



## Submission

### **Women's and girls' sexual and reproductive health and rights in situations of crisis**

To the Working Group on Discrimination Against Women and Girls

MenEngage Alliance would like to thank the Working Group on Discrimination Against Women and girls, for the opportunity to submit inputs on women's and girls' sexual and reproductive health and rights in situations of crisis. We would like to take this opportunity to provide our submission on the issues raised in **Questions 4 & 5**, by sharing "examples of good practices and challenges" in ensuring SRHR during situations of crisis, from a men and masculinities lens, as well as "lived experiences of crisis".

### **Women's and girls' sexual and reproductive health and rights in situations of crisis**

Access to sexual and reproductive health and rights (SRHR) is essential for the wellbeing of all people. Significant barriers, however, still prevent people from accessing and benefiting from lifesaving services, treatments, medications and information, which negatively impact their health, wellbeing, and ability to thrive and provide for those in their care: a situation that worsens in situations of crisis.

Since the adoption of the ICPD by 179 United Nations member states in 1994, SRHR has gained recognition as health care that must be protected. Many governments, however, continue to reject the relevance of SRHR and dispute the concepts of sexual rights. Of particular concern are the attempts by member states that have recently begun to actively oppose full recognition of SRHR and of gender identity.

Sexual and reproductive health is increasingly under attack by both traditional and religious fundamentalist groups that work with some authoritarian government leaders and economic interest groups to reverse progress achieved in the last few decades. At the United Nations, governments such as Russia, the Holy See and the United States are leading efforts to oppose resolutions in support of universal access to SRHR.

### **Challenging stigma, discrimination, attitudes and laws that undermine the fulfillment of sexual and reproductive health and rights (SRHR) for all**

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<sup>1</sup> MenEngage Alliance is a global network of over 900 CSOs, (I)NGOs, research institutes and activists working to transform masculinities and engage men and boys in women's rights and gender justice for all. Many of these MenEngage Alliance members self-identify as women's rights organizations. One of the core issues MenEngage Alliance members work on is the elimination of all forms of violence against women, girls, and people of all gender identities. Accountability to and partnerships with women's rights movements and to other historically-oppressed social groups, is critical in MenEngage Alliance's work. [www.menengage.org](http://www.menengage.org)

Throughout the world, SRHR are largely considered the sole responsibility of women, and as such a low priority within the broad area of health care needs and rights. Discrimination against women and girls largely includes stigma related to their reproductive ability and health needs from menstrual products to contraception, from comprehensive sex education to pre and post-natal care, women and girls face multiple challenges to maintaining their sexual and reproductive health. With social norms and legal provisions ruling against universal SRHR for all, many men neglect their own SRHR needs, and fail to recognize when their partners and their families are in urgent need of SRHR-related care.

Social norms around masculinity promote risky sexual behaviors and discourage boys and men from taking care of themselves or accessing health services. Engaging and educating boys and men around their own and their partners' sexual and reproductive health is essential to reduce the burden of SRH on women and girls and prevent STIs and unwanted pregnancies. Importantly, men and boys can change this situation by recognizing their role in SRHR, taking responsibility for their own and their sexual partners' health, and by being engaged in the protection of access to and full realization of SRHR for all.

Recent years have seen the erosion of reproductive rights and the continued denial of sexual rights. This is particularly true for people who do not conform to traditional norms about sex, gender, and sexuality. This reality is a reminder of the work ahead and the need for resistance and action.

It also means ending homophobia and transphobia, ensuring equality in access to care, as well as in contraceptive responsibility, and increasing men's access to and use of HIV and other sexual and reproductive health services.

MenEngage Alliance aspires to a world in which all people can enjoy the same health standards, and access quality health care without stigma, discrimination or intimidation. Age, sex characteristics, gender identity and self-expression must not prevent people from accessing health services, receiving the care they need, and benefiting from science-based information about sex, sexuality, reproduction, and social gender norms that impact the health of women and girls as well as men, boys and people who do not identify as either men or women, or who are neither male nor female. Similarly, MenEngage Alliance believes that race, ethnicity, class, education, geography, citizenship status, religion or ability must not be grounds for additional hurdles that often exclude some groups from the benefits of health care policies or deny some people the protection that the laws guarantee to others.

To address stigma and discrimination, and promote inclusion and equality, the Alliance is committed to upholding the feminist SRHR agenda and working in collaboration with MenEngage regional and country networks and partners, including women's rights and SRHR activists, LGBTIQ+ Rights and SOGIESC activists and networks, and CSOs and networks that promote social justice and human rights.

