

Sexual and Reproductive Health and Rights (SRHR) for Men: Masculinity and Sexual Reproductive Health

Draft Final Report

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SRHR

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SEXUAL & REPRODUCTIVE HEALTH ASSESSMENT: JAMAICA FAMILY PLANNING ASSOCIATION PROJECT

EXECUTIVE SUMMARY

a. Introduction

The Jamaica Family Planning Association (JFPA) has been providing sexual and reproductive health services to women and girls as well as boys and men for more than 60 years. JFPA remained the only provider of family planning services in Jamaica until 1966, when the government established its first family planning unit. In the early years, JFPA had an exceptionally robust service for men, offering them education and clinical services. The approach to engaging men was two-pronged. Men were engaged as partners but also in their own right as clients needing care other than family planning services. Services for men were discontinued in the 1980s due to budgetary cutbacks and the lack of external organizational support and interest for SRH aimed at men. The focus of JFPA's service delivery is on women and girls insofar as men represented less than 20 percent of the client base in 2021. Men, however, contribute to several of the SRH issues and outcomes that women deal with such as GBV/ IPV, unplanned pregnancy and STI/HIV infection. With respect to men, one of the main impediments in achieving national SRHR goals are their narrow views and attitudes toward health and well-being.

This situation assessment was authorized by the Jamaica Family Planning Association to thus provide an approximation of the perceptions (positive and negative) of boys and men regarding the environment in which SRH services are currently provided. The types of services boys and men would like to have access to and in what manner these services should be provided and delivered. In addition, the perceptions of boys and men concerning their individual and collective role in the delivery of SRHR services to other boys and men; and, the ways to engage that cohort in planning the communication and service components of a programme that reflect the needs identified by the research. And, laying the groundwork for achieving the '2022 Business Plan' objective of introducing a programme for boys and men in the parish.

This process began by way of a standard desk research: consultant having multiple discussions via Zoom and telephone with JFPA's CEO concerning the Association's role in SRH past and present; dialogue with staff and nurses at Beth Jacobs Clinic around the groups that access the clinic and for what purposes. Independently reviewing JFPA's historic beginnings and the work currently involved in around SRH; scouring online news publications and the JFPA's website; reviewing the literature review on SRHR for men provided by the CEO and examining the extensive scholarship around SRH in Jamaica and across the region. And more importantly, studying the different ways to productively engage men and boys around these issues.

Using a hybrid method approach: over the course of a two-month period in December '22 to February '23, five focus group discussions were conducted with forty-four working-class men and boys. These include, but not limited to, teachers and students from Marcus Garvey Technical High School, interns at the Youth Information Center, fathers, husbands, and self-employed hustlers in the 16-45 age category from various recruitment points in St. Ann. The focus group discussions utilized participatory learning and action techniques so as to effectively engage with the target cohort. The FGDs sought to ascertain specific patterns and insights of the health needs—in particular the sexual and reproductive health needs of boys and men served by the Beth Jacobs Clinic. Although there were significant limitations with respect to the recruitment of the target cohort, the assessment did discern valuable insights into the ways in which masculinity shaped the men's thinking in terms of SRH, what service delivery would look like for men accessing the Beth Jacobs Clinic, and if approved, what a SRHR program aimed at men should entail.

To start with, there were two unexpected findings in this assessment. Firstly; there exist a particular mindset shaping and otherwise exhorting men and boys across age and socio-economic background to refuse specific examinations performed by male healthcare professionals. This mentality is myopic and irrational insofar as men are unwisely putting themselves in harm's way by becoming more vulnerable to male-related health problems due to homophobia. The majority have rejected any compromise of having male doctors perform the digital rectal examination (DRE) to detect prostate cancer. They strongly refer to it as a "homosexual act", therefore wanting only female doctors to conduct that particular examination. This issue is very concerning as it is imperative considering that Black men across the Caribbean, and Black Jamaican men in particular, have the highest rates of prostate cancers globally. This is an area that demands further study to determine how widespread and common these attitudes are with men across the island, and to develop critical responses to reverse this trend among men and boys. The other critical finding is that younger men, particularly those within the 16-29 age category, have expressed a particular vulnerability with their maleness; in that, they have boldly declared in full view of their peers that they are very comfortable "washing their partner's underwear." They stated that they would carry out the task even if there are no "justifying" circumstances; for example,

that she is ill and unable to do it herself. This development and attitudinal change represent a watershed moment and a significant generational and cultural shift in Jamaica among this cohort. It redefines aspects of masculinity in this manner—for generations, Jamaican men were adamant against washing a woman's clothes, let alone her underwear, and any man who performed this activity was ridiculed, considered effeminate, and likely shunned.

b. Major Findings

The 'real man' is identified by specific character traits akin to carrying out his "responsibilities, hard-working, and being the provider and protector of the family." Considerable emphasis is placed on internal character traits such as "respectful, loyal and honesty" in lieu of physical features for what it means to be a 'real woman' and potential partner. These features remained prevalent throughout the five FGDs. Nevertheless, other descriptions fix her within the typical gender role of a woman in the home, viz., must be able to "wash, cook and clean." The manly duties in the home are not restricted to any traditional gender role since the man would like to be recognized for being more than the "breadwinner, head of the household, and the provider and protector of the family." These attitudes were found mainly among males within the 16-25 age category. Men seek a partnership that promotes a healthy coexistence, viz., "share responsibilities 50/50, good communication with partner and children, help out with the children—especially if his partner is sick or the man comes home before the woman." In juxtaposition to other family and societal factors, the country's exorbitant murder rate gravely diminishes the man's role and function in his immediate community and the wider society, specifically. This pales in comparison to his functions in the home. Outside of the home, there is a subtle, yet unconscious rejection of any role that places him in harm's way; he simply exists in those spaces for fear that he can be killed for getting involved in activities within the community. Men reject any serious notions of being actively engaged in the community space since there is neither a conscious sense of community nor is he moved by nationalistic tendencies. In other words, there seems to be limited collective concepts and principles of civic responsibility, and therefore most men do not subscribe to any serious sense of community nor perceive any "benefits" for being patriotic. Civic education is not taught in the school at a practical level; therefore, students are left to "figure it out on their own." This gap allows for the continued diminishing of principles and ideas which should intersect and therefore redefine (Black) masculinity to a strong sense of family, community and nation building. The major barriers that affect men are the absence and otherwise limited employment/opportunities, crime and violence, poverty, and failure to meet expectations. Mental health problems such as hiding emotions and depression that arise from a man's inability to provide are prevalent. There is a critical nexus with peer-pressure and being undervalued which erodes "self-esteem and confidence."

A female partner refusing sex has the “right to” do so because it’s “her body”—was a common finding throughout the discussions. The conservative Christian ideology that speaks to the doctrine that a “woman’s body belongs to her husband” —which is loosely based on a biblical reference—still occupies the mindset of some men. A small group believed that the man has a right to “take it” if they are in a relationship; however, the majority disagreed with that view and cautioned that not only is that morally wrong but illegal and amounts to rape. There is strong support for the use of condoms and other forms of (female) contraceptives to stop the spread of STIs and unplanned pregnancies—certainly, this would mitigate SRH issues among women that occur from interacting with men. In addition, across age categories and socio-economic groupings, there is a general awareness regarding condoms, its purpose and usages—insofar as several male and female contraceptives were identified by their scientific names; e.g., male/female condoms, pill and vasectomy. Furthermore, the rejection of IPV/GBV remains consistent among the groups. However, just as the men see themselves as an ally with women against domestic violence; one of the difficulties lie with how they would demonstrate that allyship given that they think it is very dangerous and otherwise futile if they get involved in a ‘man-woman’ dispute; the overwhelming fear is that they could be seriously injured. Typically, in their communities IPV is normalized to the extent that soon after a dispute, the fighting couple would be seen together publicly displaying affection. Corporal punishment was widely condemned as a disciplinary tool, citing its ineffectiveness and cruelty towards children. The alternative involved removing items the child likes such as phones, I-pads, watching TV, etc for a period of time and until the conduct in question is corrected.

Sex education in schools garnered enormous support across the age categories whereas the only difference among the groups was how early it should be taught. The versions taught in schools are extremely basic, limited and thus not preparing the students to make informed choices concerning their SRH. The ‘galis’ (male who is skilled at seducing women), attitude remains pervasive and having multiple sexual partners is described as the norm. For a growing number of men, the health risks and financial burden outweigh the consequences of gratification and spontaneity such as catching STIs and the ramifications of having to manage an unplanned pregnancy. Self-medicating—using marijuana and alcohol causes younger men to experience a false sense of virility. This mixture creates an urge to act recklessly and to otherwise engage in risky sexual conduct where the implications are extremely severe and far-reaching. At its core, it does not matter if a woman is unable to have children—her identity, being female/woman is not diminished nor would men typically reject her as a partner. The same holds true if the man is unable to have children; it does not undermine who he is neither since taking care of one’s “responsibilities” makes a man and woman. In essence, the ability or inability to have children is not considered a significant qualifier of manhood or womanhood.

According to the male teachers, absentee fathers remain a critical barrier in the development of boys insofar as only “3 out of 10 boys in attendance” do have some form of relationship with their fathers. This implies that roughly seventy percent (70%) of male students at Marcus Garvey Technical High School do not know, never met nor have any type of meaningful relationship with their fathers. Nevertheless, a critical point of emphasis mentioned by a male teacher

that oftentimes gets overlooked is that a substantial number of boys from lower socio-economic backgrounds do not know their fathers because of death and prison. One of the prevalent themes of fatherhood echoed mainly by those who were raised by single mothers— “a good father does not walk out and leave the child and mother.” This group of men expressed that they were damaged as a result of their fathers' absence in their lives especially during the critical early years. Essential to the concept of fatherhood is for children to see fathers as “role models”, and one who is not fearful of expressing how he truly feels by saying the words— “I love you” to his children. Being involved in other areas of the child’s life such as “helping with schoolwork and attending PTA meetings” represents a shift in the discussion as fathering was not always seen this way—it has broadened in scope to include functions once considered atypical to fatherhood and those normally carried out by the mother.

