

young children. The project also encouraged schools to partner with FPAHK to reach out more parents. Chinese parents tend to cling on "childhood innocence" and unable to provide timely sexuality education, exploration of attitudes is important to dispel their myths and misconceptions.

**Sustainability** Successful collaboration with the pilot schools is established; the schools are kept informed of the latest resources from FPAHK to seek continuous support. Based on the developed training protocol and teaching kit, provision of similar school-based training to other kindergartens continues. A forum was set up in FPAHK's website ([www.famplan.org.hk/sexedu](http://www.famplan.org.hk/sexedu)) to facilitate continuous sharing.

#### OP1-6.6

##### **BUTTERFLY BRIGADE PROJECT: MEN LIVING AN ALTERNATIVE LIFESTYLE WORKING FOR AND WITH THE REPRODUCTIVE HEALTH PROGRAM**

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The Butterfly Brigade Project is a UNFPA assisted special project designed by Gay men for Gay Men and implemented by Gay Men in the Province of Aklan. Home to Paradise Island Boracay. The provincial government realizes not only the threat of HIV among the health of the locales but more importantly the economic implications that the threat brings, the Provincial AIDS Council in 2001, forged a partnership with an already existing organization of gay men, after group aired their concerns for the lack of STI, HIV/AIDS prevention education efforts among L.G.B.T (sexual minorities), specially among Gay Men of the province.

#### 2.5 It Takes Two to Tango

#### OP2-5.1

##### **"A FEW GOOD MEN...?" - PARTNERS IN WOMEN'S SEXUAL REPRODUCTIVE HEALTH & RIGHTS: FINDINGS FROM A MULTIETHNIC QUALITATIVE STUDY IN MALAYSIA**

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Post 1994 ICPD & 1995 Beijing efforts have since shifted to the new focus on men's responsibility and involvement in women's sexual reproductive health and rights (SRHR). Are men the partners that women seek for their sexual and reproductive health and rights? What do women want of their husbands/partners? These are the key aims of a qualitative and gender interactive study of men's involvement in women's SRHR conducted among 174 men and women of three ethnic groups in Peninsular Malaysia in 2002. The findings showed that Malaysian women wished their husbands to have knowledge of women's SRH, to have proactive role and involvement in SRH care, to respect their bodily integrity, to communicate deep emotions, and to be directly involved in childcare and nurturing. Except for a few good men, particularly urban and Chinese men, who help with housework and childcare, and Malay and Indian men who help bring their wives to the clinic or pick up contraceptives, the majority fell short as partners in SRHR. Many men still believe in gender stereotypes that women are responsible for housework and childcare while men are their providers. Except for married and older men, the others had poor knowledge of SRH, both their own and that of their wives. Despite poor knowledge of and very limited role in SRH care of their wives, many men reported they make the final decisions on

childbearing and contraception and yet majority of men themselves do not use contraceptives, believing that is their wives' responsibility. While many men agreed they have no right to beat their wives, but some of the women interviewed vouched that they had experienced wife abuse and forced sex. These findings point to critical programmatic implications for men as partners of women's SRHR as well as their own SRH well-being.

#### OP2-5.2

##### **MALE INVOLVEMENT IN CURBING GENDER-BASED VIOLENCE: ESTABLISHING THE LINK**

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This abstract describes the efforts of a comprehensive, community-based family planning/maternal & child health program in Egypt to actively involve men in efforts to curb gender-based violence.

In Egypt, men are often seen as gatekeepers of information & are important decision-makers in the home. Without their support, many women would be prevented from seeking FP/RH services from willing providers. Involving men in education & outreach activities, therefore, is essential to increasing FP/RH utilization.

The TAHSEEN/CATALYST Project developed training packages for & conducted workshops with religious leaders & agricultural & irrigation extension workers because they have the potential of reaching out to large segments of the population. The Project also worked closely with the General Authority for Literacy & Adult Education to develop literacy curricula for national use that include FP/RH messages with the intention of reaching men who participate in the literacy classes.

These messages were reinforced by a comprehensive behavioral change communication campaign that included plays, puppet shows, short vignettes showing in waiting areas of rural health units, & newspaper articles, television segments & radio shows.

There have been over 21,000 participants in approximately 1400 sessions with agricultural extension workers & over 1000 literacy students have used Project-developed literacy materials that include FP/RH messages.

Programs should work with men in order to ensure that women who seek FP/RH services are supported by their husbands, fathers & brothers. In traditional societies, men still exert considerable influence in their homes & communities; their support is essential to reduce gender-based violence.

#### OP2-5.3

##### **EMPOWERING SPOUSES/PARTNERS OF MIGRANT WORKERS AGAINST SEXUALLY TRANSMITTED INFECTIONS (STIS) AND HIV/AIDS THROUGH COMMUNITY-BASED AND PEER-LED ECHO TRAININGS ON GENDER AND SRR**

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**Issues** Female spouses/partners of Filipino of migrant workers have become vulnerable to STIs and HIV/AIDS because of their migrant husband's vulnerabilities. What aggravate the situation are the existing gender inequalities between husbands and wives, creating situations that disempower the latter, particularly concerning their sexual and reproductive health and rights (SRHR).

**Description** Community-based and peer-led echo trainings on gender and SRHR involving female spouses/partners of migrant workers is an effective intervention tool that enables them to make informed decisions about their SRHR, specifically addressing their vulnerabilities to STIs and HIV/AIDS. These empower them to build their own capacities and taking