In contexts where policy frameworks include SRHR, the implementation, awareness and resourcing for such policies is often poor or non-existent. It is clear that building a strong movement to promote SRHR is more essential than ever in these challenging times.

### **Promising practices and challenges to engage men and boys in the realization of women's rights and SRHR during crisis situations**

Engaging men and boys in SRHR from a gender, rights and inclusion lens seeks to influence understanding of gender norms and contribute to erasing the gender divide. By looking at the complexity of gender

inequality, some successful examples are programs that focus on demonstrating how violence against women, GBV and homophobia impact the SRH of women, men and people of diverse gender identities. Yet another promising example seeks to sensitize men on women's abortion seeking or abortion experiences, with both the goal of reducing stigma about abortion and improving couples communication, and ultimately increasing the level of support available to women who seek and choose to have an abortion.

Furthermore, to deconstruct gender norms and assumptions related to sexuality, we must also engage with the public, educators and service providers, to influence their mindsets. One way to achieve this goal is through initiatives to sensitize policymakers and service providers to the benefits of gender transformative approaches.

## **National**

### **Lebanon**

ABAAD's [National Response to Violence Against Women During the COVID-19 Outbreak](#), encourages the Government of Lebanon to adopt measures and to urge UN agencies and civil society organizations to add their resources to prevent domestic violence and improve support services to survivors. ABAAD made a difference by creating alternative methods for reporting cases of violence and abuse, and providing counseling to survivors and partners. Hundreds of people joined ABAAD's initiative, which used white sheets displaying ABAAD's hotline number and encouraging women to call ABAAD for help. The sheets were hung outside windows across Lebanon creating collective understanding of what survivors were experiencing and a sense of community in the response. The campaign included tips for men to acknowledge and control their frustrations. ['Don't take it out on yourself. Don't take it out on your family. We are here to listen. Call ...'](#)

### **Bangladesh**

**SRHR Youth Change Maker working for the Bangladesh Model Youth Parliament** an organization member of **Men and Boys Network** of Bangladesh, [Sohanur Rahman](#), actively advocates to end Child Marriage in South Asia, particularly in Bangladesh. Through social media advocacy, and by engaging with national, regional and international agencies, Sohanur Rahman seeks to influence public opinion and government officials about the high prevalence of child marriage in the region. In his advocacy, Sohanur draws attention to the situation of women and girls who experience high food insecurity, gender violence and harassment. He argues that the COVID pandemic has made it harder for girls to access education, and is pushing them into [early forced marriages](#) out of fear of increased poverty.

### **Namibia**

MenEngage member **Overcomer Wellness Consultancy in Namibia**, have responded to the COVID-19 crisis by making public television appearances and lobbying the general public to promote gender equality in their homes and families. They have also worked to spread awareness through panel discussions on SRHR and masculinities, inclusive of the experiences of LGBTQIA+ individuals.

## Regional

### Latin America

The leadership and membership of **MenEngage Latin America** rapidly mobilized through a social media Digital Activism Campaign to put forth two digital campaigns including [#MasculinidadesEnCuarentena](#) (#Masculinities in quarantine) and [#AislamientoSinViolencia](#) (#Isolation without violence), both of which facilitated messages from MenEngage members on how **men and boys can be active participants in promoting non-violent masculinities** during COVID-19 and disseminating messages as positive role models.

### South Asia

Challenging myths of masculinity during COVID-19 lockdowns, the members and partners of **MenEngage Sri Lanka network** rapidly mobilized and developed the campaign: “[#MenOfQuality are not afraid to challenge myths of masculinities](#), encouraging boys and men to act responsibly and equitably during the pandemic lockdowns. This series of videos of MenEngage members spoke to the need for men to take responsibility and act with accountability to the women and girls in their lives, sharing responsibilities at home, promoting peace in the household and combating common myths about masculinities which were proliferating during lockdowns. These messages were viewed over 4000 times on Facebook.

### Caribbean

Members of the regional MenEngage network in the Caribbean, **CariMAN**, have been raising capacities to advocate on pressing issues of the feminist agenda on SRHR, in these times of great back-lash and regression, through a series of webinars with feminist scholar and activist in the region titled: **Feminism, Patriarchy and Masculinities**.

