

Journal of Development and Communication Studies

Vol. 3. No. 2, July-December, 2014. ISSN (Online & Print): 2305-7432.

<http://www.devcomsjournalmn.org>.

Male Participation in Promoting Sexual and Reproductive Health Agenda in Africa: Reflections on social change and democracy

Adebayo Fayoyin (PhD)

UNFPA, East and Southern Africa region, Johannesburg, South Africa. Email: afayoyin@gmail.com

Abstract

This paper examines male participation programs designed to improve sexual and reproductive health in Africa. It uses male participation as a model for larger development, democracy and good governance outcomes in African countries. The paper begins by exploring the conceptual and programmatic underpinnings for men engagement, male involvement, male mobilization or male partnership in development. It presents results from a case study on the Male Championship's initiative implemented to mobilize men in support of the Prevention of Mother-to-Child Transmission of HIV (PMTCT) in Malawi. The paper demonstrates that male participation programs integrate a robust approach to social mobilization, coalition building, community advocacy, midstream consultations, peer-to-peer motivation, collective visioning and client communication, which result in changes at the individual, facility and social levels. The paper suggests the design and execution of male participation grounded in human rights based approach to program for wider development agenda and good governance initiatives in Africa.

Keywords: *social mobilization, male engagement, social change, reproductive health, gender equality, social innovation*

Introduction

International development platforms stress the need to mobilize the male gender as a critical partner in social change. The 2014 international symposium on engaging men held in India concluded that men should be adequately mobilized for health and development outcomes. Earlier international commitments, such as the "Cairo Declaration" of 1994 on the International Conference on Population and Development, the Program of Action of the World Summit on Social Development in 1994, The Beijing Platform of 1995, the United Nations Commission on the Status of Women 2004, the Rio Declaration of 2009 on engaging men and boys underscore the power of male participation and partnership in challenging stereotypes, addressing inequalities, and promoting social justice in the society. The recommendation to involve men in sexual and reproductive health is rooted in the discourse on participatory development, which deserves a brief review.

Participatory Development: An Overview

The notion of participatory development became a part of development programming in the mid-1980s as a result of investigations on why the “conventional, technocratic, top down forms of development were not working” (Nelson and Wright 1997, p.3). This philosophical basis of participation is consistent with perspectives from Leal (2010, p.90) and Kothari (2001, p.139) that the weaknesses of the development industry to fix structural inequalities, among others, led to the emergence of participatory development. Also Feeney (1999, p.9) traces the origin of participation in development to the need to remedy past development failures from economic and political policies that suffered from ignorance of local conditions and inputs of beneficiaries. At the heart of participatory development interventions is the poverty of participation of critical ‘actors’ or ‘stakeholders’. However, participation embodies a series of loaded meanings which include post-colonial thinking and neoliberal philosophy.

More recently, the thinking on participatory development has culminated in nearly two extreme trajectories: ‘participation as transformation’ (Kickey and Mohan 2004) and ‘participation as tyranny’ (Cooke and Kothari 2004). While ideally, participation is expected to promote the engagement and empowerment of key populations that are excluded and marginalised in development programming, it is potentially prone to further marginalisation or domination of different stakeholders and audience groups. Thus, participation can be used for different ends, both positive and negative. According to Raheema (1997:117) participation may be transitive or intransitive; moral, amoral or immoral; forced or free; manipulative or spontaneous. Participatory approaches have also been criticised for raising “impossible expectations” in development practice, lacking convincing evidence to justify the current enthusiasm, and weak in promoting program sustainability (Brett, 2003). Questions have been raised on the populist methods of participation in political contexts or the ‘interventionist’ model by donors or other development agencies to stimulate participation for predetermined outcomes. Thus, participation sceptics consider it as a mere buzzword in development (Conwall, 2007, Conwall and Brock, 2005, Leal, 2010).

Despite the fluctuating arguments about participatory programming, the role of men as critical duty bearers in achieving health and development has received a new impetus from development agencies. Our goal in this paper is to advance the discourse on participatory development using insights from male participation. The paper argues that targeted and strategic engagement of the male gender in health and development is critical for social transformation as it contributes to the capacity of men as duty bearers to facilitate the enjoyment of women and children rights in the society. It also suggests that male participation as a model of social innovation is useful for democracy and good governance outcomes. However, the paper raises major limitations associated with tokenistic participation from project-based interventions and the challenge of changing entrenched structural inequities. Another critical issue to consider is the perception that male participation in the health sector could ‘over-empower’ men in a domain that is traditionally for women. Earlier objections to male involvement in sexual and reproductive by feminists advocates had been attributed to their perception that engaging men could result in such unintended consequence (Werner *et al.*, 1998). In addition, such fears may be justified in that dictatorial disposition of men is a driver of women’s disempowerment and weak participation of women in political participation (Godwin 2013).