The use or supporting the use of violence was never advocated as a tool towards women who commit infidelity. The groups accepted that there is an alternative to violence against such a partner—just as they have admitted that it would be extremely difficult to manage considering the emotions at play in that moment. On balance, the need to cope with the emotional pain is arduous but “reasoning with a friend or crying”; self-medicating using “alcohol and weed” is more effective than “keeping it in and tuffing it out.” Other coping mechanisms include “music and sports”, recreational walks to help clear the mixed emotions occupying the mind. Admissions of shame and fragility often cause men to refuse to tell a male “friend”; being fearful that he might “tell others” of the circumstances of the pain. Men won’t allow “friends”, especially male friends to see them “crying” because the fear is that he would be ridiculed and called ‘soft.’

Doctor visits are infrequent and the primary reasons for the irregularities are interpersonal, cultural and have much to do with economics. Jamaica does not have or promote “a culture of visiting the doctor” since a doctor’s visit is very “expensive without insurance.” Usually, doctor visits occur when there is severe pain, or men are experiencing other symptoms that indicate an illness and there is no other recourse but to address the problem by going to the doctor. The occasional visits are usually intended for “school registration” or the need to get a “vaccination for travel” and/or other minor health concerns. However, we found that as a man grows older the visits become more regular. Several 30–45-year-olds indicated that they have regular check-ups and screenings to test blood pressure and other health-related issues. That is a striking distinction as there is this unending “fear” element—fear of results, fear of outcomes, fear of taking medications as well as the fear of being “touched in the anus” for prostate screenings. A male doctor screening a male patient for prostate cancer using the digital rectal examination (DRE) procedure is frowned upon across age range and socio-economic status. The men described the procedure as “homosexual” and several men spoke of completely refusing the exam because a female healthcare professional is unavailable to conduct the screening. The other fear-factor component stemmed from potential test “results being leaked outside the clinic” which could put a patient with a positive test for HIV/AIDS at high risk for violent attacks, stigmatization, and worst-case scenario, ostracization from the community.

Generally, most preferred a female healthcare professional if it involved physical examinations that necessitate undressing and the touching of the genitalia. Several insisted that a male doctor would be better suited for certain examinations because they would feel embarrassed if they got an “erection” in front of a female practitioner. It bears mention that the men in FGD3 who were largely raised by single mothers, expressed no serious issue nor preference for a male/female doctor conducting any medical exam including for prostate screenings. For them, the gender of the health professional was not a significant issue. The most important feature for that group was who is more qualified to address their health concerns. Overwhelmingly, men are “more comfortable” communicating with a woman counselor and/or doctor because she is much “easier to talk to.” Minor distinctions depended on the type of conversation, e.g., STI, erectile dysfunction, and lack of libido. In limited instances, the choice was a male doctor/counselor because if they found the female healthcare professional attractive, they would be embarrassed to approach her—not to mention what would she think—when the visits have to do with treatment for a STI or the inability to perform sexually. “Google” was the preferred method to research information and acquire basic knowledge related to men’s (sexual and reproductive) health.

Existing laws and policies such as marital rape, statutory rape, abortion and paternity fraud were explored to examine how knowledgeable the men were about these issues. These laws highlighted just how complex, uninformed and confusing the policies are to them. For example, the marital rape law was viewed suspiciously and unclear considering the woman is legally the man’s wife. A married couple is viewed as belonging to each other so the concept of rape in that situation was considered far-fetched and unacceptable. The existing rape statute is even more confusing since it was the first time they learnt that a woman cannot be charged legally for ‘rape.’ The statute had to be explained for them to understand the tenuous basis a female could not be charged under the existing law. Nevertheless, several were aware that an adult woman could be charged ‘for something’ if she engaged in sexual conduct with an underage male. This would go unreported since the boy would feel “like a man” if he is “fortunate enough” to have that experience and elevate his “ratings” among his peer group. Several of the students from Marcus Garvey expressed that they would feel violated if forced to penetrate or partake in any type of sexual act with an older woman. The teachers expressed that most boys are “oblivious to the law”; that it should be “enforced”, and it would make a difference if “boys are taught what the law” is on such matters. Boys and men remain ignorant that they can be victims of sexual-related crimes, especially those committed by women. The legality/illegality of abortion remained a hot button topic and the men strongly believed that a woman’s right to choose should not be lawfully recognized for fear that it would be exploited and used indiscriminately; Actually, men across the different categories viewed it as murder. However, when they were presented with hypothetical examples where the pregnancy resulted from rape, incest or could jeopardize the woman’s life, they expressed deference to women in these controlled cases. Their opinions validated the “2022 RJR Gleaner Don Anderson poll” that indicated that majority of Jamaicans believed that abortion should be legalized in limited cases.

The term paternity fraud is unknown to the majority; however, the most common name, i.e., “jacket” was acknowledged across the board. A small cadre understood that DNA testing was instituted to provide protection against paternity fraud; however, not everyone was aware of that fact. A non-punitive penalty (monetary compensation) designed in law was largely agreed upon and aimed at women who knowingly commit paternity fraud— “repay all the money the man spent on the child.” To note, child custody/visitation and child support are issues largely unfamiliar with the men, even those admitted being fathers.

What the evidence that this assessment has put forward should serve to do, nevertheless, is authenticate the exigency for a SRHR program for men and boys at the community level and an age-appropriate one for boys in school. These actions are extremely important given the men’s reckless, myopic and nonsensical attitude toward digital rectal examination, and the continued need to struggle for gender equality to promote access to resources and opportunities across the spectrum. Furthermore, for prompt actions to be taken against the influence of patriarchal hegemonic ideas and the continued tension among working-class men and boys to reject or adopt the philosophy. To highlight how other forms of hegemonic ideas are forming, the existential threat they pose to vulnerable populations, and the different ways in which they should be mitigated. Hence, to inform future actions to allow men and boys to take control of their SRH needs, reduce violence and reckless sexual conduct, and promote and struggle for gender equality, are areas to heed closely in future crisis responses.

c. Key Recommendations by Participants for Improved Service Delivery at Beth Jacobs Clinic

- ◆ Have the option to always choose a female doctor/nurse—that will encourage more males to get checked up
- ◆ Clinic should state the days of female and male doctors’ availability
- ◆ Schedule clinic days for men different for women
- ◆ Create an atmosphere of comfort so that patients can have a meaningful discussion with the doctor without feeling judged or pressured
- ◆ Counselor on site especially in the event a patient is given bad news about his health
- ◆ Delivery of the message without feeling forced
- ◆ Confidentiality of patients’ files
- ◆ Provide contraceptives—condom, morning after pill
- ◆ Public Education messaging with posters around health problems that affect men

- ◆ More education on whatever procedure/test that is being done
- ◆ More explanation of why procedures/test are to be done and without “bad” attitude from the nurses (if ask why mi haffi dweet, dem jus sey yuh haffi dweet wid attitude)
- ◆ Better attitude: Professional
- ◆ Speak with more respect
- ◆ Less waiting time at the clinic
- ◆ Provide a coffee machine, food and beverages if waiting will be long
- ◆ Better accommodation—more seats
- ◆ Workers to be faster when performing their duty

d. Additional Recommendations by the Participants

- ◆ A program around masculinity, roles and responsibility in home, community, and wider society (school-based)¹
- ◆ Importance of masculinity must be at forefront of the program

¹ *This model of masculinity would center the experiences of everyday Black working-class men and boys and apply everyday problem-solving techniques that intersect within a gender framework to evaluate, address and find solutions to manage, mitigate and struggle alongside Black men, women, children and the Black family against structural and gender inequalities. Cf., "The Womanist Reader" edited by Prof. Layli Phillips. This tome serves as a guiding philosophy to this construct.*

RESEARCH DESIGN and METHODOLOGY

a. Study Cohorts & Concepts

“Cohort studies are a powerful tool for conducting research in human populations. Researchers use data from cohort studies to understand human health, the environmental and the social factors that influence it.”² Researchers use several techniques to recruit the target audience—for example, a randomized selection via birth register, postal address, government and/or organization database. Once individuals accede to enlist in a cohort study, the researchers then begin to collect data with the intention of obtaining an accurate representation of the group they are researching. Questions are posed to the study cohorts to find out the demographics, or characteristics such as age, race, marital status of the group.³ This situation assessment applied the prospective cohort studies model since it involved the recruitment of men and boys within the 16-45 age category as research subjects to analyze data about their SRHR.

These participants were recruited using both the snowball and convenience sampling techniques and selected from recruitment points across the parish of St. Ann. The initial five participants were recruited by Georgeia Campbell, Youth Information Centre (YIC), via its database system that is connected to the Ministry of Information, Culture, Youth and Sports in St. Ann. The second cohort of men were recruited by Nurse Boyd-Brown, Beth Jacobs Clinic (BJC); her list was generated via the BJC registry/database and other networking capacities. The third cadre of participants were recruited by Nurse Berry, Jamaica Aids Support for Life (JASL), her compiled via JASL database/registry and other networking capacities. The students from Marcus Garvey Technical High School (MGTHS), recruited by Nurse Boyd-Brown, (BJC); the school and BJC have a very good working relationship. The male teachers from MGTHS mobilized by the 11th Grade Supervisor, Mr. Calimore; teachers recruited via personal invitation by Mr. Calimore.

The five (5) FGDs consisted of forty-four (44) men and boys within the 16-45 age category across different socio-economic backgrounds, livelihoods and professions on December 10, 2022, to February 9, 2023. These groups included teachers and students from Marcus Garvey Technical High School, interns at the Youth Information Center,

² Vessey, M. P.; Lawless, M. (1984). "The Oxford-Family Planning Association Contraceptive Study." *Clinics in Obstetrics and Gynecology*.

