



Understanding Young Men and Masculinities in the Balkans:

Implications for Health, Development and Peace



This publication is supported by the Austrian Development Agency, Norwegian Ministry of Foreign Affairs, Embassy of Switzerland in Bosnia and Herzegovina and OAK Foundation. The content and findings of this publication do not necessarily reflect the views of the Austrian, Norwegian, Swiss Governments and OAK Foundation.

UNDERSTANDING YOUNG MEN AND MASCULINITIES IN THE BALKANS:

Implications for Health, Development and Peace

Authors:

*Gary Barker and
Piotr Pawlak*

September, 2014



Table of contents

	•	Executive Summary	05
	•	Acknowledgements	09
	•	Terms and Acronyms	10
	•	Introduction	13
1	•	CHAPTER 1: Young Men, Gender Equality and the notion of “Balkan” Masculinity	15
2	•	CHAPTER 2: Employment and Unemployment and Young Men in a Changing Reality of the Region	21
3	•	CHAPTER 3: Young Men and Mental Health, Suicide and Substance Use	27
4	•	CHAPTER 4: Young Men and Sexual and Reproductive Health	35
5	•	CHAPTER 5: Young Men and HIV/AIDS, STIs and VCT	45
6	•	CHAPTER 6: Young Men and Violence	51
	•	Conclusions and Final Recommendations	59
	•	Bibliography	67

Executive summary

About the Young Men Initiative: From 2007 to present, the Western Balkan Gender-Based Violence Prevention program – *Young Men Initiative (YMI)* – has been working to build more gender equitable attitudes and behaviors amongst young men and decrease both violence by young men (against young women) and peer violence (violence by young men against other young men) in Bosnia and Herzegovina, Croatia, and Serbia. In addition from 2010 YMI expanded into Kosovo and from 2013 into Albania. Led by CARE Balkans, with technical support from Promundo and the International Center for Research on Women (ICRW) and financial support from the Norwegian Ministry of Foreign Affairs, this program confronted social norms around masculinity and violence through school-based educational workshops and social marketing campaigns targeted towards young men, aged 15-19. The purpose of this literature review and analysis is to provide further insights into the health and livelihood challenges faced by young men in the Southeastern European region.

Young men, Gender Equality and the Notion of “Balkan” Masculinity: Men have significantly lower average life expectancy than women in Southeastern Europe and lower than nearly all of Western Europe. Young men (and women) often lack reliable and systematic access to health information and research in the region shows that they turn to friends and the media for information on health-related issues. The high mortality rates for men, high rates of alcohol and substance abuse and limited knowledge of sexual and reproductive health amongst men in region has compounded young men’s health needs, with implications for young women as well. Numerous studies, including data from IMAGES, find significant adherence to rigid, violent and homophobic norms, often overlapping with ethno-centric attitudes, among young men in the region – interacting at the same time with gender-equitable norms. IMAGES data from Croatia and Bosnia suggest on the one hand that such attitudes are prevalent, while also finding that younger men and men with higher levels of educational attainment show more equitable, non-violent views. At the same time, men in the region participate to a higher extent in various aspects of caregiving – while often simultaneously holding rigid views about norms. These findings, plus other literature, suggest a region in transition, and with tremendous ongoing effects of the conflict and political tensions.

Employment and Unemployment, and Young Men in a Changing Reality of the Region: A common challenge faced by young men in the region is the high youth unemployment rate. In Bosnia and Herzegovina the unemployment rate for people ages 16 to 30 is 58.5 percent (Youth Partnership, 2010), and in Macedonia it

06 is 56.4 percent among 15-24 year olds. According to data from the Macedonian State Statistical Office, 56.4 percent of youth aged 15-24 were unemployed in the first quarter of 2011 (SSO, 2009). International Labor Organization (ILO) meeting in December 2007 estimated youth unemployment in Montenegro at 58 percent, and the situation has undoubtedly worsened since the financial crisis of 2008-2009, and in Kosovo, with overall unemployment levels of more than 50 percent, it is estimated that up to 75 percent of young people are out of work. The youth unemployment rate in the region is nearly four times higher than the European average). Unable to live up expectations of being breadwinners, young and adult men in the region often feel ashamed, stressed, depressed and some engage in delinquency or other antisocial behaviors as a result. The IMAGES survey in Croatia and Bosnia and Herzegovina showed that unemployed or underemployed men are reluctant and ashamed to confront their families and have higher levels of depression, alcohol use and use of violence against female partners (IMAGES, 2010).

Young Men, Mental Health, Suicide and Substance Use: The high poverty rates, youth unemployment and significant brain drain throughout the region pose growing risks for young men's health and well-being and have direct implications for mental health and substance use. In Croatia, 33 percent of surveyed men reported feeling depressed in the last month from when they were surveyed, and 5 percent of men reported having suicidal thoughts, and only 63 percent of them reported seeking help when they felt sad, disappointed or frustrated (Barker et al., 2011, IMAGES, 2010). Data from Croatia show also that 7 percent of men who agreed with the statement "*I frequently feel stressed or depressed about not having enough income*" reported having suicidal thoughts sometimes or often in the last month (Barker et al., 2011). In Bosnia and Herzegovina, when asked about the scope of their depressiveness and suicidal thoughts, 26 percent sometimes or usually feels depressed, and around 7.3 percent of them have had suicidal ideas (Dusanic, 2012). Substance abuse is also prevalent in the region. Data from IMAGES survey in Croatia shows that young men are more likely to abuse alcohol than older men (Barker et al., 2011). Moreover, rigid social and cultural norms as well as concepts of masculinity inhibit young men in the region from actively seeking out support and information on mental health services.

Young Men, and Sexual and Reproductive Health: The age of first sexual intercourse in the region tends to be younger for boys than for girls, and is decreasing in most countries. Young men are more likely to report having multiple sexual partners while young women are more likely to report having sexual intercourse in the context of a relationship. Low use of condoms and other contraceptives remains a problem in the region, and barriers, particularly for young men, include the availability and cost of contraceptives, limited information on correct contraceptive use and discomfort. There are gaps in introducing sex education to classrooms throughout the region. Based on the decision of the Constitutional Court, the Ministry of Education, Science and Youth of Sarajevo Canton has made changes to the Law on Primary Education, which has created the basic conditions for the introduction of another alternative subject in primary schools in the Sarajevo Canton.