In the following section, we shall examine the literature for insights on the rationale and significance of engaging men in achieving sexual and reproductive health results.

Male Participation in Sexual and Reproductive Health

Several studies have emphasized the value of, or the consequence of not engaging men and boys in sexual and reproductive health. Specifically for acceptance of HIV services, Mills (2012)

identifies inadequate engagement of men as a hindrance in Africa; a view consistent with Skovdal *et al.* (2011) who found that hegemonic notion of masculinity is a major disinclination for the uptake of HIV services in Zimbabwe. As a result, both studies argue for increased mobilization of men in enhancing the utilization of HIV services. Hawkes *et al.* (2001) investigated programs targeting men toward sexual transmitted infections (STI) and HIV prevention and concluded that working with different groups of men showed positive behavioural effect. In a similar vein, Werner *et al.* (1998) examine strategies for engaging men to access sexual and reproductive health and posit that male mobilization promotes community involvement, enhances communication with clients and ensures sustainability of programs. However, according to Morfaw *et al.* (2013), the perception that ante natal care was a woman's activity and unacceptable for men to be involved in was a major barrier in avoiding mother- to- child transmission of HIV.

Peacock (2003) identifies specific lessons that have been learnt in increasing male involvement in the care and support for people affected by HIV and AIDS. The author opines that bolstering the participation of men as partners contributed to the health and wellbeing of their partners, families and the communities; assisted in building the capacity of men to recognise their roles; and encouraged men to see PMTCT as an intervention that 'real men' can care about. An important element of the intervention is a coordinated approach to HIV prevention and advocacy coalition around the issues. These findings align with the results from other projects such as involving men at the community and district levels to improve Prevention of Mother-to-Child Transmission of HIV (PMTCT) services in Rwanda (Gerard 2006) and 'men in maternity' intervention in South Africa (Mullick, Kunene and Wanjiru (2005), which emphasize positive changes that emanate from strategic engagement of men (including adolescent males) in public health issues.

In another study, Dilekemen *et al.* (2012) argue that male involvement is essential to optimizing maternal and child health in the society. Furthermore, Peacock *et al.* (2008) discovered similar positive results of partnership with men in reducing gender-based violence and improving men's care and health. These findings are consistent with Olowu (2011, p. 17) and Green (2001, p. 160) who reaffirm that because most of the risks faced by women in the society can be associated with the traditional and patriarchal role of men, male participation is pivotal to women's health and community development.

Evidence from development agencies also points to the transformative effect of targeting the male gender in sexual and reproductive health development. From a global perspective, the John Hopkins Bloomberg Centre for Communication Programs documented scores of interventions designed to engage men in family planning. The studies found that partnership with men enhanced reproductive health services and empowered women in their health seeking behaviour (Population Reports, 2004, 1998). Additional changes from the interventions include increased couple communication, service utilisation by men themselves and the establishment of supportive environment for women to practice family planning. A review on programing for male involvement in reproductive health, the World Health Organisation (2002) established that while traditional health care provision and research in the area had always focussed exclusively on women, prioritization of male involvement would be crucial to achieving reproductive results for both women and men and the wider society. The agency concluded that partnership with men's groups in various countries have improved health promoting behaviours, reduced gender-based violence and contributed to collective action to tackle social and health concerns.

The above literature review indicates that there is overwhelming evidence of the positive impact of male engagement in various aspects of family health including family planning, abandonment of female genital mutilation, and gender-based violence campaign. The following case study explores the process of engaging men in Malawi and the results achieved.

Case Study -“Male Champions” in Malawi

Although nearly two thirds of Malawian society is matrilineal, patriarchal family structures dominate. Gender inequality coupled with other traditional practices make women and young girls vulnerable to exploitation and maternal mortality. Field monitoring activities undertaken by both government and UNICEF partners between 2002 and 2003 identified low involvement of men in PMTCT, sexual and reproductive health activities, and antenatal clinics and family planning services as undermining the program. In 2003, a UNICEF (?) formative assessment identified some of the following weaknesses and gaps in the program:

- Over 70% of antenatal mothers were patronizing HIV testing and counselling services in various facilities, but women were not coming back to the health facilities for post-test activities especially those who had tested HIV positive;
- Women had problems disclosing their HIV+ status to their partners, which made it difficult to follow up HIV positive cases.
- Home-based interventions were difficult and the administration of necessary drugs (Nevirapine) during delivery problematic.
- Only five men had participated in the program by accompanying their partners for the Prevention of Mother-to- Child Transmission of HIV (PMTCT) related activities, which also made treatment of HIV positive women challenging. Men were not effectively supporting women in accessing and utilizing PMTCT services.