³ Retrieved at: <https://www.medicalnewstoday.com/articles/281703>
“Cohort studies: What they are, examples, and types”

fathers, husbands, and entrepreneurial operators; among others who merely wanted to have a voice and be heard on the record. See Demographics Table below.

b. Target Cohorts: Participants Demographics

Dates	FGDs Sites	Mobilizers	Cohorts	Total	Demographics: Age Range etc
Dec. 10, 2022	YIC Building	Georgeia Campbell YIC	1	7	Age Range: 5: 16-20; 2: 21-29 <ul style="list-style-type: none"> All expressed graduating from high school. 3 are currently interning at YIC, another is employed elsewhere; 1 is self-employed/hustler, and the other 3 remain unemployed All are single and have no children 3 have expressed that they are Christians and the other expressed no religious affiliations
Jan. 10, 2023	YIC Building	Nurse Boyd-Brown Beth Jacobs Clinic	2	7	Age Range: 1: 21—29; 6: 30—45. <ul style="list-style-type: none"> 5 are fathers; 1 has no children; 1 unknown. 1 formally employed; 4-self-employed/hustler; 2 unemployed
Jan. 21, 2023	Session canceled 1 participant turned up				
Feb. 2, 2023	Beth Jacobs Clinic	Nurse Berry, Jamaica AIDS Support for Life	3	6	Age Range: 4: 21-29; 2 :30-45 <ul style="list-style-type: none"> 3 are biological fathers, 2 are stepfathers, and 1 non-parent 3 have expressed one of the following: have never met; don't have a relationship with, or literally don't know who their fathers are 5 are employed/self-employed (1 tradesman; 1 barber; 3 self-employed); 1 unknown
Feb. 3, 2023	Beth Jacobs Clinic	Nurse Boyd Brown	4	10	Age Range: 11: 16-20 <ul style="list-style-type: none"> Ten (10) grade-11 male students that attend Marcus Garvey Technical High School (MGTHS) None are teenage fathers, but most are likely sexually active with mature women and/or girls within their age cohort
Feb. 9, 2023	MGTHS	Mr. Calimore, Grade 11 Supervisor	5	14	Age Range: Teachers—4: 21-29; 8: 30-45; students—2: 16:20 <ul style="list-style-type: none"> Twelve (12) male teachers from (MGTHS);

Dates	FGDs Sites	Mobilizers	Cohorts	Total	Demographics: Age Range etc
					7 are fathers; 5 are non-parents; 4 are married and 8 are single <ul style="list-style-type: none"> 2 male students: School's Head Boy & Student Council President. None are teenage fathers but likely sexually active with mature women and/or with girls in their age cohort
				44	

c. Data Collection and Methodology

Regarding the data collection and methodology, the consultant applied a multifaceted approach. Gender Continuum has been the framework in which to assess and develop how health-service delivery programmes tackle gender. It therefore serves as a guide to illustrate the different ways in which to bring men into SRHR services in constructive and positive ways. This analytical tool developed the assessment instrument which functioned to extract the data. The data collection process was built around the participatory action research (PAR) approach and ran by way of focus group discussions (FGDs), utilizing participatory learning and action (PLA) techniques to effectively engage with the target cohort. The FGDs sought to ascertain specific patterns and insights of the health needs—in particular, the sexual and reproductive health needs of boys and men in the 16-45 age category, who reside in the geographic area served by the Beth Jacobs Clinic in St. Ann.

There were significant limitations with respect to the recruitment of the target audience; nevertheless, the assessment gathered critical findings and put forward key recommendations from the cohort. Essentially, it established that gender vis-à-vis masculinity influenced the cohorts judgments as it relates to their understanding and the importance of taking control of SRHR. In addition, it provides a casual preview into the service delivery of BJC based on the participants recommendations, and if the proposed SRHR program is granted based on 2022 Business Plan proposal, it further advances what a SRHR program designed for men should bring to the forefront.

d. Assumptions and Risks: Recruitment Challenges & Limitations

The challenges and limitations of recruiting the target cohort proved difficult even in the wake of two extensions, and a reduction to more than half of the initial cohort total of one hundred sixty (160) participants to sixty (60). These challenges and limitations did not compromise any of the major findings nor other important features of the assessment. It is well-established that males are extremely difficult to recruit and mobilize for specific matters and events. The reasons are very complex and speculative; it is paradoxical in the same way it remains consistent and therefore not limited to one or two factors. Knowing this beforehand, the consultant documented in the 'proposed work plan' in November '22, that there is an assumption of risk with this cohort and their potential unavailability would pose a serious limitation and jeopardy to the completion of the assessment. Mobilization challenges also stem from the excesses of the Zoom format that started during the pandemic and lasted for roughly two years—multiple persons still want to use Zoom for everything. To note, the consultancy explored the Zoom format with the intention of establishing whether it could be applied to the PLA design, and we found out rather quickly, that given PLA's built-in, interactive and interpersonal features, the Zoom format was very limited in capturing and expressing the data in real time.

At the outset, the three early mobilizers did not fully express the magnitude of the problem in St. Ann, and that they were unable and/or unwilling to accomplish the task. They were recruited because they held key positions that dealt specifically with males and have access to databases that had a wide reach on this cohort in the parish. Beforehand, they presented two external factors circa early November that posed an issue with mobilization. The first was the 2022 FIFA World Cup that started on November 20 and lasted until December 18, 2022. The other was the standard community response to the Christmas season, which meant that most men would not be willing or unable to participate in this type of activity. According to the mobilizers, most men, and women as well, would be very focused on trying to acquire any form of employment or 'hustling' opportunity for the season. There would also be a non-stop partying within a celebratory atmosphere until January '23, and since FGDs are not geared towards providing employment opportunities or partying, men would be reluctant to participate. This was clearly understood and later imparted to Famplan CEO, who gave the consultant the first extension to January 15, 2023. To note, during this period the researchers traveled to St. Ann, specifically Runaway Bay, on more than three occasions to meet with a former pastor and community residents in Tripoli Heights, Cardiff. The reason for the trip was to use our relationships in these spaces to recruit men and boys for the FGDs. Although several names were collected, and reassurances given to participate in the FGDs; it did not materialize. The men cited 'work obligations and the Christmas season as the main reasons for their inability to participate. This circumstance did not change during the ensuing months. The recruitment process stalled and became problematic, to the extent that the initial mobilizers had indirectly abandoned their tasks—citing a lack of interest from the target cohort. Around this period, a second extension was requested and granted together with a reduction from the initial target of one hundred sixty participants (160) to sixty (60). The consultancy had been fully engaged with the recruitment process from the very beginning, and that is how he came to have developed a working

relationship with Nurses Boyd-Brown and Berry, Mr. Calimore from MGTSH, Natalia Fletcher from SDC, Sister Latoya Johnson from United Lifeline Deliverance Church of God, and others linked to the churches and schools in and around St. Ann's Bay and Ocho Rios.

On or about January 21, the consultant organized fourteen participants for a FGD, yet only one showed up despite all giving assurances that they would attend the session. Following that episode, we noticed an incremental but significant change with respect to the quantity of sessions and increased participants. For example, on or about December 10, 2022, to January 10, 2023, two FGDs were completed totaling fourteen participants; however, on or about February 2-9, three sessions completed totaling thirty participants. Unfortunately, Famplan CEO indicated that she had no option but to end the consultancy, having granted two previous extensions.

For these reasons, interpretation of the data must be done with caution—keeping in mind the many challenges encountered with the recruitment process and the target cohort described above.

e. PLA Listings

The data collection process was built around the participatory action research (PAR) approach and ran by way of focus group discussions (FGDs), using participatory learning and action (PLA) techniques. PLA is a participatory methodology whose main purpose is to provide support to community groups so that they can analyze their own conditions and experiences, in lieu of having it analyzed by others, especially those who do not serve their interests. The goal is to make certain that any knowledge gathered from the interactions is put into individual and/or collective action.⁴ PLA tools such as the problem tree, triple roti diagram, listing and ranking etc al were used to encourage participation and capture a visual concept of SRH issues and find practical solutions for men and boys. To note, the thematic outline was extensive and sorted into six headings: Perceptions; Masculinity & Gender; the Social Man; the Sexual Man; Reproductive Health, and Law and Policy Rights.⁵ The aim was to capture the domain of maleness and

⁴ Gosling, L and Edwards, M (2003). *Toolkits: A practical guide to assessment, monitoring, review and evaluation*. Second edition. Save the Children, UK.

⁵ *We truly wanted, and made the effort, to use more PLA tools during the sessions; however, it seemed like we were always pressed for time. We were very sensitive and respectful to everybody's needs, and the circumstances involved with these sessions. We functioned on the participants' schedules and strictly on the basis of their time—that is, we made ourselves available whenever they had the opportunity to attend the sessions. Initially, there was an agreement with YIC to conduct the sessions there, but that changed for reasons still unknown. This was not communicated verbally but it still felt that way because we were denied access to the center on three consecutive occasions. A point to note as it relates to the first session, we were specifically asked in the middle of the first workshop conducted on or about December 10 by a YIC staff, 'when are you going to finish?' That said, we were mindful that these are spaces that are managing their own organizational situations and needs. Therefore, we should have been told about these discrepancies by YIC, instead they led us to believe that we had complete access to the space at any time it was requested. Another case in point: we conducted two sessions at BJC in February, and although the staff never hurried us; we remained very considerate because the sessions were taking place during clinic hours, and the clinic's primary client-base are women. And a woman's privacy matters to us. Because of these concerns, we made the decision to always concentrate on completing the questionnaire which left little time to engage with more than two PLAs for every session. On one*

the social parameters of his life, his sexual and reproductive health and rights, and to provide the necessary structure to rigorously interrogate ideas of masculinity within these categories.

f. Theoretical & Analytical Framework

The history of SRH is founded upon concepts and models of population control in low-resourced countries. The objective was the management of sexual and reproductive health of women in poverty-stricken countries. A more progressive approach occurred at the 1994 International Conference on Population and Development (ICPD) in Cairo, and its progeny the Beijing Platform of Action in 1995.⁶ Both called for a more human rights-based approach to SRH, leveled at empowering women to control their fertility and their access to safe childbearing. Equally important, this marked the first initiatives that mentioned the critical need to engage men. A positive shift—it signaled a real change towards the comprehensive inclusion of men and boys which would directly have SRHR benefits to women and girls.