The new subject called "Healthy Life Styles" is optional and it is for all interested students from 5th to 9th grade in all primary schools in Sarajevo Canton. This is the first subject of this kind in whole Bosnia and Herzegovina and in the region.

While some states in the Balkans have been steadily improving, there still remain serious gaps in policy, programming and messaging. In Macedonia, there is no sex education in the school curriculum, and approximately half of high-school students lacked basic information about the available forms and use of contraceptives (WHO, 2010).

Young Men and HIV/AIDS and Sexually Transmitted Infections and VCT: Challenges in addressing HIV/AIDS in the region include a limited awareness about HIV, high unemployment rates (and risk-taking and fatalism that ensues), a lack of reliable data on populations vulnerable to HIV, poor mechanisms for monitoring, discrimination towards vulnerable and hi-risk populations and a lack of national HIV/AIDS strategies (Ministry of Health of the Republic of Serbia, 2005). The number of newly affected persons living with AIDS is increasing, yet the rate of newly infected people is decreasing in the region. In Serbia the rates of HIV infection are highest among IDUs - because the country's geographical location places it on a well-known drug and human-trafficking route, it helps to explain the high rate of IDUs and the dangers that this poses to young people (The Global Fund, 2007) - resulting in a need for greater attention and strategies for working with these populations. STIs are also increasing in the region. In addition, HIV testing in the region is limited. A survey of 2150 high school students in Bosnia and Herzegovina, the former Republic of Macedonia, Serbia and Montenegro found that among sexually active youth 6 percent had been tested for HIV. In comparison, a British nationwide survey found low uptake of VCT among youth (16-24 year-olds) with only, 6.8% of men and 5.4% of women reported voluntary HIV testing within the past 5 years (Garigle et al., 2005).

Young Men and Violence: Whether in the home, in schools, or in their communities, as well as a lingering effect of the conflicts from 1992-1995, violence is highly present in the lives of young men in the region. A qualitative study carried out as part of YMI with young men in Bosnia and Herzegovina, Croatia, Serbia and Montenegro found that violence amongst peers was the most common form of violence and took place most frequently in schools, on the streets or in public places. Research in Croatia shows 36% of male respondents (ages 18-59) reported having participated in robbery, 18% in fights involving weapons, 18% have been arrested, and 11% own a firearm. Similarly in Bosnia and Herzegovina, IMAGES data found that 21% of men interviewed had ever participated in robbery, 19% in fights involving weapons, and 18% say they own a firearm. In Macedonia young boys between ages 15-19 are most likely to die in the hospital due to intentionally caused injury by another individual (WHO, 2010). Throughout the region, young men report exposure to family violence, violence in media, job and economic stress, substance abuse, and notion of masculinity as major factors associated with their use of violence. Moreover, in Bosnia and Herzegovina 24% of men in the IMAGES study were involved as combatants in the conflict, and 49% had to leave or move from their home of origin due to the conflict. These numbers give an indication of the impact of the conflict – on men and women – and the lingering effects of the conflict. Data from IMAGES in Bosnia and Herzegovina found that 39.7% of men respondents feel most comfortable only with members of the same ethnic group, suggesting attitudes of ethno-centrism or prejudice towards those of other ethnicities. Nearly half of men surveyed claim they would not marry a person of ethnicity different from theirs.

RECOMMENDATIONS:

This review suggests the need for the following:

- Carry out rigorous research on alcohol and substance abuse, contraceptive use, STI/HIV testing, and how gender norms, notions of manhood and masculinity, and power structures leave specific groups of young men vulnerable to violence, substance abuse and HIV/AIDS.
- Disseminate research results, as well as results of evidence-based gender transformative approaches, and to scale up and promote programs that have shown to be effective within the public sector.
- Develop and foster policies and programs that specifically address sexual and reproductive health needs of young people, and engage women and men, girls and boys equally.
- Develop public media and education campaigns addressing the issues of homophobia, violence and bullying in schools.
- Institute mandatory sexual education classes in all years of upper-primary and secondary school.
- Civil society and organizations and government-based agencies working with young men should consider sport-based programming as a means of engaging men and boys and educating them on gender equality, healthy practices and violence prevention.
- Promote partnerships between national programs and strategies and civil society groups including a dialogue with private sector, religious leaders and sports clubs on engaging young men and coordinating programming. Those working with young men in the region should continue taking young people's voice and needs into consideration when drafting policies or strategies.

Acknowledgements

ACKNOWLEDGEMENTS

Piotr Pawlak and Gary Barker of Promundo-US wrote this paper, and Lauren Greubel provided extensive research assistance.

The authors of this report wish to thank all those who helped to facilitate this review. We gratefully acknowledge the youth service agencies that participated in the consultations, provided critical input to the review and data collection and contributed to the preliminary recommendations.

We would also wish to thank the following individuals for their critical feedback in the review process. Specifically we are grateful to Natko Geres, from Status M (Croatia); Marina Ugrinic and Vojislav Arsic from Center E8 (Serbia); Srdjan Dusanic and Ilija Trninic from Perpetuum Mobile (Bosnia and Herzegovina) and Fedja Mehmedovic from Association XY (Bosnia and Herzegovina); Adnan Cviko (Serbia); Emila Spasojevic and Milica Pavicevic from the Office of the Commissioner for Equality Protection (Serbia), Besnik Leka from CARE Kosovo (Kosovo), and Dr. Snezana Tomic from Counseling Center for Youth (Serbia). We would also like to acknowledge CARE International Balkans for their commitment and support on this project, especially John Crownover, Marina Starcevic and Sasa Petkovic.

Finally, this review would not have been possible without the young men and young women who were part of this and many other research efforts. We sincerely thank you for your honesty and openness in sharing your experiences.

© 2012 Instituto Promundo and CARE International Balkans

Instituto Promundo U.S. Office

3167 Connecticut Ave NW
Washington, DC 20036, USA
www.promundo.org.br/en
Phone: +1 (202) 588-0062
Fax: +1 (202) 588 0061

CARE International Balkans

Hasana Kaimije 11
71000 Sarajevo
Bosnia and Herzegovina
Phone: +387(0)33536 790

Suggested citation: Promundo and CARE (2012). Understanding Young Men and Masculinities in the Balkans: Implications for Health, Development and Peace. Washington, DC and Banja Luka, BiH.