To address these challenges, UNICEF Malawi in conjunction with the Ministry of Health initiated the Male Championship Project in November, 2004. The project, which was piloted in Mwanza district, was aimed at increasing the involvement and support of men in the program in order to reduce mother-to-child transmission of HIV in the long run. Following its success in Mwanza, the project was extended to Mchinji district in 2009. The project adopted various elements of participatory approaches as follows:

1. Collective inquiry/discovery with men

The model adopted principles of Appreciative Inquiry as the basis of collective visioning and action. The starting point was collective inquiry or discovery with male groups on their vision for the community. This was intended both as a problem analysis and solution generation platform with the men. However, rather than considering them as the problem, the project treated them as indispensable to the solution. Participants in the collective inquiry activity included officials from the district assembly and district executive committees, village development committees, social development and health personnel in the communities. The process resulted in men identifying their vision for the village (seen as discovery), imagining their ideal healthy society free of HIV, generating a practical course of action that would make them realize their ideal community, and proposing actions they might take toward realizing their ideal community. . Collective visioning served as the basis of collective action and group accountability.

2. Understanding community power dynamics and decision making structures

From the initial discussions, men’s groups highlighted the need to understand and leverage community power dynamics as imperative to the success of the intervention. The critical roles of traditional leaders, community gatekeepers, opinion leaders and those who serve as the moral conscience of the community were highlighted. Critical consideration was given to the influential position of chiefs, village heads and other community structures in the process of achieving social change. Thus, at the collective inquiry stage, processes for engaging with the power structures were also identified. A multi-media and social influence approach to elicit supportive community disposition from different influential groups to effect changes in norms, culture,

traditions, conventions, beliefs, behaviors and social practices that affect various levels of the population was also explored. By undertaking community advocacy, targeting the highest cadre of traditional leaders at the onset of the initiative, the project created an opportunity for effective outreach and mobilization at the lower levels of traditional authorities and structures. Thus, with the endorsement and support of the traditional and cultural leadership structures, it was possible to mobilize the communities for change on the focus of the project. The engagement of community leadership in the various stages of the project was pivotal to the momentum generated.

3. Multiple level of change, multiple channels of communication

The project applied some of the principles of the ecological approach in the mobilization process. First, it identified three levels of change: individual males within the family context, changes at the facility level and changes at the community level. For each level of change, appropriate messages and arguments were developed. This was followed by multiple channels of communication with other target groups.

The project also used community mobilization approaches such as community theatre, health education outreaches at health facilities and community forums for sensitisation. Regular consultative sessions including group meetings, focused group discussions, and community consultations were held. These provided opportunities to reach out to a large number of people within a short period of time. The mobilization initiative was based on guided discussions which identified specific issues for community interrogation and actions. Outreach activities stimulated family and community conversation around the cutting HIV transmission in the community.

4. Technical orientation and capacity building

The project involved a series of training and orientation sessions to explain the technical content of the program. Due to the technical nature of the subject, various components of the Prevention of Mother-to-Child Transmission of HIV (PMTCT) program had to be explained by experts and service providers to the targeted males groups. In some sessions female providers served as facilitators and trainers where the foundational issues relating to sex and sexuality were discussed in very entertaining formats. While this was countercultural to a great extent, participants and programmers agreed that it was successful in stimulating needed excitement around the issues without the threatening effect of cultural taboos (UNICEF, 2008. p. 25).

5. Community organization and mobilization

A team to coordinate the initiative was established and linked to other community development activities. The idea was not to create Male Championship as a “stand-alone project”. Training sessions in project management were organised to enhance the planning and coordination skills of the project team. Some of the activities proposed, considered and implemented were:

- Establishment of community leadership structure to support project implementation and institutionalization of the Community-Based Project Approach.
- Development and utilization of relevant information materials to promote the community branding of the project. This included implementation of interactive and entertaining health talks.
- Formation of support groups to enhance peer to peer assistance, openness and positive living among those infected and affected by HIV and AIDS.
- Identification of role models to boost the mobilization campaign.
- Skills training for chiefs and other community-based project facilitators.
- Development of community facilitation guidelines covering groups and networks in the process.