The theoretical and analytical framework of Gender Continuum has been the lens through which to assess and develop health-service delivery programmes that operate to respond to gender issues. This mechanism has been very useful in helping practitioners evaluate how their programmes can develop and integrate gender to have a much larger footprint and impact. The framework illustrates the different ways to bring men into SRHR services in constructive and positive ways. The two primary constructs that are useful within the Gender Continuum framework: The Gender-transformative and Gender-Sensitive (or Gender-Accommodating) models. Both concepts seek to promote equitable gender norms which will support gender equality; and the outcome would improve SRHR among men and women.

g. Application

To establish a meaningful connection with men around SRH, the focus should remain on three specific potential areas that would boost male involvement. First, men must be recognized and therefore treated as clients vis-à-vis primary beneficiaries. This means that they must be recognized as having sexual reproductive health needs that are consequential to how they function on a daily basis—in the same way that women are recognized as having serious needs of their own. Hence, men should be afforded access to the highest standard of care, service-delivery and information, just as women are to have such access. As noted, prostate cancer remains prevalent across the Caribbean

occasion (FGD2), we did not use any PLA tools since we were conducting the session at YIC, and our concern was whether they would ask us to hurry.

⁶ UNFPA. 1994. *International Conference on Population and Development (ICPD) Programme of Action in 1994*. New York. United Nations. 1995. *Beijing Declaration and Platform for Action*. Fourth World Conference on Women. New York.

and according to the National Center for Biotechnology Information, “historically, Black men of African descent have been disproportionately affected by prostate cancer compared with Caucasian men. African-Caribbean men are generally at higher risk of prostate cancer, with Jamaican men noted to have the highest incidence in the world.”⁷ It is important and urgent that health professionals reach and educate Caribbean/Jamaican men around this topic. One approach would be to design an effective public education campaign with strong input from men in order to raise awareness around this disease. And based on the attitude uncovered with these groups juxtaposed to the empirical data concerning Jamaican men and prostate cancer, there remains a potential health crisis looming on the horizon.

Men must be recognized as true allies and agents of change in the righteous struggle against VAW/G, IPV, gender inequality and the consequences of harmful gender norms and stereotypes. Previously, men were often viewed only in a perpetrator-esque role which seriously affected the ways they functioned as an ally in that fight. Most men want to be allies with women and so they also want support from women in this regard as well. Research indicates that women experience higher rates of IPV than men; however, men are not that far behind in this category. There is sexual and gender-based violence against men and boys as well, and men suffer in silence because of the stigma associated with it— “battered men make up 40 percent of domestic violence victims in Jamaica” while other research shows “grown women sexually abusing teenage boys much more frequently than reported.”⁸ Many men do support a woman’s right to choose, especially if the pregnancy resulted from rape, incest, or a threat to the health and life of the mother; therefore, women should support men from the harmful consequences of paternity fraud. In Jamaica, the data suggests that over “25% of the children born in Jamaica are jackets.”⁹

Men should be seen not merely as a partner but a supportive partner; one that takes personal control and responsibility over key aspects of his SRH. A supportive partner is one who makes it his duty to communicate and share decision-making responsibilities with his spouse around issues such as family-planning, neonatal care, and maternal health. He will offer his full support around issues like the importance for new mothers to get equitable maternity leave. Having such a supportive partner will function as a positive influence on his spouse’s SRH, and more broadly, women in general. In re policy: It is important to have dialogues referencing the ‘different life stages’ which will help men to discern the importance of policy and service provision. In the final analysis, the magnitude of developing a SRH program for

⁷ <https://pubmed.ncbi.nlm.nih.gov/27792445/>

Prostate cancer among Jamaican men: exploring the evidence for higher risk

⁸ <https://jamaica-gleaner.com/gleaner/20100131/lead/lead3.html>

Women on the prowl: Grown women sexually abusing teenage boys much more frequently than reported

⁹ <https://nationwideradiojm.com/25-of-jamaican-children-are-jackets/>

25% of Jamaican Children are ‘Jackets’

<https://jamaica-gleaner.com/article/news/20211110/why-govt-mp-wants-dna-paternity-testing-birth>

Why a gov’t MP wants DNA paternity testing at birth

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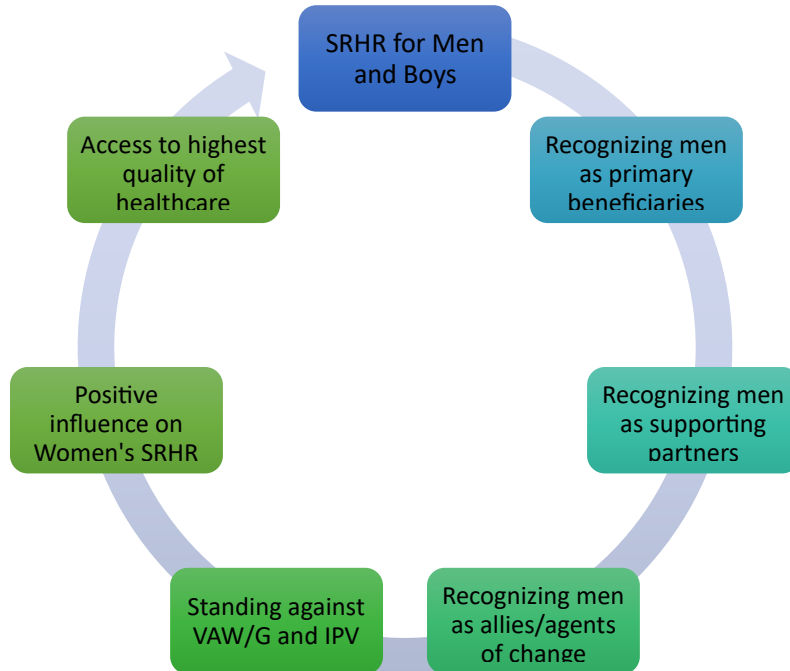
Dr. Herbert Gayle Warns that Paternity Testing at Birth Could See an Increase in Domestic Violence

<https://jamaica-gleaner.com/article/commentary/20211114/herbert-gayle-why-dna-paternity-test-birth-bad-idea>

Herbert Gayle | Why DNA paternity test at birth is a bad idea

men and boys cannot be emphasized enough considering that it will surely inculcate and reinforce qualities ideal for men and boys to become the best versions of themselves by being true allies with women and girls against all forms of gender oppression.

Three critical components of SRHR that will boost involvement among men and boys and its positive effects.



III. CONCLUSION

a. Summary Report

**“Wounded men are not often able to say anything positive.”
—bell hooks**

The Baseline: The legacy effects of chattel slavery cannot be ignored, particularly when attempting to understand the contemporary behavioral patterns of Caribbean Black people, and more specifically, the men of the region. Violence and brutality were the foundations of that system’s mechanism to control the enslaved population. Enslaved men had to watch helplessly as their wives were sexually assaulted and their children sold right before their very eyes—unable to offer any meaningful protection to them. The enslaved man’s very existence was predicated upon total emasculation and dehumanization which functioned to strip him of anything that would offer role nourishment. For that reason, the virtues of being able to protect, support and provide for one’s family—central pieces that define traditional fatherhood and husbandhood concepts—were rejected by the slaveholder as he saw no discernable basis for its endorsement. This was the social environment that produced, shaped, and molded the Black mind and set in motion similar patterns of maladaptive behaviors passed down to his descendants for generations.

This research assessment unmasks a range of thinking among working-class men and boys that rarely, if ever, get to the surface. It represents a serious challenge to the caricature stereotype and biased versions of themselves that are tolerated and left to stand without objection or resistance for an awfully long time. The best versions of themselves seem very progressive, yet much is left to be seen, that is, whether those words will be converted into principled action, or, are they simply hollow and meaningless expressions. Working-class men and boys suffer at an all-time high because they are trapped at the crossroads trying to figure out how to maintain any degree of sanity when they are saddled with an imposed expectation and a societal constructed role that must be occupied. The contemporary patriarchal designs are an existential threat to his well-being as it promotes a dominant theory he is unable to seriously fathom and accept because, at the outset, he was never factored in nor allowed in that room when those early policies and decisions were drawn-up by a different class and race of men—men who saw him, his woman, his children, the Black family, as less than human beings. Breaking this cycle affords the revolutionary man to desire new forms of relationships with this family and community. He desires a balancing harmony with the social environment and equitable

intimate partnerships—healthy ones, free from imbrolios and chaos, and with someone willing to meet him halfway—50/50, a split right down the middle.

The definitional specification of a 'Real Man' is maintained in the traditional sense, i.e., provider and protector; however, what needs to be seriously interrogated is what happens to that ideal and the consequences to his manhood if he is unable to provide and protect. Once again, this will be more valuable and instructive within a program-centered structure. Typically, men look beyond the physical features for the desired partner in a woman and thus pursue one with internal character traits that matches his—honesty, hardworking, respectful, and loyal. The role in the home represents the shift, a significant generational one at that, where he advocates for a healthy coexistence, sharing duties and responsibilities such as helping with the children, doing housework and washing her clothes—even her underwear: a taboo practice for generations of Jamaican men. He wants and therefore strives to be a loving and supportive partner and father, one that embodies a role model and not feel uncomfortable expressing to his children, 'I love you', unconditionally. He also describes himself as the future version of fatherhood, the one who sees his role in a new way—playing an active role in the social lives of his children by helping with homework and attending PTA meetings.

The manner in which he sees himself in the other critical spaces he occupies—the community and broader society—and the role that he ought to play in those environments is deserving of serious critique. Most working-class men and boys do not see themselves playing any pivotal role in the community. They simply want to exist by being "respectful" since they have expressed neither any serious sense of community nor conscious appreciation of country. They are operating on separation principles that are tied to an aimless disconnect and so they are unable to see the inextricable nexus to manhood and the values he wants to advance and perpetuate. There can be no separation, no contradiction. In fairness, there are reasons for his obliviousness, ones that are truly complex since they are tied to a collective consciousness—a memory since faded as a result of generational trauma¹⁰ and policy positions. The current or previous governments of Jamaica have never put forward in any concrete ways serious nationalistic ideals to create a sense of pride for country. Further, the diminished capacity of our educational system that erodes civics education in the schools and thus the basic terminologies are not acknowledged so that they can be appreciated even at the basic level of simply knowing what is meant by terms like civic duties. Nevertheless, our main appreciation of national pride and patriotism developed out of watching Shelly-Ann Fraizer-Pryce, Usain Bolt, and other formidable Olympians compete and win on the world stage. That alone is unacceptable.