Terms and Acronyms

GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
ICRW	International Center for Research on Women
IDUs	Intravenous Drug Users
IMAGES	The International Men and Gender Equality Survey
IPV	Intimate Partner Violence
MSM	Men Who Have Sex With Men
SRH	Sexual and Reproductive Health
YMI	Young Men Initiative
VAW	Violence Against Women
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

CARE INTERNATIONAL

CARE is a relief and development non-governmental organization that worked in 87 countries, supporting 927 poverty-fighting projects to reach more than 97 million people in 2010. CARE's vision is to seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. The mission of the organization is to serve individuals and families in the poorest communities in the world. CARE promotes innovative solutions and advocates for global responsibility, and promotes lasting change by: strengthening capacity for self-help; providing economic opportunity, delivering relief in emergencies, influencing policy decisions at all levels, addressing discrimination in all its form.

CARE International has existed in the Balkans since 1994 with the mission to contribute to post-war recovery and the socio-economic development of Bosnia & Herzegovina, Croatia, Serbia, Montenegro and Kosovo. Today, CARE is helping vulnerable and marginalized communities in the Balkans through socio-economic development initiatives and engaging in interventions directed at conflict prevention and peace-building, sustainable livelihoods, gender equality and the prevention of gender-based violence.

PROMUNDO

Promundo is a non-for-profit, non-governmental organization (NGO) that aims to promote gender equity and to end violence against women, children and youth. Promundo consists of two affiliated organizations, one registered in Brazil and one based in Washington, DC. The Brazil-based organization was founded in 1997 and has legal status of Civil Society Organization for Public Interest. The US-based organization (Promundo-US) was founded in 2007; it leads international advocacy activities and provides technical support to Promundo's work outside of Brazil. Promundo's work is founded upon the premise that the ways women and men are socialized to assume rigid attitudes and behaviors are key factors that influence sexual and gender based violence (SGBV), non-violent behaviors, and the wellbeing of all persons. Promundo works locally, nationally, and internationally to: (1) Conduct applied research and violence prevention; (2) Develop, implement and evaluate approaches that promote positive changes in gender norms, behaviors and structures among individuals, families and communities, and; (3) Advocate for the integration of gender equity perspectives in public policies.

Since 2000 Promundo has become a global leader in the development, implementation and evaluation of evidence-based group education training materials and community-based approaches to promote gender equality and to prevent violence—first focusing on young and adult men (Program H)¹ and subsequently, designing complementary training materials for work with young women (Program M).²

1 · H for *hombres* and *homens*, the words for men in Spanish and Portuguese.

2 · M for *mujeres* and *mulheres*, the words for women in Spanish and Portuguese.

Introduction

From 2007 to present, the Western Balkan Gender-Based Violence Prevention program – Young Men Initiative (YMI) – has been working to build more gender equitable attitudes and behaviors amongst young men³ and decrease both violence by young men against young women) and peer violence (violence by young men against other young men) in Bosnia and Herzegovina, Croatia, and Serbia. In addition from 2010 YMI expanded into Kosovo and from 2013 into Albania. Led by CARE Balkans, with technical support from Promundo and the International Center for Research on Women (ICRW) and financial support from the Norwegian government, this program confronted social norms around masculinity and violence through school-based educational workshops and social marketing campaigns targeted towards young men aged 14-19.

This paper provides an overview on the realities of young men between the ages of 15-25 in the Southeastern European region⁴ with a particular focus on young men from Bosnia and Herzegovina, Croatia, and Serbia. It will also present data, and in a few cases an initial scan of some successful program and policy examples, from the region in the areas of young men's overall development, gender equality, sexual and reproductive health, substance abuse and mental health, and experiences of violence. The primary data in this report is from Bosnia and Herzegovina, Croatia and Serbia. Additional data from other countries in the region including Albania, Bulgaria, Kosovo, Macedonia, Montenegro, Romania and Slovenia are also provided, where appropriate.

3 · Young Men are defined as individuals in their late teens and early 20s. The World Health Organization uses the term to refer broadly to youth within the ages of 15 and 24. Adolescent Boys are defined broadly as youth ages 10 to 18. Although this paper focuses on young men age 15-25, both definitions are used to provide a full picture of youth in the Balkans where relevant. Source available at:

http://www.searo.who.int/linkfiles/news_and_events_2006_epiupdate_en.pdf;

<http://www.apa.org/pi/families/resources/develop.pdf>

4 · The region “Southeastern Europe” includes the Balkan states. The United Nations Group of Experts on Geographical Names (UNGEGN) has created the East Central and South-East Europe Division (ECSEED) which represents a total of 16 countries

(<http://balkanologie.revues.org/index745.html>; <http://ungegn.dgu.hr/>)

The paper focuses on the literature published between 2000 and 2011, and provides results from e-mail and phone conversations as well as in-person consultations with key informants, stakeholders and experts from the region on issues pertaining to young men⁵. This paper also provides program, research and policy recommendations for experts, local government agencies, NGOs/INGOs and activists in the region. When appropriate, this paper draws on data from the International Men and Gender Equality Survey⁶ (IMAGES), one of the largest and most comprehensive studies to date on men's attitudes and behaviors related to gender equality. The survey was carried out in Croatia and Bosnia and provides insights on how gender norms affect men's behaviors, and the implications for the lives of women and men.

5 · Please see Annex I for list of contacts interviewed.

6 · The International Men and Gender Equality Survey (IMAGES) is a comprehensive household questionnaire on men's attitudes and practices – along with women's opinions and reports of men's practices – on a wide variety of topics related to gender equality. From 2009 to 2010, household surveys were administered to more than 8,000 men and 3,500 women ages 18-59 in Brazil, Chile, Croatia, India, Mexico and Rwanda. Topics in the questionnaire included: gender-based violence; health and health-related practices; household division of labor; men's participation in care giving and as fathers; men's and women's attitudes about gender and gender-related policies; transactional sex; men's reports of criminal behavior; and quality of life.