Results

Evidence shows that the initiative achieved results at the three levels: family, facility and community levels. An assessment undertaken by UNICEF (2010) highlighted the following qualitative results:

- Increase in couples, married and unmarried patronizing PMTCT/Voluntary Counselling and testing services in the district – especially those with pregnant women. A new trend emerged with couples beginning to assume collective responsibility for Ante natal care and PMTCT activities in the two districts. Previously, many women went to clinic unaccompanied.
- Increased discussion of stigma and discrimination issues among couples. Fear of HIV and AIDS related stigma and discrimination had always been a big challenge in the campaign against HIV and AIDS. The Male Championship initiative revealed that both men and women were beginning to confront this in their communities. Although it was discovered that most couples would not feel comfortable in retaining an HIV positive spouse if they themselves were found to be HIV negative, such open discussions enhanced community support.
- More access to family planning and HIV prevention services by various target populations. Discussions revealed increased acceptance of condoms and other family planning technologies through ante natal care.
- Improved knowledge about anti-retroviral treatment for PMTCT. Feedback from community dialogues and mobilization efforts revealed a positive trend of men and women being aware of the need for HIV testing and taking of anti-retroviral therapy to prevent mother to child transmission.
- Improved relationship between health service providers and clients. Nurses readily welcomed men at ANCs and actively involve them in health talks and other clinic activities. Previously, men were not welcome at ANC clinics
- Messages about undergoing HIV tests reached various levels of the population in the catchment areas.

Implications of Male Participation for Development, Democracy and Good Governance

Based on the conceptual and programmatic context we can advance that male participation enhances behaviour and social change. The case study also affirms that male engagement is a tool of social innovation for achieving public good. Indeed, well-designed and executed male participation initiatives grounded in human rights based principles are critical to overall development and democratic change in Africa.

Promotion of Good Governance through Masculinity

In many African countries, there are various forms of masculinities which need to be addressed to achieve social transformation. Certain masculinities are hegemonic and oppressive. For example, some masculinities position “real men” as those who engage in polygamous relationships and multiple sexual partnerships. This has serious consequences on the rights of women and children. Other masculinities promote macho-tendencies that become oppressive to women and children resulting in gender-based violence and child abuse. Yet some uphold the bravery of the male gender for community and family protection.

Across several cultures on the continent, masculinity is associated risky behaviour, violence, and other antisocial behaviour by men and boys. In a study on young men and the construction of masculinities in sub-Saharan Africa, Barker & Ricardo (2005, p.iv) opine that violence, threat, coercion and forced sex have been part of the socialisation of African young

men. The study also demonstrates that young men historically have been combatants in armed conflicts and many of them use violence to secure their empowerment. Also from practical experience from Nigeria, Somalia, Sierra Leone and Mali and many other African countries, young men and boys have been associated with violence, conflicts and political tension. Thus, men engaging with young men is a critical tool of self-reflection to challenge entrenched masculinities and provide a space to construct positive experiences that can affect gender norms and good governance. Working with young men and boys in changing their lens of masculinities and cultural scripts that predispose them to counterproductive gender norms needs to be implemented early.

Male Participation and the Struggle for Progressive Democracy

Africa is mostly a patriarchal society, characterised by values and practices that place the male gender at a clear advantage. Even in the journey to democracy, women have become a tool in the hands of political leaders. Therefore, we argue for the application of a human rights-based approach to participation programming, which highlights the duty and obligations of various individuals (including men) and institutions in achieving social justice and change. According to Jonsson (2003, p.21), the scope of the obligations to promote the maximum realisation of rights include: (1) the obligation to respect the rights of claim holders; (2) the obligation to protect and take measures to ensure the realisation of rights; (3) the obligation to facilitate enjoyment of rights through appropriate actions; and (4) the obligation to provide assistance for promotion of rights. In light of this, we argue that well-conceived and executed male participation programmes do not see men as the problem, but as the part of the solution to the inclusive development agenda of the society. Such programmes build the capacity and enhance the accountability of men as agents of development and change. Furthermore, male participation can support youth participation and promote citizenship engagements, which are pivotal to achieving development and progressive democracy. It also facilitates community dialogues and enhances the capacity of men and boys on various health and development issues. Therefore, male participatory programs, which apply a human rights lens contribute to a deepening of the moral and spiritual obligation of men in promoting good governance, social justice, public good and the holistic development of the society. Such transformative development will require, as Olowu (2001, p. 178) argues, shared commitment and involvement; mainstreaming of women; institutionalization of equality of genders; and navigating of cultural and political forces.