¹⁰ Akbar, N. (1983), *Breaking the Chains of Psychological Slavery*, FL: Mind Production & Associates; Degruy-Leary, J. (2005), *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury & Healing*, Oregon: Upton Press

One of the current social problems that perpetuates this disconnect is the exorbitant rates of violence, in particular murders, that have been plaguing the country for decades.¹¹ Incidentally, all the groups listed crime and violence as one of the main barriers affecting manhood. For a burgeoning cadre of men and boys within working-class communities, the 'gun' represents a dominant symbol of masculinity—among them, a phallic representation of sexual virility and another of fear, dominance and power. Young men between the ages of 15-30 make-up more than sixty percent (60) of all victims and perpetrators of violent crimes, particularly murders, and the gun is almost exclusively the weapon of choice in eighty percent (80%) of the cases.¹² Worse yet, the conviction rate for murders stood at about twenty percent (20%) in 2021.¹³ On a continued basis, working-class men and boys are inundated with this illusionary example of power, dominance, fear and the social currency that is generated and upheld by the galis, shottas and dons in the communities and other social spaces. These factors, among others, have impacted just how they interpret their current roles and functions in the home, community and broader society. What has been entirely lost in the collective consciousness is that manhood (and equally, womanhood) is neither something to sacrifice for nor offer any resistance to a corrupt establishment or status quo. This deep-rooted trepidation is rooted in the fact that death or serious bodily harm would likely follow if ordinary working-class men put up any opposition to those who control the ebb and flow of the social environment. And so, men, and by extension the people, have completely disregarded that precise form of self-sacrifice. To no fault of their own, they have become oblivious of the Divine African Ancestors who made that ultimate sacrifice so that their offsprings could be here in this moment. Another critical factor is that many working-class men and boys do not nor ever have any positive relationships with their fathers, nor any equitable male role models to fashion their conduct after; in fact, many do not know who their fathers are, and therefore have little to no respect for him. It may have been entirely different had they grown-up with the knowledge that their fathers died in defense of his manhood when it was attacked or challenged by others.¹⁴ This would also strike a responsive chord if their mothers admired and respected their father's manhood. Then, manhood (and by extension, womanhood and peoplehood), would have been taken to convey and mean something sacred and special that one dies in defense of it—in the same way that their enslaved African forefathers and mothers sacrificed their freedoms and lives so that their descendants could realize their full potential. Knowing these historical facts would likely have a different meaning and influence into the child's brain computer than what became standard-bearer for many boys growing up without a father or male role model— "he was a wukliss (worthless) no-good bwoy weh nuh mean nobody nuh good ... yuh mus' neva want fi bi like

¹¹ [Jamaica Crime Rate & Statistics 1990-2023 | MacroTrends](#)

Jamaica Crime Rate & Statistics 1990-2023.

¹² <https://jcf.gov.jm/an-analysis-of-select-violent-crimes-in-jamaica-2010-2022/>

An Analysis of Select Violent Crimes in Jamaica 2010-2022

¹³ <https://jamaica-gleaner.com/article/commentary/20230226/editorial-murder-penalties-doubtful>

Editorial | Murder penalties doubtful

¹⁴ *Oddly enough, we observed that strong nationalistic tendencies and fervor are celebrated in countries that have constantly engaged in foreign wars and conflicts such as the United States of America. This idea is also unacceptable and should not be a paradigm to follow.*

him.”¹⁵ (*Translation: ‘He is a worthless no-good boy that does not mean anybody any good ... you must never want to be like him’*).

Broadening the scope of responsibility beyond the ‘role of the man in the home’, to include taking charge of his SRH needs and being advocates against GBV/IPV remain strong indicators of masculinity that must be promoted and reinforced. Furthermore, playing his part by wearing a condom during sexual intercourse remains his duty, and should be built upon in other areas in order to strengthen the collective alliance with women not simply around SRHR but against gender inequality and oppression across the spectrum. The groups position with respect to supporting a woman’s right to choose when pregnancies result from incest, rape or the health of the mother is at risk—is supported by data¹⁶ but this position is more progressive when placed beside those of so-called “First World Nations” like the United States.¹⁷ The galis, the so-called don—the ‘chappa’ (scammer), the corrupt politician and businessman are characters that should be wholly rejected as the standard-bearers of manhood. The pervasive ring of corruption raging across the country makes it difficult for working-class men and boys to make distinctions since these are the characters, they see influencing trends and meanings of success and conversations. In addition, they are observed parading around in the community, in the media, and in the social spaces. As a consequence of this, the proposed SRH program becomes even more urgent and essential since the character traits that prop-up these figures should be intellectually interrogated and torn down and replaced with new constructs and pillars of Black masculinity.

Of most major concern are the alarming sentiments surrounding the male reproductive system, the prostate gland and the digital rectal examination used to detect prostate cancer. The rejection of male healthcare professionals to conduct such exams are narrowminded, disturbing and problematic. Most of the study cohort have expressed, in no uncertain terms, that they will not compromise this position. Obviously, these positions and attitudes will make men more vulnerable to male-related health problems such as prostate cancer or similar-situated diseases that affect men. These attitudes require a broader study to determined how widespread these sentiments are among the male population of the nation.

¹⁵ Cf. Welsing, Frances (1991). *The Isis Papers: The Keys to the Colors*, Washington, DC, C.W., Publishing.

¹⁶ <http://radiojamaicanewsonline.com/local/most-jamaicans-say-abortion-should-remain-illegal-except-in-certain-cases-poll>
Most Jamaicans say abortion should remain illegal except in certain cases – poll

¹⁷ See *Dobbs v. Jackson Women's Health Organization*, 597 U.S. ____ (2022). The US Supreme Court overturned its fifty-year precedent in *Roe v. Wade*, 410 U.S. 113 (1973), and its subsequent holding in *Planned Parenthood of Southeastern Pa. v. Casey*, 505 U.S. 833 (1992). The court held that a woman’s right to an abortion was not guaranteed by the constitution.

The men are unfamiliar with many of their rights as fathers—even those who say they have children were more unaware than the other non-parents. The students from MGTHS were more knowledgeable than any other group on these matters. Here as elsewhere, men still cannot fathom themselves being victims of sexual crimes especially when the perpetrators are women. They must be taught their rights and the protection the law provides, particularly the boys since they are more vulnerable to these forms of abuses. In fact, several did mention that they would feel very uncomfortable if a woman forces them to penetrate her. It is very difficult for men to see themselves as victims because they are expected to 'like sex' seeing that they are men and because the person is a woman. Stigma is another reason why such crimes against men are underreported and the unequal treatment by the police when men do build-up the courage to report it. The non-punitive response against the 'hypothetical' woman who knowingly commits paternity fraud speaks to just how tired men are—it seems. They just want the lies to stop, which seems like the basis for why they would support such a law. Interestingly enough, they also do not think that if such a law is passed that it would increase domestic violence against women suspected of committing paternity fraud.

b. Recommendations

Rites of Passage Model: Transitioning boys to manhood—a community/school-based approach. The concept centers around a holistic approach to transitioning our youth from boyhood to manhood around issues related to SRHR. Such a model will provide meaningful outcomes to address the needs of boys around their masculinity, SRHR, dysfunctional conduct, gender inequality, the harms and consequences of IPV/GBV, the likes of youth involvement with criminal behavior and other antisocial behaviors perpetrated by youth within this cohort. The **Rites of Passage** model will offer an alternative to destructive behaviors while creating a framework to build and transition boys to men. This model will also provide the participants with positive role models/images, motivational speakers to enhance and empower, raise self-awareness and self-esteem at the same time building personal and coping skills. Famplan should petition for outside support if unable to raise the necessary funds to develop this model in a full program if the other is stalled or rejected.

Commission a Study: To investigate and evaluate the deep attitudinal sentiments and how widespread they are among the male population as it relates, specifically, to the digital rectal examination (DRE), prostate cancer and male doctors.

c. Other Critical Recommendations

- Package of SRH services available to men/cost of services
- Low cost/ high impact social media campaigns to drive demand generation
- Increase service-seeking behavior using information, education, and subsidized services/demand generation activities targeted to population i.e., is there a preference for static clinic vs mobile outreach for men/boys.
- Sensitisation training for female staff in providing services for men/boys from point of entry to service delivery to create a unique client experience and preferred provider referral mechanism by clients to other men/boys
- CSE in and out of school integrated SRHR youth friendly services for boys/adolescents
- Develop strategic small group sessions within the community to be led by trained leaders to support men in the deconstruction of harmful masculinity and the effects of GBV on themselves, their children, and their partners.
- Production and implementation of media campaign using the 'winning narrative approach' to encourage positive messaging surrounding GBV prevention targeting men and boys.

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Most Jamaicans say abortion should remain illegal except in certain cases – poll

MALE TEACHERS @ MARCUS GARVEY HIGH SCHOOL: STAKEHOLDERS

PERCEPTIONS

1. How do the male students define/describe a 'Real man/woman'?
 - *Probe: Qualities that they look for—in a (wo)man*
 - *What/Who are the influences?*

MASCULINITY & GENDER: ROLES & RESPONSIBILITIES

2. Do you think that the male students understand their roles and responsibilities in the home, community and the wider society; and, do you think that they understand the concept of a man's role and responsibility in the home, community, and wider society ... If so, describe it for me, and where does it come from?
3. Do they know the difference between a civic duty and a personal responsibility?
4. What are the barriers that affect boys/men from fulfilling their roles and responsibilities in the home, community and wider society? *Use Roti Diagram/Problem Tree*

THE SOCIAL MAN

5. Speak on the involvement or lack thereof concerning fathers in the lives of their sons? **Use Problem Tree: Absent Father**
 - *Probe the number of male students who do not know or grew up without a father or father figure in the home (Use out of 10 students assessment) ... 'Good/Real father'... How involved—homework, PTA, or that is for the mother; show love—how?*
6. Do you think that assigning chores to boys is a 'good thing', and if so, should it be 'gender specific,' i.e., different for the girl and the boy—boy sweeps the yard while the girl wash the dishes and does the housecleaning?
7. How do you feel about corporal punishment?
8. What role should a teacher play in the discipline of students, or should it be left solely to parents ?
 - *Probe whether he should leave that responsibility solely to the mother or should the two of them decide; what if he is against it, how should it be handled?*
9. Do the boys have access to any form of support services, i.e., counseling—to turn to if he is experiencing an emotional episode?
10. If so, who provides such services?
11. Are the students—in this specific case male students—taught or given a space to grieve ... to express emotions such as crying; or, is the messaging/attitude about being tough and not displaying any emotions ... e.g., 'tuff it out and keep it inside'?
12. Speak on the ratio of students to guidance counselors and how it affects the job.