Chapter 1:

Young Men, Gender Equality and the notion of “Balkan” Masculinity

This chapter examines the realities of young men in terms of their social identity, traditional cultural norms prevalent in the region and on-going transformation of the definition of what it means to be a “*Balkan boy*”. Masculinities in the Balkans have been shaped by years of war and a difficult post-conflict socio-economic environment. Some have argued that men returning from war in the mid-1990s face a “masculinity crisis” as they were unable to provide financially and care for their families as they had been able to before the war and under the socialist system before the breakup of Yugoslavia (Eckman et al., 2007). Many were unemployed and relied on their partners who had entered the work force during the war to provide for them and the families (Eckman et al, 2007). Furthermore, numerous researchers have asserted that as the stability of the former Yugoslavia ended, the creation of nationalistic identities, including a return to traditional and patriarchal norms, was prevalent (V. Krasniqi, 2007 in Gusia and Luci, 2011). These norms included an increased belief in views of men as protectors and defenders of their now-reduced homelands.

Traditionally, gender norms in Serbian communities and elsewhere in the Balkans, particularly in rural areas, have been based on economic roles where power is concentrated in the oldest man in the family (Rajkovic, 2002). Families and inheritance are defined by the man’s family line and male children are seen as the “*successors*” of the family. Within the family, daughters tend to have lower status than their brothers and are seen belonging to “*someone else’s house*” (as there is the expectation that they will marry and leave their birth family). Young men are expected to be brave, strong, aggressive, rational, and competent. They should not cry or show emotions and should tolerate pain and suffering. Subsequently, a “*Balkan boy*” is one who will become autonomous, brave, endurable, independent and self-confident (Havelka, 2001).

WHAT IMAGES DATA SAYS ABOUT YOUNG MEN AND CONCEPTS OF MASCULINITIES?

In Croatia, 62% of men (ages 18-59) surveyed in the IMAGES study agreed with the statement *“To be a man, you need to be tough”* (Barker et al, 2011). The same study in Bosnia and Herzegovina showed that 74.2% of young men ages 18-24 surveyed partially or totally agreed with the same statement, and more than 52% of surveyed men ages 18-24 partially or totally agree with the statement *“a man should have the final word about decisions in his home”* – illustrating the pervasiveness of the mindset. In addition, 49.7% of young men in the same age group agreed with the statement that, *“a woman’s most important role is to take care of her home and cook for family”*.

Source: IMAGES 2010

WHAT IMAGES DATA CONCLUDES ABOUT YOUNG MEN AND GENDER EQUITABLE AND INEQUITABLE NORMS?

Most men do not consider housework and childcare to be the responsibility of a woman and support joint decision-making concerning contraception. The IMAGES study in Croatia found that 71% of all men surveyed ages 18-59 do not agree with the statement *“changing diapers, bathing, and feeding the children are the responsibility of the mother.”*

Younger men and men with higher levels of education are increasingly *“living”* and *“getting”* gender equality, are more likely to participate in the care of children and less likely to use violence against partners. Croatian men are generally supportive of gender equality in the abstract and think gender equality is good for society, but are more resistant to it when gender equitable policies have a personal impact on them.

Source: IMAGES 2010

The analysis of the IMAGES in Bosnia and Herzegovina show that there are traditional and patriarchal convictions about a dominant role of the man in attitudes and beliefs of the male respondents, which are manifested through gender inequality, homophobia and, to a certain extent, inclination towards gender-based violence and unprotected sex. Almost 3/4 of surveyed men in the age group 18-59 have stereotypical convictions about men ‘having to be strong, tough’. About 52% of the surveyed men believe that the most important role of the women is that related to housework and taking care of children, while 49% of them think that the man should have a dominant role in making important decisions. 50% of respondents point out the importance of the male sexual power and ‘readiness’ to have sex (however, about half of men support the existence of quotas which guarantee the share of women in power, education and managerial positions, while the rest of them do not support this explicitly or implicitly). The dominance of hegemonic forms of masculinity also reflects on negative attitude to other forms of masculinity, especially to homosexual men. About 75% of men point out that they feel unpleasant in the company of homosexuals.

Source: Srdjan Dusanic, 2012 (draft: “Men and Gender Equality in Bosnia and Herzegovina. Results of IMAGES

Activist and founder of Everyday Sexism Project Laura Bates visited CARE's work with young men in Kosovo in 2014.

Credit:
CARE/Kathryn Richards



Ngrite zërin kundër
... seks...

#challenge
attitudes

At the same time, though, during the years of the socialist state, a gender equality discourse existed — even if this discourse was far from reality in terms of women’s political and labor market participation, and division of roles in the home. To give an example of this mixture or co-existence of modern and traditional attitudes, see data from IMAGES as seen in the table below. Compared to countries in Latin America, Asia and Africa, men in Croatia and Bosnia and Herzegovina showed more gender-equitable norms on the one hand but also show strong support for gender inequitable and homophobic norms.

Similarly, recent qualitative research (Eckman et al., 2007) carried out with young men from BiH, Serbia, Croatia and Montenegro, as part of YMI found support for rigid norms related to what it means to men. The young men (and young women) interviewed from the Balkans said that that men in the Balkans should have the following characteristics:

- To be physically strong or muscular;
- To be able to protect themselves as well as others;
- To have strong character and attitude;
- To be successful at everything;
- To do or play sports;
- To drink alcohol;
- To be sexually mature and “well-endowed”; and
- Not to be effeminate, soft (not to cry) or homosexual.

Overall, the cultural demands and expectations for young men in the region in relation to their gender roles have resulted in many being raised to be aggressive, competitive and courageous which can lead them to perpetuate violence towards women and girls, and other men and boys. Moreover, research has shown significant divergences between young men’s and young women’s attitudes and values related to gender. A recent study with Serbian young men in Kosovo, for example, found that while young women prioritize values such as independence, competency, and social justice, young men prioritize values related to hedonism, tradition and power (Radovic, 2010).

In addition, the construction of this Balkans masculine warrior ethos means not only that men are expected to be protectors, but this identity has also involved the affirmation of nationalist and ethno-centric prejudices that were played upon during the time of the Balkans conflict. Indeed, the impact of these versions of manhood and cultural norms and the effects of the conflict are prevalent as seen in IMAGES data from Bosnia and Herzegovina. Data from this recent nationally representative sample of women and men covering all regions and ethnicities, the majority of respondents (68%) showed attitudes of ethno-centrism or prejudice towards those of other ethnicities. Almost 40% said they feel most comfortable in the company of people of the same ethnicity and nearly half – 48% – say they would not marry a person of ethnicity different from theirs. In an analysis of the IMAGES data, men who showed more rigid or inequitable views in terms of gender also showed more ethno-centric views and prejudices, suggesting the linkages between these two sets of attitudes.