Major Limitations of Male Participation Programs

Several challenges may be identified in adopting male participation approaches for development and democracy goals. However, three main limitations linked to the conceptual context of participatory development are identified. First, project-based male participation methodologies suffer from weaknesses we cannot ignore. Participation critics opine that participation initiatives are weak in achieving long term effectiveness and social change. For example, Clever (2001, p.37) posits that there is very little evidence that participation can improve the material well-being of most vulnerable people. Besides, the establishment of formal institutions for participation do not completely include the excluded members of the society. This implies that even male participatory initiatives are unable to change entrenched structural disempowerment and ensure material wellbeing of the various populations in the society.

Second, we need to be wary of the seduction of participation. Rahnema (1997, p.117) notes that attractiveness of participation in development has been attributed to its political correctness, its perception as an instrument for greater effectiveness, its power as a good fund raising device and because of its capacity to involve the private sector in the development endeavors. This implies that participation can be a tool of social and political manipulation. In addition, male mobilization from 'outside' by development agents not from 'inside' through a process of

consentization or internalization is not able to ensure long term change. Therefore, male participation programmes need to factor in the technical and methodological limitations which are well documented in the literature (Cooke and Kothari, 2004, Bastian and Bastian, 1996, Nelson and Wright, 1995).

Third, we note the ‘red flag’ that indicates that any form of “affirmative action” for more male engagement in public health issues – family planning, maternal health or even adolescent health - could become of a platform for male domination because of the patriarchal nature of the society. This belief was responsible for the initial lukewarm attitude towards male participation in SHR. However, our analysis did not find any evidence to support this proposition. Additional investigation is needed to generate evidence on the unintended effects of male mobilization in other aspects of development, democracy and good governance initiatives.

Conclusion

The paper affirms that participatory approaches are critical to achieving development outcomes. Our findings demonstrate that results from such projects transcend health outcomes and include changes in masculinities that drive patriarchal actions. We therefore advance that mobilizing men and boys is pivotal to addressing the myriads of challenges associated with development, democracy and good governance in Africa. But it is important to underscore that inclusive engagement requires linking various interventions that target specific genders, such as Mother2Mother, Sister2Sister, Girls Education Clubs, and Boys Education Clubs. While mobilization initiatives targeting specific populations may have their philosophical premise, integration of initiatives is fundamental to sustainable and systemic change.

We also affirm that male participation approaches are still valid and relevant to promoting broader development and democratic objectives. However, the processes need to be contextualised within specific domains and settings. Actualizing an inclusive democratic and transformative development agenda calls for integration or linkages of interventions rather than a focus on specific genders.

Recommendations

1. Development of policy and programmatic guidance on how to scale up and integrate interventions that focus specific populations. The approach needs to be embodied in national social development strategies, where it is non-existent.
2. Documentation of programs that target male populations in order to generate more lessons on its value and limitations in various development sectors.
3. Investigation of the unintended effect of male participation initiatives is crucial to mitigate the negative impact of male participation in some contexts. Male participation cannot be realised at the expense of women’s rights and the rights of other populations.
4. More operations research on the dynamics of male participation in democratic development is necessary to enhance its transformative power and to generate data for tracking its results for effective programming.

References

Barker, G, and Richard C. (2005).

Young Men and the Construction of Masculinities in Sub Saharan Africa: Implications for HIV/AIDS, Conflict and Violence. *Social Development Papers*. The World Bank: Washington