SEXUAL & REPRODUCTIVE HEALTH

13. What is your opinion on sex education in schools—do you think that it should be mandated in the school curriculum?

14. Does this school teach sex education, as well as other essential subjects like civics that would aid in the development of the students?
15. Should it be taught at all grade levels or to specific grade(s) Why—why not?
16. Are the students able to access contraceptives or are they under age pursuant to the law?
17. Do you think the boys know how to put on a male condom ... If so, where did they get this knowledge from?
18. Can they accurately define a (fe)male contraceptive, and where/how to access it?
19. What do you know about sexually transmitted infections (STIs) ... Are they able to name one?
20. Do you think that smoking and drinking makes them feel like a man?
21. Does it in turn motivate them towards reckless behaviors like having unprotected sex?
22. Do you think most men go to the clinic regularly ... If not, why?
 - *Probe cost, can't get time-off from work, don't have time, not important.*
23. At the clinic, what would you like to see them doing for boys/men?
24. How should the clinic provide this service?
25. How do males access important information on men's (sexual) health?
26. Do you think a counselor should be at the clinic to talk to men/boys about things like sex education, parenting, and other issues pertaining to men?
27. Does it matter if the counselor is a woman?
28. For a physical examination, does it matter if the doctor is a male or female?
29. If you go to the clinic and it's all women there, would you want to use the clinic?
30. What if they are unfriendly towards men ... would that matter or change your mind?
31. Would you be able to talk to a woman health professional about a sensitive problem like erectile dysfunction, lack of sex drive, or an enlarged prostate?
32. Would you prefer if a woman doctor examines you for prostate issues? If yes/no, why?

LAW & POLICY RIGHTS

33. The law says a husband can be charged with raping his wife (Marital/spousal rape) if she does not give consent; therefore, are the boys aware of their rights to be free from sexual assaults from women; and, the definition of rape in Jamaica and how they can protect themselves?
34. Speak to us about your views on the abortion in Jamaica. (Probe exceptions).
35. According to the data—twenty-five percent (25%) of all births in Jamaica are “jackets; therefore, should the boys learn about how to protect themselves—even at their age—from this and express an opinion about whether to support a law that would criminalize a woman who knowingly commits paternity fraud ... If so, why—why not?
36. Do you think that boys should be privy to adult issues like *child visitation rights, child support and rights of fathers*?

RECOMMENDATIONS

Beth Jacobs Clinic submitted for the St. Ann area in the “2022 Business Plan” a program designed for men and boys and tailored to serve their SRHR interests and needs:

- ◆ *Would you recommend such a program for men and boys in St. Ann?*
- ◆ *Walk us through some of your ideas on what such a program should look like*
- ◆ *How can we use social media (TikTok, Instagram, FB etc) to promote messaging for such a program*

THEMATIC OUTLINE: FOCUS GROUP DISCUSSION (FGD) WITH MALES 16-45

INTRODUCTION

Greetings Bredrins' ...

"My name is Marlon Moore and with me is (assistant's name). We are here on behalf of Jamaica Family Planning Association (otherwise called JFPA or the Association). Are you familiar with the organization? They provide health-related services to the community and have a clinic on King Street here in St. Ann's Bay called the Beth Jacobs Clinic. JFPA and the municipal corporation/local government intends to create a program for men and adolescent boys in the 16-45 age category around sexual and reproductive health and rights (SHRH). Some of you may know what that means while others might not. Do not worry about that because when you hear the questions, you will understand exactly what it means, okay.

So, this reasoning is really about men lived experiences: *'What it means to—you—to be a man.'* I want you to think about that. We want to hear about your opinions and experiences on issues like family, community, relationships, sex, violence, STIs, health—how often you visit the doctor and the reasons for doing so and what are some of the things that you would like to see when you access/go to the Beth Jacobs Clinic. We will also talk about how you see your role and responsibilities in your home, community and the society at-large and your rights as a father and citizen. Do you understand what I am saying?

Before we begin, we have a few—as they say, *'housekeeping matters'* that must be addressed. It is important that we set some basic ground rules so that our talk can go smoothly. But let me say this before I get into that— everything that we discuss with you is strictly confidential and will not be shared with anyone except for a limited few—those who are tied to the research and pending program. And as the saying goes, *"what is said here, stays here!"* Confidentiality is one of the Association's main principle and mine as well. Bredrins', please do not respond with what you *think* we want to hear because that will not help us with designing a proper program for you. We want you to tell us honestly what you think based on what you feel, know and experience. We only ask that you are respectful with how you present your ideas—I am not talking about speaking proper English but using proper terms, for example, saying 'vagina' instead of '*ussy.' Understand, wi good!

The ground rules are very simple and necessary and if stick to them, we will have a very productive conversation. The first thing is respect—if *you want it you must give it*. So, we ask that no one talks over the man talking, or because you disagree with him you rant about he's talking nonsense. We can disagree and debate without disrespecting each other. In our reasoning, there are no wrong answers—remember that it is your ideas, experiences and opinions that is critical to the research and that is what we want. My assistant will be taking notes. We have to do that because we have to write a report so we have to capture what you say, and it will also prove that we were here. Those cartridge paper will be used in the session, and we will be asking you to participate by helping us draw something—hope that is okay with you? Also, we want to record the session, it serves as a back-up with the notes and makes it much easier to write the report. Hope that everyone is comfortable with the recording ... If not, then we won't record."¹⁸

¹⁸ *The facilitators will speak in patois so as to connect with the target audience. This is the introduction in patois.*

"My name is Marlon Moore and wid mi is (assistant's name). Wi a do a likkle work wid di Jamaica Family Planning Association (otherwise called JFPA or the Association). Unu' know 'bout dem? Dem run a clinic inna St. Ann's Bay. Soh di people weh run di clinic and other leaders in St. Ann want to create a program fi man 'n man between the ages of 16-45 around dem sexual reproductive health and rights. Some a unu' may know what dat mean while di rest a unu might not. But when unu hear di question dem unu ago know weh mi a talk 'bout, a 'right.

Soh, di reasoning is really 'bout men experiences—'What it means to—you—to be a man.' Mi waan yuh fi tink 'bout dat. Wi waan fi hear 'bout your opinions and experiences on 'tings like, family, community, relationships, sex, violence, STIs, health—how often you visit the doctor and the reasons. Your role and responsibilities and what are your rights as a father and citizen. Di man dem get weh mi a deal wid?

Before wi begin, wi have a few, weh dem call 'housekeeping matters' dat wi have fi deal wid. Wi have to have some ground rules. But first mek mi say dis—everything weh wi talk 'bout is strictly confidential and will not be shared with anyone outside of a few

PERCEPTIONS

Let us talk about perceptions—which is really your ideas and opinions—about men and women.

1. What is a 'Real man/woman?
2. What are the qualities that you thrive for as a man?
3. What are the qualities you desire in a woman?

MASCULINITY & GENDER: ROLES & RESPONSIBILITIES

4. What do you think are a man's duties in the home?
 - Probe issues of interpersonal relationships with spouse/partner and children, i.e., communication (style); man as provider/protector and woman as "stay-at-home parent" —the "expected" gender norms. Who should do the cooking/housework or share responsibilities—man help but don't wash clothes or clean bathroom?
5. What do you think are a man's role and responsibilities in the community?
 - Probe whether he should be a role model to the community (not a don); should he get involved with making sure young children under the legal age is off the street during school time; should he try to resolve conflict among neighbors, or just go to work and mind his business?
6. What are the duties of a man as a citizen of Jamaica?
 - Probe whether they know the difference between a civic duty and a civic responsibility; how do they feel about crime and violence, the police, reporting crime to the police etc and voting and paying taxes
7. What are the barriers, if any, that affect men from fulfilling their roles and responsibilities in all three settings?
 - Probe if necessary areas of employment/un(der) employment; socio-economic condition; lack of opportunities, skills and education, crime and violence, criminal history, the community where he resides—"wrong address" etc al)

THE SOCIAL MAN

Let us reason about issues like "relationships, fatherhood and family planning."

8. Should the man always be the head of the household even if he is unable to provide for the family?
9. If it is the woman who is the breadwinner, should she be the household head, or should it really matter?
10. Should a man deal with a woman who cannot have children?
11. If a man can't have children—is he a real man?

people like di one dem weh want fi put together dis program. And as wi seh, "weh we talk 'bout here—stays here!" Confidentiality is the most important principle dat we have. Yuh name or any other personal info is not really important now—is your opinion dat we want fi get. Bredrins, wi nuh want nuh man tell wi weh dem tink seh wi want fi hear. Wi a respectfully ask dat di man dem be truthful and clean-up nutten but just be respectful, seen. Di Bredrin weh a help mi out, yuh a goh si him a write—him have fi a tek notes because wi have fi write a report fi explain weh happen and prove seh wi did deh yah. Wi ago use dem pretty paper yah (cartridge paper) fi draw and ask yuh fi help wi draw too. Also, wi waan record di session 'cause dat a goh mek it easier fi write di report. Any man feel a way if wi record? Di ground rules dem simple Bredrins, and it necessary fi di reasoning run wid order and everybody get a chance fi gi dem opinion. Respect we a deal wid and dat mean seh nuh man fi a talk over di next man, or because him disagree wid a man him start seh dat a 'foolish yuh a talk 'bout!' Wi can disagree and debate widout disrespect, seen. Next, there are no wrong answers here—'membra seh is your ideas, experiences and opinions wi want. And as wi seh before, weh wi talk 'bout yah soh—stay yah soh."