CHAPTER 1

This same study also affirmed some of the specific effects of the conflict – and the magnitude of these effects – on men: nearly a quarter participated as combatants (compared to 5% of women), and 11% of men suffered some injury as a result of the war (compared to 4% for women). For both women and men, nearly half left their home for some time as a result of the conflict, and approximately 25% of women and men permanently left their homes as a result of the conflict. These figures give a sense of the scale of the impact of the conflict, with implications for gendered roles and identities and with specific implications for men’s sense of identity.

In sum, the small but growing body of research on masculinities in the Balkans regions affirms: (1) the lingering and strong effects of the conflict; and (2) strong support for nationalistic and inequitable norms related to what it means to be men and the relationship of these norms to peer violence, violence against women, risky sexual behavior, excessive alcohol use and homophobic bullying and violence. However, it is important to affirm that these norms co-exist together with young men - and young women - in the Balkans who believe in and support more equitable relationships between men and women, who question and abhor the nationalistic violence of the recent past and who question and protest against homophobia in their region. Some of these young men and women have become involved in YMI activities in the region and in their professional actions and personal attitudes are paving the way for a movement toward non-violent and gender equitable versions of “the Balkan Boy”.⁷

Finally, it is important to affirm that all further actions need to be carried out with the direct participation of young men and women. And while there is a widespread acceptance of homophobic, violent and inequitable norms among young men in the region, there are also young men and women who are actively challenging these norms and whose voices point the way to building a Balkans region – and building new “Balkan boys” who believe in and live respect, who take care of their health and who, along with young women, feel supported by public policies in their countries.

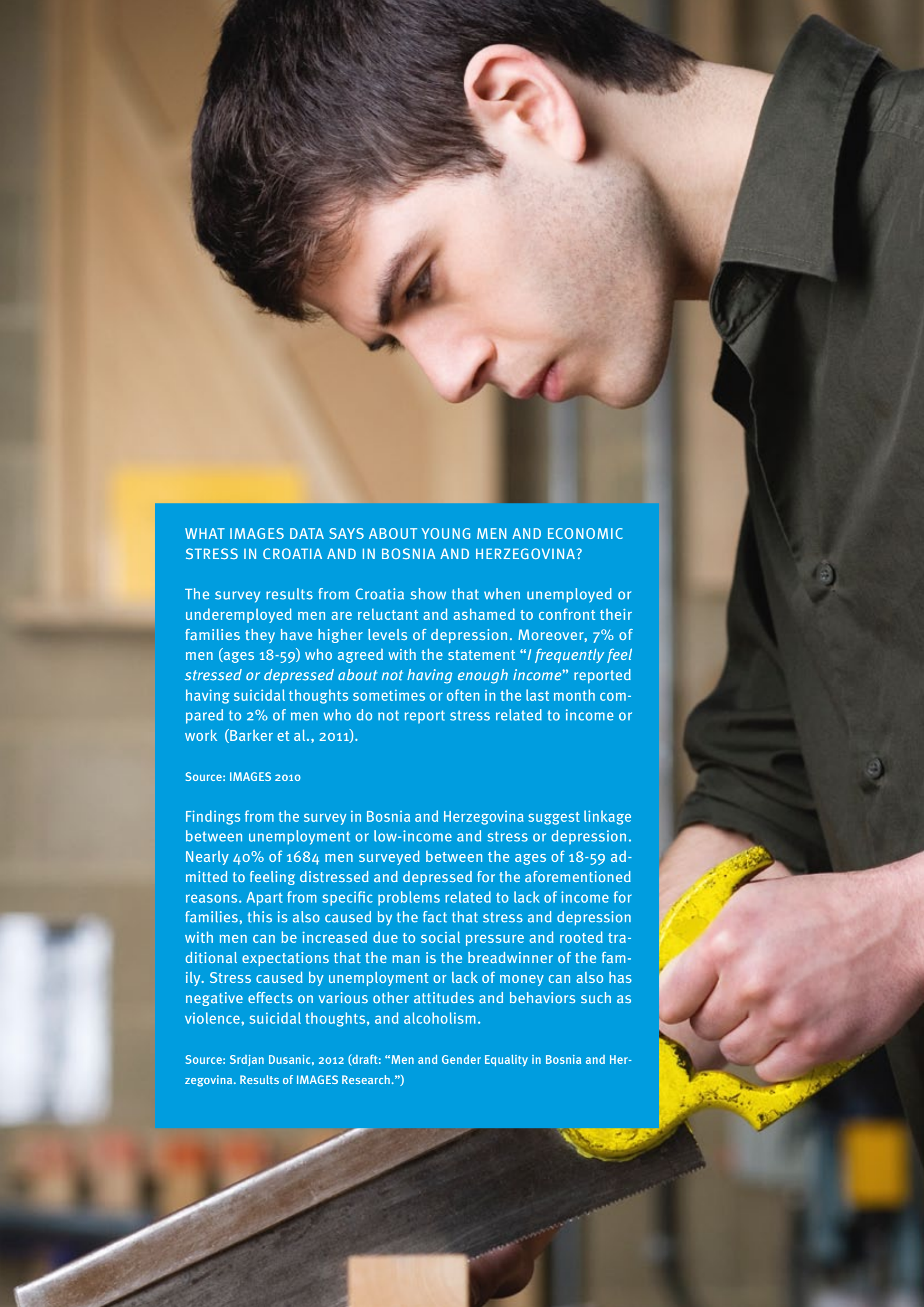
7 · The “New Balkan Boy” was the name of focus of a recent youth-organized regional seminar that featured presentations by young people with suggestions for achieving these non-violent, progressive and gender-equitable versions of manhood. For more information about the event, please see the link: <http://www.care.rs/?p=920&lang=en>

Chapter 2:

Employment and Unemployment and Young Men in a Changing Reality of the Region

It may appear obvious that the concept of manhood is defined perhaps universally, by societies, institutions and public policies in terms of the role of provider, breadwinner or working men (Barker and Pawlak 2011). As noted in Chapter 1, the years of conflict in the region have contributed to economically unstable and divided societies with limited infrastructure and with limited opportunities for young and adult men. Common issues faced by young men include high unemployment rates and substantial ‘*youth flight*’ and ‘*brain drain*.’ Young men face considerable challenges as a result of these social circumstances, based largely around socially constructed demands for men such as having a job and supporting a family. Young women are in no way faring better in terms of employment in the region; this chapter, however, will focus on the specific realities of young men in terms of employment.