### Africa

The leadership of the **MenEngage Africa Regional Network**, came together to record these **messages on the need to encourage and inspire positive behaviours among men during lockdowns**, including encouraging men to participate in their equal share of domestic chores at home, and encouraging women and girls to take part in family decision making”. These [audio messages](#) circulated across the region, and were representative of the voices of the MenEngage Africa Steering Committee chairperson and MenEngage Uganda coordinator, and coordinators of the national networks of MenEngage Botswana, MenEngage Tanzania, MenEngage Kenya, MenEngage Nigeria. These audio pieces have been placed on Chanel Africa, the South Africa Broadcasting (SABC)'s radio station that broadcasts to all of Africa.

Considering that there is paucity of data on GBV and VAWG in the face of this COVID-19 pandemic in Africa, **MenEngage Africa** has partnered with the Technical University of Kenya. The aim of the partnership is generating evidence around the impact of COVID-19 in Africa, so as to provide data that will be utilized to develop programs to respond to GBV during the pandemic period. This will help to reduce risk of GBV through prevention and mitigation strategies during the pandemic through to recovery stages, as well as strengthening national and community-based response systems to prevent and mitigate GBV and enable survivors to access care and support amidst and post the COVID-19 pandemic.

**MenEngage Africa** in partnership with UN agencies and strategic partners organized a number of webinars aimed at addressing VAWG during COVID 19, targeting different groups. The webinars which were both in French and English included one on addressing the impact of COVID 19 on refugees and migrants, and another one to mobilize religious leaders to speak up against the increasing VAW in their communities.

## Global

To challenge stigma, discrimination, attitudes and laws that undermine the fulfillment of **SRHR for all**, **MenEngage Global Alliance** coordinates evidence-based advocacy for engaging men and boys in key SRHR issues using a gender norms transformation approach.

MenEngage Alliance seeks to contribute to broadening **the understanding of SRHR as a matter that impacts the lives of all people**, and therefore is an opportunity for promoting gender equity and advocating for the sexual and reproductive rights of those impacted the most by systemic forms of exclusion, such as girls, poor people in the global South, people of color, indigenous people and gender non-conforming youth. MenEngage Alliance is working with twenty-four young advocates and changemakers from 19 countries while bringing their perspectives and voices to the Alliance on issues of GBV, people's ability to access SRH resources and services, CSE and child early and forced marriage.

This initiative also fostered collaboration among MenEngage Alliance members and Change Makers, and the **Women's Global Network for Reproductive Rights (WGNRR)**, in shaping the the 2020 #28May Campaign for women's health.

As a global collective, **MenEngage Alliance** has been working to respond to the rise in domestic violence in lieu of COVID19 through various measures. As an Alliance of organizations working to engage men and boys and transform masculinities in gender justice, we have been standing in solidarity with, and working in allyship alongside feminist, women's rights, SRHR and LGBTQIA+ partners in global advocacy and movement building efforts during COVID-19. **MenEngage Alliance advances accountable advocacy, which seeks to add value to feminist efforts, by articulating with broader feminist processes and providing expertise through a 'men and masculinities lens', when relevant and appropriate, while supporting, amplifying and standing behind feminist asks and processes at other times.** The Global Secretariat of MenEngage Alliance, has been participating in feminist organizing spaces, including the **Feminist COVID-19 Response Group**, made up of the Women's Rights Caucus, Women's Major Group and other feminist, women's rights and LGBTQIA+ partners. The Alliance participated in the drafting of the [Feminist Collective Response to COVID-19 Principles](#), which lays out key principles for how governments should respond to the crisis in feminist ways. This document included guidelines on accountable, gender-transformative and feminist informed approaches to engaging men and boys in the prevention and response to VAWG during COVID-19.

The Alliance collaborated on the development of a briefing paper: [From Global Coordination to Local Strategies: A Practical Approach to Prevent, Address and Document Domestic Violence under COVID-19](#) and [accompanying Toolkit](#), which aim to raise awareness of increasing domestic violence and share best practices that our partners and feminist allies use to prevent, address, and document violence. Relevant strategies for how to engage men and boys and transform masculinities during the lockdown were included. Building allies and broadcasting positive examples of gender roles and behavior contributes to an atmosphere of non-violence and helps change patriarchal mindsets. Promoting feminist social norms not only works to deter violence, it can also encourage men, boys, and other allies to intervene and support those at risk before violence takes place. It also notes on the importance of encouraging men and other allies who condemn domestic violence to speak up and share their stories in ways that dismantle harmful stereotypes on gender roles and behaviors. Testimonies might include vignettes about men taking up their fair share of household chores and sharing responsibility for other domestic tasks with women in their families, especially during COVID-19 lockdowns. They may also describe their role as fathers or caregivers who utilize peaceful alternatives to physical violence and promote gender equality among their children. This effort was carried out under the leadership of [MADRE](#), in collaboration with [Media Matters for Women](#), [Nobel Women's Initiative](#), [OutRight Action International](#), [Women Enabled International](#), and [Women's International League for Peace and Freedom \(WILPF\)](#), and MenEngage Alliance.