12. Who decides in the relationship whether to have children—or not to have any, and how many to have?
13. How should these issues be decided?
 - Probe how they should communicate, should it be one person's decision or "it just happen?"
14. Describe what it means to be a good father?
15. What kind of father do you desire to be?
 - Probe parenting styles—is the father who gives materially or the one who is "present " the 'real' father, or does both play an equal part?
16. How does a father 'be there' for his child?
17. How involved should the father be with his children in terms of school—viz., homework, PTA, or is that the responsibility of the mother?
18. What are some of the ways that he shows love?
 - Probe hugs, kisses etc ... how often should he be interacting with his child(ren)—does this depends on the sex of the child?
19. Should children have chores and if so, should it be 'gender specific,' i.e., different for the girl and the boy—boy sweeps the yard while the girl wash the dishes and does the housecleaning?
20. What role should a father play in the disciplining of his child(ren)?
 - Probe whether he should leave that responsibility solely to the mother or should the two of them decide?
21. What if one of them is against a particular method like corporal punishment, how should this issue be handled?
22. If a man is hurting (woman leaves him for another man) should he talk to someone, cry and show his emotions, or 'tuff it out and keep it inside'?
 - Probe why?
23. Do you know how to access any support services for men; like counselling etc?
24. Is the belief in God a necessary component to being a man ... what about attending church?

THE SEXUAL MAN

Let's continue the vibes and talk about the sexual man ... "galis sub-culture, STIs, rape, domestic violence, abortion etc

25. Should a man support all the sexual needs and desires of his girlfriend, even if he is uncomfortable about it?
26. Should a woman refuse sex with her partner?
27. Should a man have multiple sexual partners, or should he be obligated only to one woman?
 - Probe why>>> "she just have to accept it—is a man ting ... 'man a galis' ... man nature stronger 'dan ooman ... get more ratings?"
28. Who in the relationship decides contraceptive use—or not; how should the decision be reached?
29. Do you think a condom protects against catching a STI or it is only for protecting a woman from getting pregnant?
 - Probe condom use and contraceptives
30. Regarding contraceptives—can anyone define a male contraceptive and/or the name of one used by females ... And where to get it?
31. Do you know how to properly open and put on a condom?
32. Where did you learn how to do it?
33. How should a man deal with infidelity ("bun")?
34. Is it okay for a man to beat his woman?

35. What about a woman beating her man?
36. Do smoking and drinking makes you feel like a man?
37. Does it make you feel like you want to have sex?
38. Should schools teach sex education?

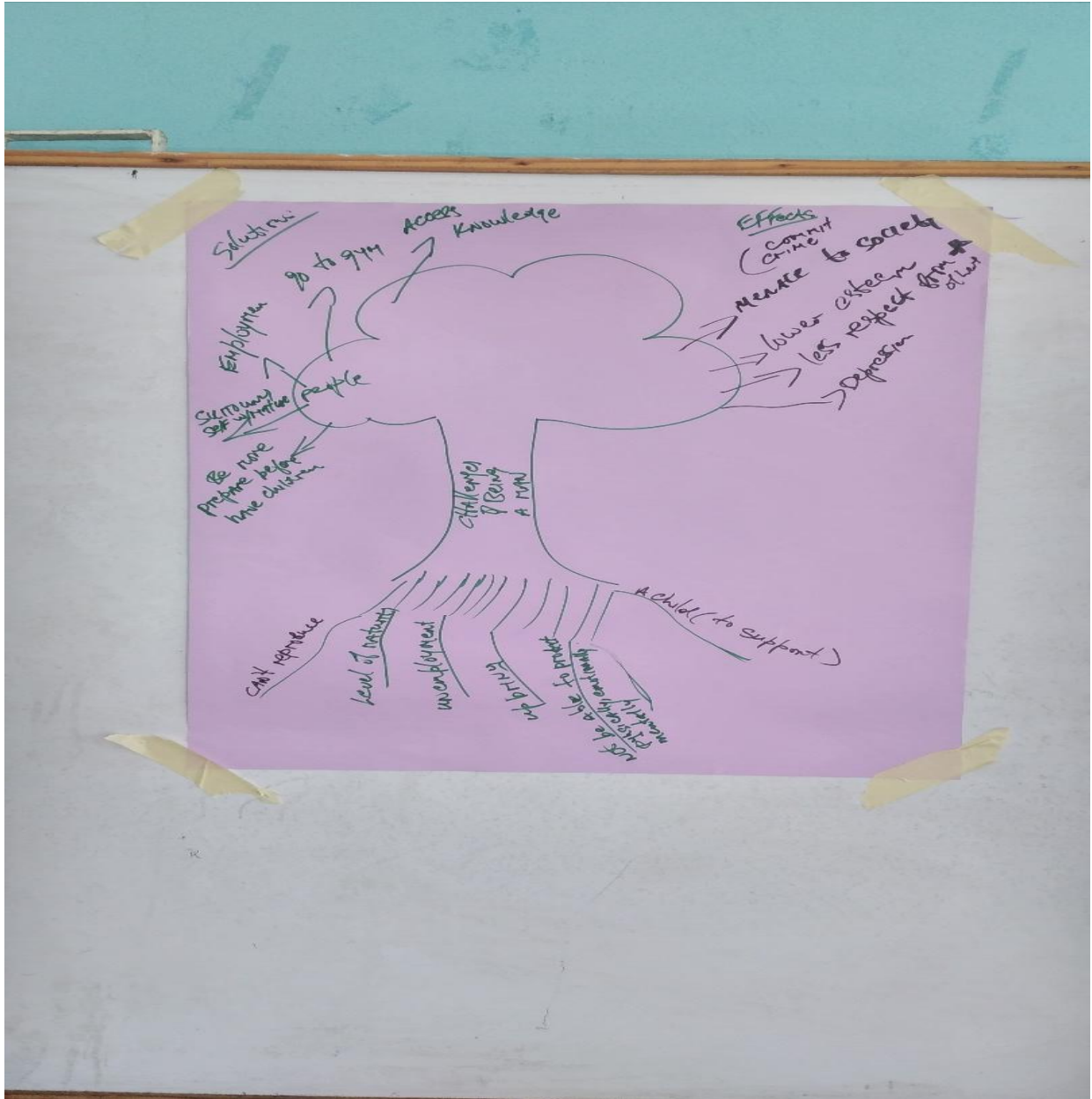
REPRODUCTIVE HEALTH

39. When do you go to the doctor?
40. Do you go often, or only when you feel pain?
41. Do you think it is important to get a regular check-up at the clinic—even if you are not feeling any pain? Why?
42. Do you think most men go to the clinic regularly ... If not, why?
 - Probe cost, can't get time-off from work, don't have time, not important
43. At the clinic, what would you like to see them doing for men?
44. How should the clinic provide this service?
45. Do you think a counselor should be at the clinic to talk to you about things like sex education, parenting, and other male issues?
46. Does it matter if the counselor is a woman?
47. Do you try to find out an important information on men's (sexual) health ... What do you use to find that out?
48. If you need to get examined, does it matter if the doctor is a male or female?
49. Does it matter with the type of examination you are doing?
50. If you go to the clinic and it's all women there, would you still able to access the services you want or are they usually unfriendly towards men?
51. Would you able to speak to talk them about a sensitive problem like erectile dysfunction (unable to get an erection: dead 'hood) or you don't have a sex drive (lack of libido) or an enlarged prostate?
52. Would you prefer talking to a man about such sensitive topics? Why/not?
53. Would you prefer if a woman doctor examines you for prostate issues? If yes/no, why?
54. What do you know about sexually transmitted infections (STIs) ... Can you name one?

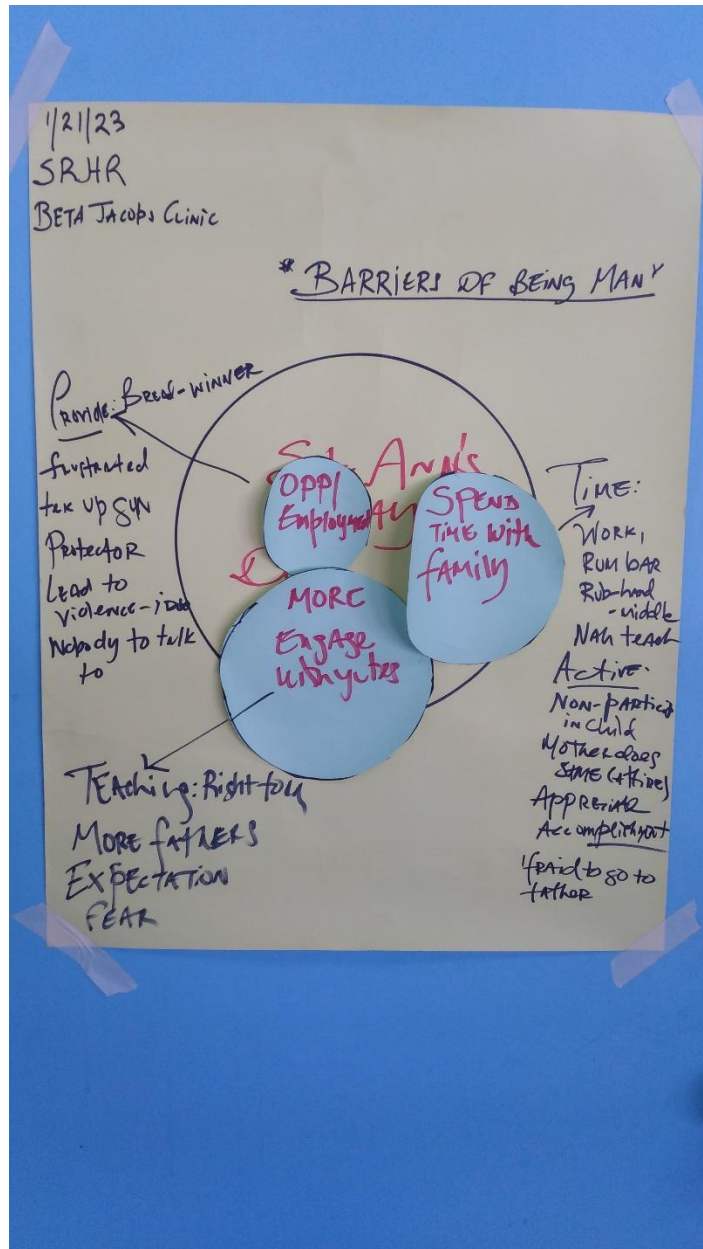
LAW & POLICY RIGHTS

55. The law says a husband can be charged with raping his wife (Marital/spousal rape) because she didn't give consent; therefore,
 - Can a woman rape a man/boy—as in a minor?
 - By the way can anybody tell me the definition of rape in Jamaica?
56. Do you think abortion should be legalized in Jamaica?
 - If no, probe whether they would change their opinions if the pregnancy was due to rape, incest or threat to the mother's life, that means she could die if she carry it to full term?
57. What are the ways a man can protect himself against paternity fraud, viz., "jacket?"
58. Should the government enact a law to criminalize a woman who commits this act ... If so, why?
59. Do men have child visitation rights, and can he carry his child's mother to court if she denies him seeing his child?
60. What about paying child support ... Is a father legally obligated to make those payments if the court orders him