Young men in the region are expected to be breadwinners and providers for themselves and their existing or future families, but the high rates of unemployment in the region make it difficult for them to fulfill these socially defined pressures. Because rigid notions of manhood make masculinity synonymous with employment, when men are out of work they find themselves unable to fulfill their roles as providers, and are consequently not considered to be a ‘*real man*.’ For many young and adult men, data from IMAGES finds that not having work results in shame, stress, depression, lack of social identity and for some men in some settings, increased likelihood of engagement in delinquency, armed violence or other antisocial behaviors (Barker and Pawlak, 2011).

A young man with dark hair, wearing a dark grey button-down shirt, is shown in profile, looking down and to the left. He is holding a hand saw with a yellow handle and is in the process of cutting through a piece of wood. The background is a blurred workshop or garage setting with various tools and equipment visible.

WHAT IMAGES DATA SAYS ABOUT YOUNG MEN AND ECONOMIC STRESS IN CROATIA AND IN BOSNIA AND HERZEGOVINA?

The survey results from Croatia show that when unemployed or underemployed men are reluctant and ashamed to confront their families they have higher levels of depression. Moreover, 7% of men (ages 18-59) who agreed with the statement “*I frequently feel stressed or depressed about not having enough income*” reported having suicidal thoughts sometimes or often in the last month compared to 2% of men who do not report stress related to income or work (Barker et al., 2011).

Source: IMAGES 2010

Findings from the survey in Bosnia and Herzegovina suggest linkage between unemployment or low-income and stress or depression. Nearly 40% of 1684 men surveyed between the ages of 18-59 admitted to feeling distressed and depressed for the aforementioned reasons. Apart from specific problems related to lack of income for families, this is also caused by the fact that stress and depression with men can be increased due to social pressure and rooted traditional expectations that the man is the breadwinner of the family. Stress caused by unemployment or lack of money can also have negative effects on various other attitudes and behaviors such as violence, suicidal thoughts, and alcoholism.

Source: Srdjan Dusanic, 2012 (draft: “Men and Gender Equality in Bosnia and Herzegovina. Results of IMAGES Research.”)

CHAPTER 2

YOUNG MEN AND RATES OF UNEMPLOYMENT

According to the International Labor Organization (2008) unemployment rates in 2007 for men ages 15 to 24 in Central and Southeastern Europe was 17.2% – only a small decline from the 2006 rate of 17.9%. This is one of the highest rates of any region in the world, second only to North Africa at 20 percent. In Bosnia and Herzegovina the unemployment rate for people ages 16 to 30 is 58.5 percent, a much higher rate than that of youth in other European countries and the rate for the population as a whole is almost 30% (Youth Partnership, 2010; Jasarevic, 2011). Similarly, in Macedonia the national unemployment rate is high at 33.8 percent in 2008, with extremely high youth unemployment at 56.4 percent among 15-24 year-olds (Skopje, State Statistical Office, 2009). International Labor Organization (ILO) meeting in December 2007 estimated youth unemployment in Montenegro at 58 percent, and the situation has undoubtedly worsened since the financial crisis of 2008-2009, and in Kosovo, with overall unemployment levels of more than 50 percent, it is estimated that up to 75 percent of young people are out of work (ILO, 2007). It is not only individuals with low levels of educational achievement who are included in this category; there is also a lack of relevant jobs for youth who have completed vocational training. Low skill-level jobs do exist in the informal sector, however this has led to a situation in which more than half of all employed youth are working jobs for which they are over-qualified.

24 Figure 4 below presents data on labor market indicators for youth between the ages of 15 and 24, including unemployment rates for numerous Balkan countries as of 2006.

Croatia has the highest rate of youth unemployment of all countries of former Yugoslavia. Between 2007 and 2009 the unemployment rate for youth ages 15-19 increased from 41.5 percent to 47 percent. Based on the labor force survey, the unemployment rate for all youth ages 15-24 has stagnated over the last three years (28.9 percent in 2006, 24 percent in 2007, 22 percent in 2008 and 25.1 percent in 2009) at approximately 10 percent higher than the unemployment rate for the age ranges 25-49 and 15-64 (Bejakovic, 2010). These youth tend to have low skills levels and have not completed secondary education. However, research in Croatia finds that youth have a higher likelihood of exiting unemployment and entering the workforce than adult unemployed individuals, yet the long-term unemployment rates are still high overall with 51.9 percent of individuals aged 20-24 considered long-term unemployed compared to 52.6 percent for 25-29 year olds (Bejakovic, 2010). These somewhat lower rates are in part attributable to the temporary employment, which two-thirds of 15-24 year olds engage in as well as 80 percent of newly employed individuals.

Figure 4: Key indicators of the youth labour market disaggregated by sex, ca.2006 (per cent)

Country	Labour Force participation rate			Employment to population ratio			Unemployment rate			Inactivity rate		
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women
Albania	36.6	41.5	32.1	31.9	33.5	28.6	12.8	14.4	11.0	63.4	58.5	67.9
Bosnia and Herzegovina	33.4	40.1	26.3	12.5	15.7	9.1	62.3	60.2	65.7	68.6	59.9	73.7
Croatia	35.9	39.9	31.6	25.5	29.1	21.8	28.9	27.2	31.3	64.1	60.1	68.4
FYR Macedonia	35.8	42.0	29.3	14.4	17.2	11.4	59.7	59.0	61.0	64.2	58.0	70.7
Montenegro	35.0	41.2	28.6	14.2	16.3	11.9	59.5	60.4	58.2	65.0	58.8	71.4
Serbia	35.8	40.8	30.6	18.7	22.5	14.8	47.7	44.9	51.7	64.2	59.2	69.4
Kosovo	56.9	62.8	51.5	28.7	28.0	29.6	49.5	52.8	45.7	43.1	37.2	48.5
Western Balkans	38.5	44.0	32.9	20.8	23.2	18.2	45.8	45.6	46.3	61.5	56.0	67.1
EU - CSEE*	33.3	37.4	29.0	27.2	31.0	23.3	18.1	NA	NA	66.7	62.6	71.0
EU 27	44.1	47.4	40.6	36.4	39.4	33.4	17.3	17.0	17.7	55.9	52.6	59.4

Key: *EU Central and South Eastern Europe

Source: ILO; Country analysis of the youth labour market ILO, Budapest (forthcoming), based on the authors calculations of labour force survey data (2005 living standard measurement survey for Albania). Data for EU countries are from EUROSTAT.