- Bastian, S and Bastian N, (1996).
Assessing Participation: A Debate from South Asia, Konark: Delhi.
- Booth, D., Cammack, D., Harrigan, J., Kanyongolo, E., Mataure, M., Ngwira, N. (2006).
Drivers of Change and Development in Malawi. Overseas Development Institute: London
- Brett, E. (2003).
 Participation and Accountability in Development Management. *The Journal of Development Studies*, 40, (2), Frank Cass, London.
- Cooke, B. & Kothari, U. (2001).
Participation: The New Tyranny? London, Zed Books
- Conwall, A. (2007).
 Buzzwords and Fuzzwords: Deconstructing Development Discourse, *Development in Practice*, 17, (4–5) 471-484.
- Conwall A, and Brock, K. (2005).
 What do Buzzwords do for Development Policy? A critical look at ‘participation’, ‘empowerment’ and ‘poverty reduction’, *Third World Quarterly*, 27(7) 1044-1060
- Feeney, P. (1999).
Accountable Aid: Local Participation in Major projects. Oxfam: Oxford.
- Gerard, N. (2006, November 21).
 Involving men in PMTCT Programmes in Rwanda, Paper presented at the Second Annual National HIV/AIDS Paediatric Treatment, Care and Support. Kigali. Rwanda.
- Greene, E. (2001).
 Lessons and future programmatic directions for involving men in reproductive health, Report of the meeting of WHO Regional Advisers in Reproductive Health WHO/PAHO, Washington DC, USA, 5-7 September 2001.
- Godwin, I. (2013).
 The need for Participation of Women in Local Governance: A Nigerian Discourse. *International Journal of Education Administration and Policy Studies*, 5(4), 59-66
- Hawkes, S. (2001, September 6).
 Interventions to Prevent STI/HIV Infection in Heterosexual Men: A Systematic Review, World Health Organisation 2001. *Report of the meeting of WHO Regional Advisers in Reproductive Health WHO/PAHO*, Washington DC, USA.
- Jonsson, U. (2003).
Human Rights Approach to Development Programming. UNICEF: Nairobi
- Kothari, U. (2001).
 Power, Knowledge and Social Control in Participatory Development. In Cooke, B & Kothari, U. 2001 (Eds.) *Participation: The New Tyranny?* London, Zed Books
- Leal, P.A. (2010).
 Participation: The Ascendancy of a Buzzword in a Neoliberal Era, In Cornwall A, Eade D. (Eds.) *Deconstructing Development Discourse – Buzzwords and Fuzzwords*. Oxford: Oxfam
- Mills, E.J., Beyrer, C., Birungi, J., Dybul. M.R., (2012).
 Negating Men in Prevention and Care for HIV/AIDS in Africa, *PLOS Medicine – Open Access*, 8 (2) 1-4
- Morfaw, F., Mbuagbaw, L., Thabane L, Rodrigues C., Wunderlich A, Nana, P., & Kunda J. (2013).

- Male involvement in prevention programs of mother to child transmission of HIV: a systematic review to identify barriers and facilitators. *Systematic Reviews*, 2 (5) 1-13
- Nelson, N. and Wright, S. (1995).
Power and Participatory Development: Theory and Practice, IT Publications, London.
- Olowu, D., (2011).
Mainstreaming Women, Equating Men: Charting an Inclusionary approach to Transformative Development in the African Decade of Women. *Law, Democracy and Development*, 15, <http://dxdoi.org/10.4314/idd.v15i1.2> retrieved 12/07/2014
- Peacock, D. (2007).
Male involvement in SRH/HIV. Paper presented to the Regional Inter-agency HIV Prevention Group, UN Joint Teams, Johannesburg, South Africa.
- Peacock, D., (2003, October 19-24).
Men as Partners: Promoting Men's Involvement in Care and Support Activities for People Living with HIV/AIDS. Presentation to Expert Group Meeting on "The Role of Men and Boys in Achieving Gender Equality". Brasilia, Brazil
- Population Reports, (2004).
Men's Survey: New Findings. INFO Project, Centre for Communication Programme, The John Hopkins Bloomberg School of Public Health: Baltimore. Maryland.
- Population Reports, (1994).
Reproductive Health: New Perspectives on Men's Participation. INFO Project, Centre for Communication Programme, the John Hopkins School of Public Health: Baltimore, Maryland.
- Rahnema, M. (1997).
Participation. In Wolfgang Sachs (Ed.) *The Development Dictionary*. Johannesburg; Witwatersrand University Press.
- Skovdal, M., Campbell, C., Madanhire, C., Mupambireyi, Z., Nyamukapa, C., Gregson, S., (2011).
Masculinity as a Barrier to Men's use of HIV Services in Zimbabwe. *Globalisation and Health*, 7 (11) 1-14.
- UNICEF, (2010).
Report on the Mchinji Male Championship Model of Male Involvement in PMTCT Interventions. UNICEF, Lilongwe
- UNICEF (2008).
Male Championship for Prevention of Prevention of Mother to Child Transmission of HIV in Mwanza. UNICEF, Lilongwe.
- Werner, M. N., Landry, E., Wilkinson, D., Tzani, J. (1999).
Men as Partners in Reproductive Health: From Issues to Action. Special Report: *International Family Planning Perspective*. 24 (1) 38-42 .
- World Health Organisation (2001, September 5-7).
Report of the meeting of WHO Regional Advisers in Reproductive Health WHO/PAHO, Washington DC, USA.