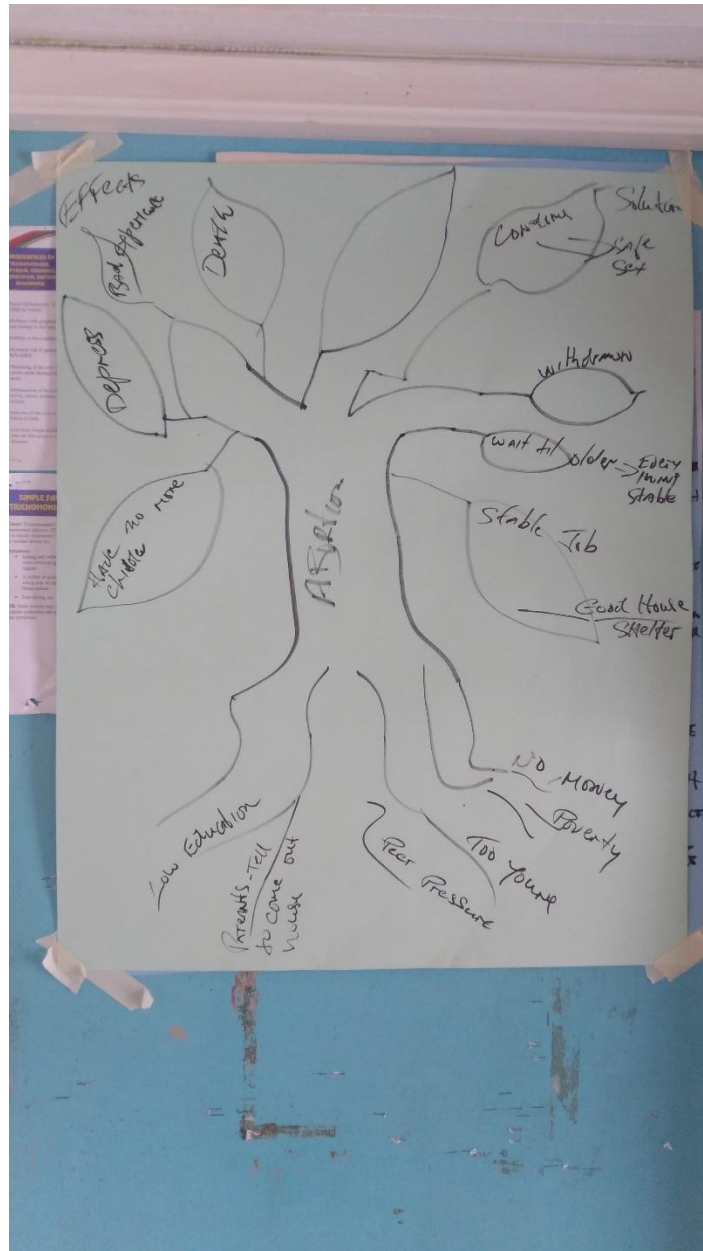
SRHR Research Assessment Male 16-45 FGD1 12.10.22. PLA: Problem Tree 'Barriers to Manhood'



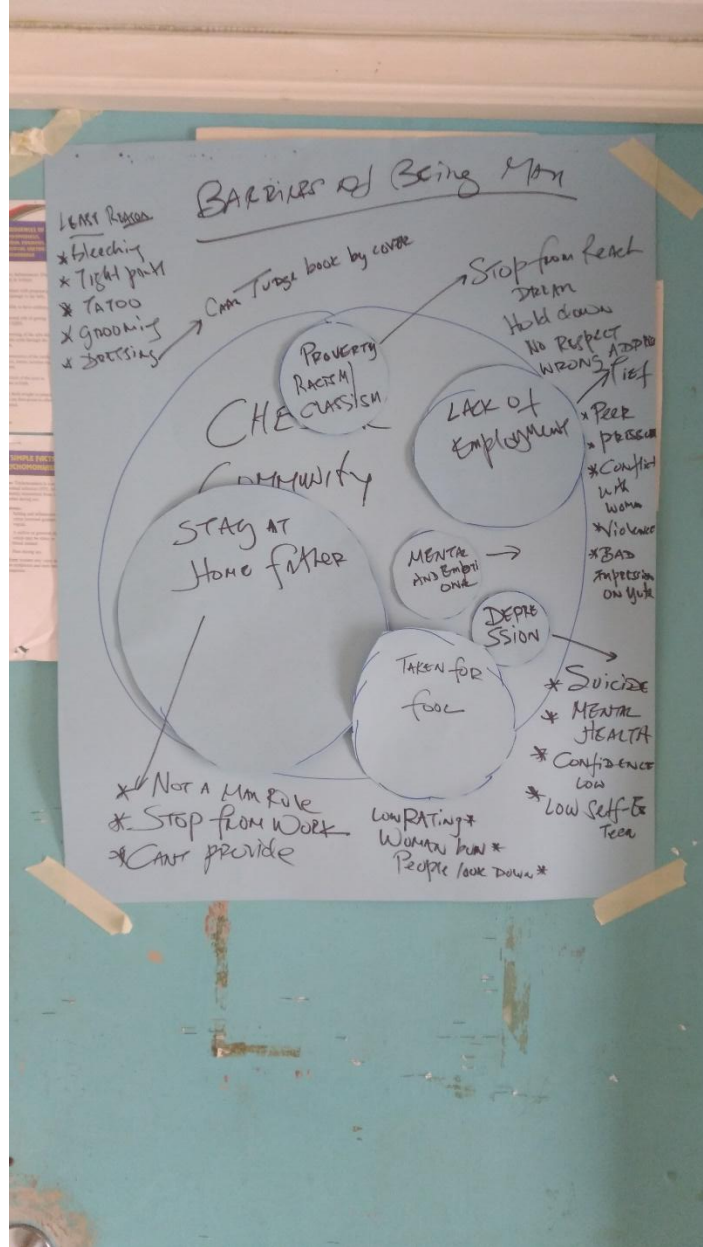
SRHR Research Assessment Male 16-45 FGD3 2.2.23 PLA: Roti Diagram 'Barriers to Being Man'



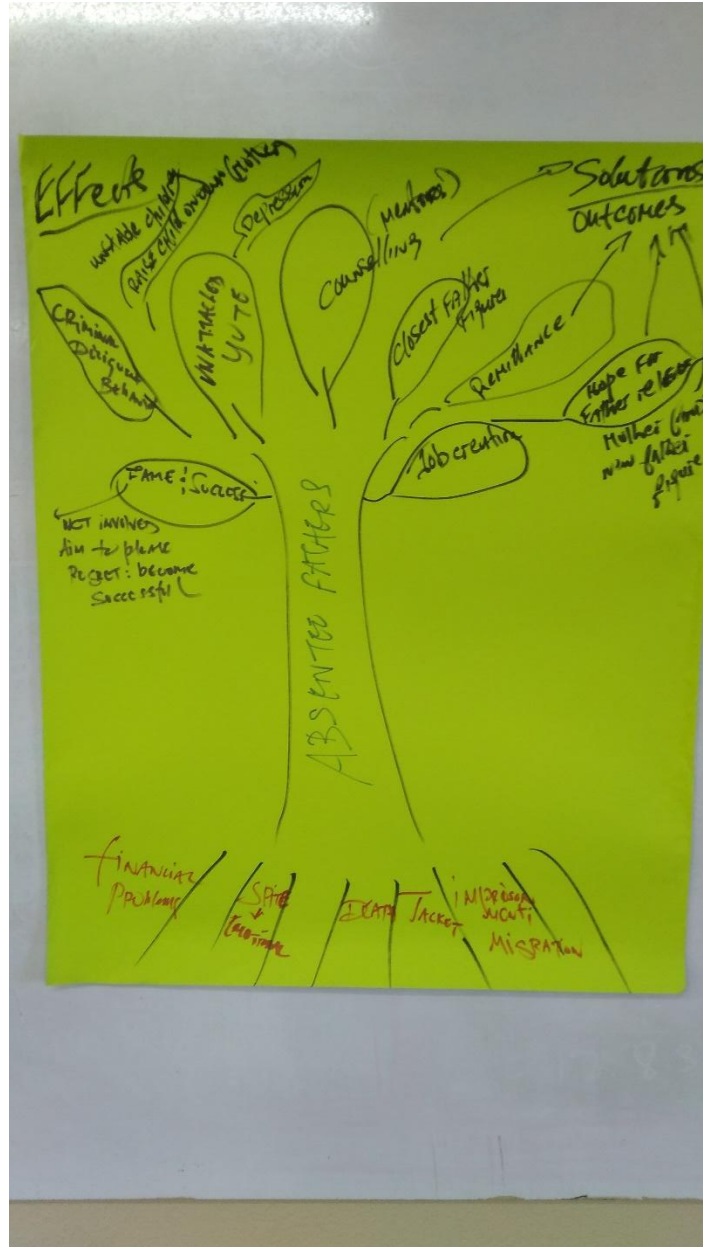
SRHR Research Assessment Male 16-45 FGD4 2.3.23 PLA: Roti Diagram 'Abortion'



SRHR Research Assessment Male 16-45 FGD4 2.3.23 PLA: Roti Diagram 'Barriers of Being Man'



SRHR Research Assessment Male 16-45 FGD5 2.9.23 PLA: Problem Tree 'Absentee Fathers'



SRHR Research Assessment Male 16-45 FGD5 2.9.23 PLA: Roti Diagram 'Challenges of Being Man'