PROGRAMS AND POLICIES

In the Balkans, unemployment and underemployment of young men, economic stress due to the recession and instable income are associated with negative mental health. As presented earlier in this chapter, results from the IMAGES indicate that a relatively high proportion of men report that they are frequently ashamed to face their family, or are stressed or depressed as a

POLICY EXAMPLE

Croatia established a National Employment Promotion Plan for 2009 and 2010 to target six key areas which have contributed to the high youth unemployment rates: 1) increased participation rate of youth in the workforce, 2) address long-term unemployment, 3) reduce the skills mismatch in the labor market, 4) improve the adaptability of workers and enterprises, 5) increase investment in human resources through higher quality education and skills trainings, and 6) promote good governance and build administrative capacity (Bejakovic, 2010).

result of having too little income or being unemployed or underemployed. Moreover, because the notion of “Balkan” masculinity is closely and so clearly attached to the role of provider, breadwinner or working men, young men face increased likelihood of engagement in delinquency or other antisocial behaviors. Although, slowly but steadily governments, NGOs, and private sector are investing in the region and its social integration and economic progress, youth in the Balkans continue to face staggering challenges of the new reality including with few job and training opportunities. Many Balkan youth are losing hope in the future, and contemplating leaving their country in search of greater personal and economic fulfillment. In this context, economic development, job training and education must take into consideration the urgent needs of young men and young women and understand the gender-specific challenges that both face in seeking to enter the ever-changing job market in the context of an unstable, and at the same time integrating Europe.



Chapter 3:

Young Men Substance Use, Suicide and Mental Health

The high poverty rates, youth unemployment and significant brain drain throughout the region pose growing risks for young men's (and women's) health and wellbeing and have direct implications for mental health and substance use. Research by the Serbian Ministry of Health and UN agencies showed that the health of youth is volatile and endangered (Ministry of Health, 2006). Substance abuse and poor mental health are very prevalent in the region. Young men and adolescent boys in the region have much higher rates of substance abuse use than other countries in Europe (USAID, 2011). Particular problems include "abuse of tobacco, alcohol, narcotics, and a high level of injuries including from traffic accidents, neglect and abuse" (Ministry of Health, 2006).

In addition to substance abuse, young men in the region are also affected by high rates of poor mental health including behavioral disorders and depression – not uncommon in post-conflict and transition states (Priebe et al. 2010). In Serbia alone, clinical research shows that roughly one-third of secondary school students suffer, or are at-risk for, psychological suffering and poor mental health (Ministry of Health, 2006). Social norms and concepts of masculinity can inhibit men from actively seeking out support and information on mental health services. This chapter present rates of substance abuse by young men in multiple countries of the region including Albania, Bosnia and Herzegovina, Bulgaria, Kosovo, Serbia, Macedonia and Croatia. It also explores the situation of young men's mental health and the reasons young men are reluctant to seeking and accessing mental health services.

WHAT IMAGES DATA SAYS ABOUT YOUNG MEN AND SUBSTANCE USE IN CROATIA AND BOSNIA AND HERZEGOVINA?

Data from IMAGES show that young and adult men are more likely to abuse alcohol than older men, and 42 percent of men surveyed regularly abuse alcohol compared to only 24 percent of women (Barker et al, 2011).

Source: IMAGES 2010

Data from IMAGES in Bosnia and Herzegovina show that about 57.6% of men consume alcohol. Within the sub-sample of those who consume alcohol, 33.7 % get drunk once a month or more. Moreover, alcohol is considerably more consumed by young men in Bosnia and Herzegovina, those who confirm economic stress and those with gender-unequal attitudes. 41.4% of young ages 18-24 surveyed in Bosnia and Herzegovina stated that they have 5 or more drinks on one occasion, once or more per month. In addition, 31% of those young men surveyed stated they have used marijuana in the last 12 months?

While the proportion of youth who consume alcohol in Bosnia and Herzegovina is below the EU average, the use of alcohol is pervasive in the region and no doubt exacerbated by the periods of conflict and transition. In Serbia, national data shows that 57 percent of 11- to 15-year-olds have consumed alcohol and 35 percent reported binge drinking. 96.5 percent young people the ages of 12 and 20 have tried alcohol however the rates differ significantly between male and female, 71 percent of young men had consumed alcohol compared to only 35 percent of girls (Ministry of Health, 2006). In Albania, young men and adult males over the age of 15 consume significantly more alcohol than females of the same age range. There is also a significantly higher rate of alcohol use disorders. A study with men ages 15-64 years found that there were 4,762.2 cases of men's alcohol use disorder per 100,000 people. Similar figure are seen in Bosnia and Herzegovina with 12,374.9 cases of men's alcohol use disorder per 100,000 people, and in Croatia with 8,823 cases (WHO, 2010b). A survey carried out in 2011 with over 12,000 randomly selected young people ages 15-24 across the 27 EU Member States including Bulgaria found that the vast majority of those young people felt that it was "very easy" for them to obtain alcoholic drinks (82%) or tobacco products (81%) (The European Commission, 2011). In the Federation of Bosnia and Herzegovina 8 percent of adolescents between 13 and 15 are smokers, and a third of youth between the ages of 15 and 24 smoke cigarettes, which is 6% above the EU average (Federation of Bosnia and Herzegovina, 2010; Jasarevic, 2011).

CHAPTER 3

Figure 5 below presents proportion of students reporting having experienced any of the following problems because of personal use of alcohol or illicit drugs.