MenEngage Alliance has also mobilized to organize three webinars under the series: [Patriarchy, Masculinities and COVID-19](#). These have been attended by over 1500 global participants. These webinars have included the following pressing issues in the exploration of engaging men and boys, transforming masculinities and dismantling patriarchy during the pandemic, including: 1) [Practical approaches to engaging men and boys in gender-based violence prevention during COVID-19](#); 2) [COVID-19, gender-based violence, and masculinities](#) (which addressed the intersections of masculinities and violence against LGBTQIA+ individuals); 3) [Youth, Masculinities and COVID-19](#). The final webinar in this series, titled: **Militaristic Masculinities COVID-19, and Resistance**, will explore systemic racism in light of the murder of George Floyd, both in the US and abroad, drawing links between the impacts of COVID-19 on BIPOC communities, and the use of patriarchal militarism and police brutality to maintain systems of power and oppression over marginalized communities.

### **SOGIESC experience and LGBTQIA rights**

In order to improve understanding of gender equality, SOGIESC identities, and LGBTQI rights as part of the gender justice movement, MenEngage Alliance through its SOGIESC Learning Circle developed a discussion paper to intentionally engage members in this conversation, fostering sharing and understanding about the experiences and voices that are often marginalized in the mainstream narratives, including the increase in violence and lack of access to SRH services under COVID-19.

**MenEngage Alliance At-Large member, Sonke Gender Justice** also developed an [opinion piece](#) and [infographics](#) on the gendered impact of COVID-19. These addressed the relation between the COVID 19 pandemic and gender inequality and gender-based violence which could not be overlooked. The infographics shared some of the gender norms and harmful practices that have established women and girls as primary caregivers, which was likely to be exacerbated by the pandemic and lockdowns enforced by governments in response to COVID 19. It called on men and boys to take action and support women and girls who are victims of VAW, be involved in care work and household duties during and post lockdowns and also engage in positive health seeking behavior.

### **1. Please list the situations of crisis experienced by your State in the last five years.**

COVID-19 has brought up a wide angle, panorama view of a problem that is persistent because it is ingrained in all our social, political, economic structures, and sheltered by beliefs as illustrated by 52% of women and 42% of men in India (per the last National Family Health Survey) who considered it acceptable for a husband to use physical violence against his wife. These are beliefs and attitudes that are in line with social gender norms, which, for example, establish that wives are properties of men, or that men are entitled to the privilege of ownership of "his woman".

The coronavirus pandemic has shed light on the home as a hub and center of everyday life for all. Usually the home is assumed to be a safe, private domain, associated with family, intimate, in contrast with public, political, productive, social. Home is also associated with women, female, place of care and nourishment. Lockdowns have placed men and boys inside the home with women and girls as equals, non-productive, private individuals deprived of their social networks often unable to make a living.

In addition, members have reported critical concerns around the Alliance arising from their contexts, including:

2. Shut down of Marie Stopes International by the government of Nepal
3. Poland's regressive decision on SRHR
4. Tanzania's Anti-LGBT Crackdown
5. United States decision to pull out of WHO and funding to WHO
6. Pakistan, El Salvador, Zambia, Sudan, Colombia, Malaysia, Uganda, Ghana, Germany, Zimbabwe, and Sri Lanka where major private providers of contraception have been forced

to close

7. Hong Kong and Hungary where the pandemic is being used as cover to mandate stringent measures on civil liberty in the disguise of national security

Gender norms related to male authority and expectation and acceptance of female submission and compliance with these norms, are among causes of intimate partner violence. ([Prevention Collaborative](#)). Historically, triggers of IPV by the male partner have included jealousy, fear of losing a partner, fear of peers/community perceptions about “who’s in charge”, or fear of appearing emasculated.

The narrative about COVID-19 and VAW/IPV has often centered around men’s frustration, inability to provide for the family, and couples’ tensions around bills, food, money, and livelihood. While attention is rightly placed on the immediate needs of survivors, it is also important to remember that women and girls are not the problem. We understand that men are the main perpetrators of violence, and that the prevalence of this behavior is the problem. And that the scale and acceptance of this problem is part of a larger system that we live and breathe, which must be confronted. Many social justice organizations have responded to this situation through innovative campaigns promoting caring, non-violent masculinities, including through social media, developing new tools and resources and encouraging bystander intervention.

