they had previously treated as 'women's work'. The change in perception about women's leadership is a significant breakthrough. The rise in male participation and engagement has not only made men more gender sensitive but is also helping to accelerate access to and improvement of WASH services and greater involvement in caregiving and community work, and has the potential to shape processes that are transformative.

Author: Juhi Jain, Centre for Advocacy and Research (CFAR) India

Practice example: World Vision Bangladesh – More men caring about care

Water for Women supported SHOMOTA project in Bangladesh applies the MenCare approach, a group education model working with 10 couples in group sessions over the course of six months. The modules are designed to equip men with practical knowledge and alternatives to rigid and inequitable versions of masculinity. Sessions focus on the benefits of shared decision-making around household budgeting and investment, and the equal spousal division of caregiving and domestic tasks. The modules aim to build men's and women's active listening skills, establish and maintain respectful communication, build peaceful relationships through conflict resolution and non-violence techniques, and to reject gender-based violence and harmful practices. In addition, courtyard sessions with men and adolescent boys aim to sensitise and mobilise these groups towards playing a positive role for promoting menstrual hygiene and health.

To date, the project has worked with 360 couples (720 participants). Many now report men contributing more to household labour, water collection

and storage, cleaning of household toilets, sweeping court yards, and assisting children with handwashing. Men are taking a more proactive role in installing handwashing facilities in their households, after being targeted in hygiene promotion activities. Some households have installed two handwashing facilities – one in the kitchen and another in the toilet.

The approach also promotes a stronger recognition of women's voices in household decision-making to install handwashing facilities and toilets in their houses. Women have now reported making decisions regarding the construction of toilets and purchasing hygiene products. Stigma and taboo associated with menstruation is strong in Bangladesh. Engaging men on this issue is playing a significant role in shifting some of these taboos among the couples involved. People feel more comfortable discussing women's and girls' menstrual health and hygiene.

"Changing myself was not easy and it did not happen overnight. While attending the MenCare Sessions, I realised that I never acknowledged the huge responsibilities my wife bears alone for our family",

Komolash (a MenCare participant) carrying our domestic chores.

Author: Proshanto Roy, World Vision Bangladesh

Practice example:

World Vision Vanuatu – Tackling taboos for better menstrual and health hygiene in WASH

Through the Water for Women supported Laetem Dak Kona project, World Vision Vanuatu is engaging men and boys to address and support menstrual health and hygiene initiatives in their community. This has also included engaging and training government staff from the Department of Water Resources, which is a male-dominated department. To date, 118 men, including 15 male staff from the Department of Water Resources, have attended World Vision Vanuatu's menstrual health and hygiene (MHH) training. Men and boys have been involved in raising awareness of key MHH components at different levels of the process.

World Vision Vanuatu staff delivered a train-the-trainer session to equip participants with the skills and knowledge to appropriately and sensitively deliver MHH training to men and boys in a community setting.

Key stakeholders and national decision-makers (15 male staff from the Department of Water Resources) were invited to participate in the training, as a pilot for the newly trained male staff to practise their delivery of the sessions, as well as to allow for participants to provide input on the effectiveness of the training at community level.

The training provides important basic information on the functioning of both male and female reproductive organs that is often not taught until very late stages of secondary school and, in some cases, not at all. It also provides understanding and insight into a woman's menstrual cycle and how this impacts her both physically and socially on a day-to-day basis within her household and in relation to community roles and expectations. The training also emphasises how men and boys can better support women and girls during menstruation, and also support women as key stakeholders in WASH decision-making processes.

As a result of the training, male participants reported:

- A greater understanding not only of menstrual health, but also an understanding of puberty and the impact on men and boys.
- Increased awareness regarding how they can better support their wives, daughters, etc.

Department of Water Resources staff commented that the training was eye opening and made them consider the importance of addressing MHH needs for women and girls, particularly in an emergency response context in regard to hygiene kit items, which previously did not address the sanitary needs of women.

"This workshop helps explain to us how to best support women and girls with menstruation, when there is a disaster."

Department of Water Resources staff member & training participant, November 2020.

The Water, Women, and Disability study, undertaken as part of World Vision Vanuatu's Water for Women project, reported a high prevalence of menstrual beliefs and taboos in Vanuatu, with many of these rooted in a respect for men, and largely internalised by women. Training for men and boys at community level addresses common taboos and cultural myths that often prevent women's participation in social and economic activities during menstruation. Men and boys who have undergone the training are able to better understand the harm that can result from myths and taboos and the importance of creating safe spaces for both men and women in order to not only comfortably learn, but openly talk about menstrual health issues sensitively. Women in the same community undergo a two-day training session.

As part of the training, participants brainstorm ways they can better support menstrual health for the women and girls in their community. This has included plans for more safe and secure latrines and bathing structures, as well as highlighting the importance of access to water for women and girls during menstruation.

A pre- and post-evaluation of the participants' knowledge, understanding, and attitudes is used to assess and measure the impact of the training. It also provides additional discussion to clarify or highlight health- and WASH-related issues in not only the lives of women and girls, but also in supporting caregivers of women and girls with disabilities in improving their menstrual health and their overall WASH experience and wellbeing.

Author: Relvie Poilapa, Elis Lee, and Chloe Morrison, World Vision Vanuatu

Practice example: SNV Nepal – Changing ‘untouchability’ related social norms during menstruation

Women living in Bogati hamlet located in the Thatikandh rural municipality, Dailekh of Nepal, were subject to both physical and mental suffering during menstruation, owing to the age-old taboo associated with menarche in several communities in Dailekh. Bogati is one of the 11 remote localities in Dailekh comprising households belonging to the vulnerable Bogati and Thapa castes.