**8. What was the impact of those crises on women and girls? Please provide information in particular on the following aspects:**

- a. **Which groups of women and girls were most affected and how, taking into account different factors, such as age, geographic location (including urban and rural areas), ethnic and social origin, disability, marital status, migratory status, citizenship status or other status?**

Poor women and women and girls (particularly underage girls) living overcrowded conditions, in remote areas, or in settings of rigid divisions of gender roles have been impacted the most. Women were expected to continue to provide maintenance of home care and care work for those around them and oversee children’s education and care for elders in their care who were struggling with COVID-19.

Without access to support networks or opportunity to get away from an abuser, many women and girls from a variety of backgrounds and living under diverse conditions were unable to prevent physical and emotional violence and abuse, including sexual abuse and rape. As a result, in addition to physical harm and injuries, many women experienced unintended pregnancies, high risk pregnancies, and sexual trauma.

- b. **What was the impact on their SRHR? Were any specific risk factors and needs identified? Do you have data and/or qualitative information disaggregated by the factors listed under question 6(a)? If not, please explain why.**

In Africa – with lack of access to health facilities and trained birth attendants.

In South Asia – with lack of access to menstrual products, contraception and abortion services/options.

In Latin America – with limited access to health care facilities and lack of services and information about GBV and DV

- c. **What were the main obstacles encountered by the State, if any, in identifying and addressing the impact of the crisis on women’s and girls’ SRHR?**

Often controversial nature of SRHR has translated into very low priority attributed to SRHR services during the pandemic, particularly in situations of quarantine, lockdowns and curfews.

- d. What measures were adopted during and after the crisis to ensure women and girls' access to sexual and reproductive health services? Please indicate which SRHR services are recognized as essential services in the health policy or laws of your State and are funded through the health system. What steps were taken to ensure the continuity of services and access during the crisis?**

With shortage of hospital beds, and limited healthcare providers available, preventive and SRHR-related services have been deemed non-essential in many countries, and even when they are listed as essential, in practice they are not being offered. In countries like Uganda, even birth delivery was relegated to a low priority health status. But throughout the world abortion care and options were immediately deemed non-essential, and even a threat to other health care needs due to shortage of equipment and personnel.

- e. What other protocols or systems were put in place to prevent adverse reproductive and sexual health outcomes due to the common risks triggered by crisis including, for example, gender-based violence and child marriage? Were any special measures adopted for specific groups of women and girls?**

The women's movements in multiple countries brought attention to the rapid and sharp increase in cases of DV and GBV during quarantine, particularly VAWG in the home, a demonstration of strong coordination among stakeholders, and evidence of decades of work to document, interpret and use data about VAWG. WROs and feminist groups have utilized social media and networks to activate response mechanisms to enable that women could use to report and seek help. These have been life-savings channels. Activists in men and masculinities' field have engaged in amplifying these concerns and measures in their networks, have used social media to urge men to 'stop and think' when frustrated and to promote dialogue, reflection and respect at home.

## Why do we work to engage men and boys and transform masculinities?

We envision a world where human beings from different regions, cultural contexts and unique circumstances are equally recognized as rights holders, and all people have access to information, services and resources to care for their sexual and reproductive health.

We aspire to a future that embraces feminist values of equal rights and a culture of care that respects the SRHR of all people with no exclusions.

MenEngage Alliance stands in solidarity with SRHR, feminist and SOGIESC<sup>2</sup> movements and activists in towards envisioning a world where human beings from different regions, cultural contexts and unique circumstances are equally recognized as rights holders, and all people have access to information, services and resources to care for their sexual and reproductive health. We aspire to a future that embraces feminist values of equal rights and a culture of care that respects the SRHR of all people with no exclusions.

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<sup>2</sup> Sexual orientation, gender identity and expression, and sexual characteristics (SOGIESC)



**We commit to fully support:**

- **Feminist, SRHR, Youth and LGBTIQ and Gender Non-Conforming rights** activists, organizations and movements, and their advocacy and political agendas, standing in solidarity and meaningful allyship behind their asks and demands within this space.

- **To advance all efforts to engage men<sup>3</sup> and boys and to transform masculinities in SRHR through feminist-informed, gender-transformative, human rights-based, intersectional and accountable approaches** that seek to dismantle patriarchy, and to transform social norms around masculinities, unequal power relations and root causes of violence and discrimination against all women, girls and SOGIESC peoples.
- **Universal Access to Sexual and Reproductive Health for All**, within the scope of Universal Health Coverage (UHC) for all people, and with attention and care for the rights, health, and needs of all women and girls, all men and boys, and other marginalized groups often excluded from accessing basic healthcare and education, including access to HIV treatment and a better quality of life for people living with HIV and access to HIV prevention treatment for all, especially in countries with low social and economic status where the seroprevalence is still high.

**Additionally, we stand in an unwavering commitment to advocating for:**

- **The Right to Comprehensive Sexuality Education (CSE)** that is science-driven and mindful of universal and equal human rights, and that addresses boys and young men's notions, attitudes and behaviors associated with sexuality, power, privilege, gender identities, masculinities, women and girls' empowerment, and reproductive rights.
- **The Right to Safe Abortion for All Who Can Become Pregnant**, with access to the information and means to have a safe abortion, including self-managed options, and to engage men and boys to work as meaningful allies to eliminate stigma and discrimination in access to SRHR including safe abortion.
- **The Right of All People to Bodily Autonomy and Integrity Free From Discrimination and Coercive Practices** by increasing men and boys' understanding and acceptance of the fact that human rights apply to all people, that no one's right is above another's, and that no one should be denied their right to health<sup>4</sup>.
- **The Right to Enjoy Health Care Systems and Policies that Serve and Protect the SRHR of All People** by working to transform discriminatory and divisive distribution of responsibilities between men and women and gender non-conforming people, in and within access to SRHR, including in decision-making spheres, and public and private spheres, in order to transform unequal gender norms, attitudes and beliefs.

**How do we carry out our work?**

**MenEngage Alliance's work with men and boys stems from and honors the pioneering work and ongoing leadership of women's rights organizations and movements.** We acknowledge that we build on

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<sup>3</sup> MenEngage Alliance understands "all men and boys" as inclusive of their full diversity, including gay, bi-sexual, queer, non-binary, and trans men

<sup>4</sup> Bodily autonomy is understood to encompass SOGIESC identities and experiences as well, per the Yogyakarta Principles: <https://yogyakartaprinciples.org/relating-to-the-right-to-the-highest-attainable-standard-of-health-principle-17/>

a precious heritage of feminist vision and analysis, including by placing the elimination of inequalities in privilege and power that result from patriarchy at the heart of our work with men and boys.

**Work with men and boys must be done in manners fully accountable to women and girls, and other marginalized groups.** Work on engaging men and boys and transforming masculinities is not an end in itself, rather a strategy to achieve the goal of women's rights and gender justice for all. Interventions should be carried out in close collaboration with women and women's rights organizations. Accountability to the women's rights movement and to other historically-oppressed social groups is central to our work and we are committed to working as allies and in partnership with other activists, organizations, networks and movements. As such, we stand in solidarity with - and seek to add value to - the ongoing struggles for women's autonomy, empowerment, equality and rights.

**Going beyond merely engaging men and boys, we advocate for gender transformative approaches** which seek to dismantle harmful norms, attitudes, customs, stereotypes, inequalities in power and privilege, in particular related to masculinities and manhood, including within institutional practices, which perpetuate discrimination and violence against women and girls. Gender transformative approaches do not view the engagement of men and boys as an end in itself, rather, as a means to transform social norms and gender power relations at their roots. The concept, in a framework to understand how change happens, is part of a 'gender integration continuum' that classifies interventions as gender exploitative, gender neutral, gender sensitive or gender transformative. Gender transformative approaches with men and boys are those that go beyond merely 'engaging men and boys', or educating or raising awareness of men and boys on a particular issue, and seek to create a fundamental shift in attitudes and behaviors related to masculinity and what it means to be a man within a particular society or context. Men and boys play a key role in upholding and exercising these harmful norms, making them important actors in gender transformative interventions.

**MenEngage Alliance believes that transforming patriarchal masculinities and dismantling stereotypical social norms should include interventions at all levels of society, based on a socio-ecological model of change:** from interventions aimed at changing men's individual attitudes and behaviour, to changes in their interpersonal relationships; to interventions targeted at communities that aim to transform dominant social norms regarding gender and violence; interventions that aim to embed positive gender norms into institutions; and through the promotion of government policies and laws that engage men and boys in violence prevention and response. These efforts must include the engagement of community, religious and political leaders, most of whom are still men.

***Declaration: The information provided can be made available on the OHCHR website.***