During menstruation, women had to spend seven days away from their homes in the Chhaupadi (menstruation hut), also considered the ‘untouchable hut’, located 100 feet away from their homes and often without a roof, door and windows. They were also not allowed to use toilets.

Banned since 2005, in 2017 the Chhaupadi practice was formally criminalised during the country’s open-defecation free campaign. The Chhiuri Sain Krishi Aama Samuha was formed as a self-help group at the same time. At the inception of the Beyond the Finish Line project, supported by Water for Women, SNV and its project partner initiated behaviour change communication with this self-help group. This started by providing information about the importance of hygiene and sanitation, especially during menstruation, and the need for menstrual-health-management products. In time, women started drying re-usable clothes in the sun and appropriately disposing of sanitary pads by burial.

Pabitra Upadhyaya, a community health member, noted,

‘Previously during menstruation I used to stay in the hut, but now I stay at home. My husband is aware about menstrual health and supports me to raise awareness towards the same. I have also received training to produce sanitary pads. I have facilitated training for mothers’ groups for preparing and using homemade re-usable

sanitary pads. As a result, women in our area now use homemade sanitary pads, and young girls can access disposable pads in the local market.'

A particular focus of SNV Nepal's behavioural change intervention was on garnering men's and boys' support for menstruating women and girls. This included sensitising male members of the family about menstruation, and changing societal norms related to the 'untouchable hut'. Male members of the community were particularly encouraged to participate in the menstrual-health-management-related meetings.

The project's work with the local government and the Toll WASH Improvement Committee helped garner support and raise awareness. Although this was not easy to begin with, in time women and girls were allowed access to toilets and to remain living in their homes during menstruation. Kripa Ram Thapa, WASH focal person, Thantikandh Rural Municipality said, 'The rural municipality has given a high priority to menstrual health management, allocated budget for training on sanitary-pad production at local level, and we have seen good progress on safe practices and management of menstrual health in this rural municipality.'

As a result of these efforts, male family members have begun setting aside finances for the women and girls in their houses to buy menstrual-health-management products. Educating the younger generation (boys) has been one way to influence social norms around 'untouchability'. Investing in the capacity building efforts of the self-help group group on menstrual health management led to collectivisation for a common cause and their transformation into change agents.

Author: Sunetra Lala, SNV Nepal

Level 4: Public policy and WASH systems

Practice example: WaterAid and CARE Timor-Leste – Strengthening the gender equality, disability, and social inclusion capacity of municipal and national WASH actors

CARE International in Timor-Leste and WaterAid are working together with Water for Women under their Beyond Inclusion project to strengthen gender-equality outcomes through capacity building, mentoring, resource development, and activities to address harmful social norms and behaviours.

In 2020, a training needs assessment was carried out to understand needs and recommendations for strengthening the capacity of WASH actors. It focused on gender equality and diversity – including disability and sexual minorities – engaging men and boys, and awareness of gender-based violence. The assessment highlighted gaps in gender knowledge among WASH partners at both national and municipal levels. Among both municipality and state administration staff only 6 per cent had received gender training, while at national level the figure was 0 per cent.

In response to the assessment recommendations, CARE designed a series of 'Gender equality and social inclusion and engaging men and boys' training modules. They applied the 'Social Analysis and Action', a facilitated process through which individuals explored and challenged the social norms, beliefs, and practices that shape their lives. The training targeted municipal and national government WASH staff to improve their understanding on gender, disability, social inclusion, and gender-based violence. The three-day training and follow-up sessions explored a range of topics to support participants' journeys towards a more inclusive WASH sector. Modules included topics such as exploring power and privilege; understanding unpaid work; sexual identities; stereotypes; and addressing gender-based violence. The assessment highlighted the need to create

separate training for male WASH staff in decision-making positions, as often female staff were sent to ‘gender’ trainings regardless of their decision-making responsibilities.

Repeated and tailored training is important to bring about gender changes, along with a combination of participatory activities, action plans, videos, and role-plays to ensure the training is relevant and dynamic. It is critical that follow-up training includes monitoring of action plans and open discussion around challenges and options.

The assessment validated the importance of training and awareness raising, and how this is a fundamental step to instil meaningful change in knowledge and behaviour. Prior to the gender equality training, just over half (56 per cent) of national government staff said that gender was relevant to their work. By the end of the training, 75 per cent said it would influence their work. Although a small percentage (14 per cent) said they knew how to increase the number of women and people living with disabilities expected to benefit from planned WASH facilities, none of the national level staff had this knowledge prior to the training. However, by the end of the training both government and partner WASH staff had increased their skills in incorporating gender and social inclusion into planning for WASH facilities. For example, the number of government staff who knew how to consult with non-governmental organisations, women groups, and groups representing sexual minorities and people living with disabilities increased from 0 per cent to 42 per cent. This showed that government and partner staff required more training and orientation on how to consult with these groups, in particular to strengthen their facilitation skills. The adapted training materials reflect this finding, with separate modules addressing these key areas.

Author: Chelsea Huggett, WaterAid Australia



Emerging practice for the engagement of men and boys in WASH



This document accompanies *Frontiers of Sanitation: Engaging men for gender transformative WASH, Part 2*, which explores the extent to which engaging men and boys in WASH processes is leading to transformative change in gender roles, attitudes, and sustainable change in reducing gender inequalities across households, communities, organisations, and policy. Practical examples are presented here from Uganda, Zambia, Timor-Leste, Papua New Guinea (PNG), Solomon Islands, Bangladesh, India, Indonesia, Vanuatu, and Nepal. Each of these examples, all of which are from projects funded by the Australian Government's Water for Women Fund, describe interventions that employed different gender-transformative approaches to engage with and reach men and boys. They also describe the projects' successes and challenges.

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