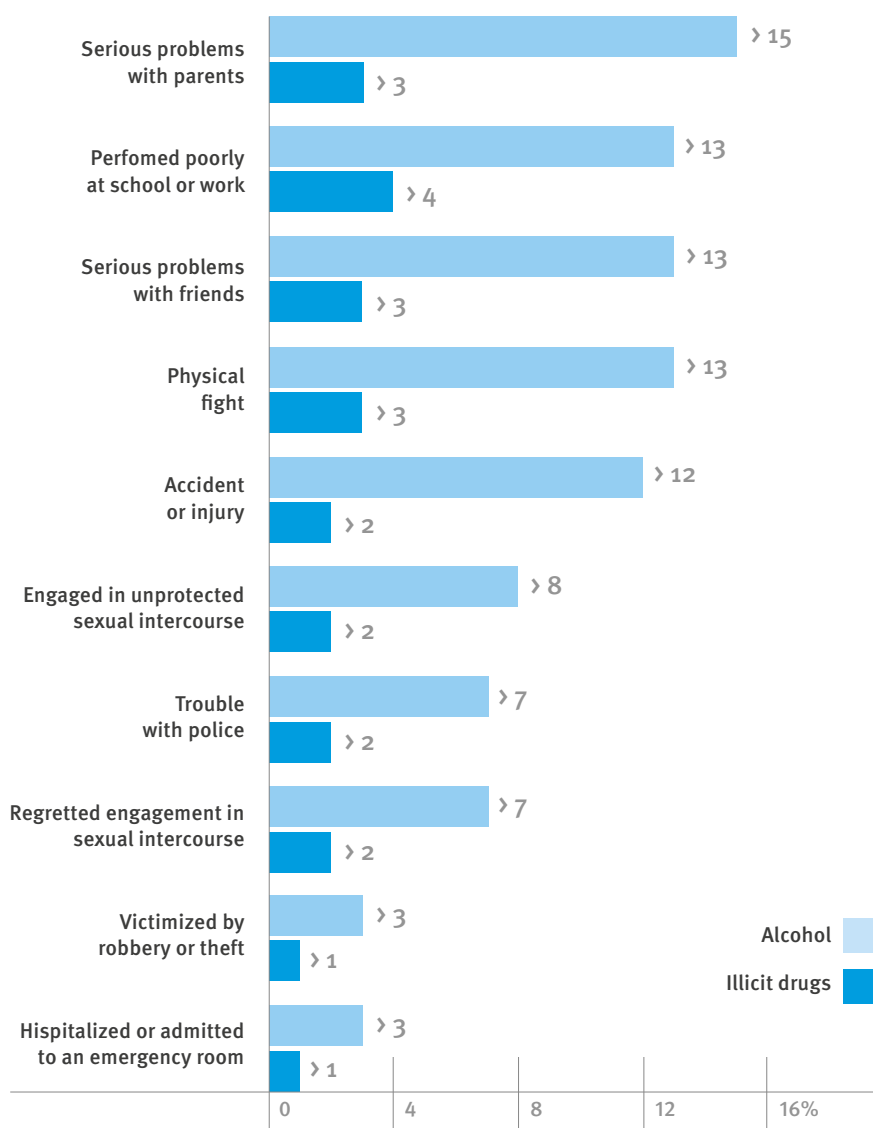
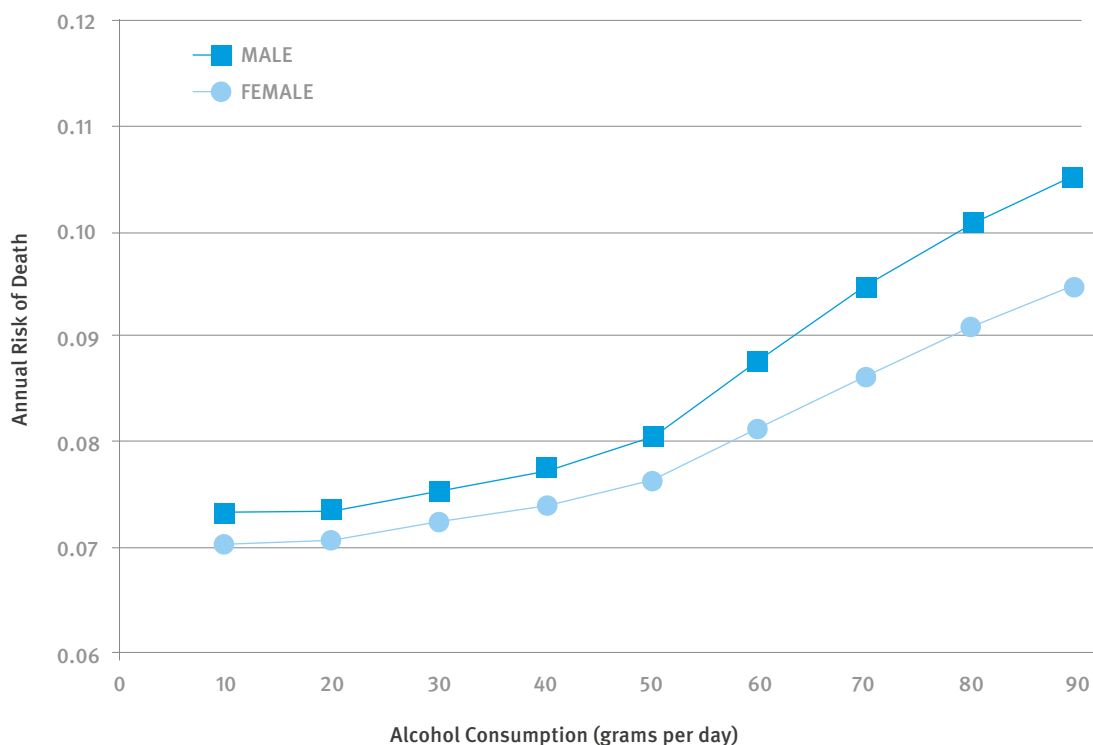


Figure 5. Experienced Problems Caused by Use of Alcohol and Other Substances
Source: Hibell et al., 2007

Young men are also more likely to suffer injuries as a result of alcohol consumption than young women of the same age: Figure 6 below presents absolute annual risk of death from alcohol-related diseases among youth over the age of 15 in the European region.



*Absolute annual risk of death from alcohol dependence, liver cirrhosis and alcohol-related cancers and cardiovascular diseases net of protective effects from drinking a certain average amount of alcohol daily from 10g alcohol/day to 90g/day, age-standardized for adults aged over 15 years for WHO European Region (Source: Taylor, Rehm&Anderson, 2010, personal information).

In addition, baseline research with young men shows a strong (given the numbers of young men involved) association between alcohol consumption and violence - data from four intervention sites (Banja Luka, Sarajevo, Belgrade and Zagreb) confirm that association (Young Men Initiative, 2010).

Addiction to other substances is also a problem in the region. Trends suggest that the number of drug addicts and injecting drug users, the majority of whom are young men, in the region are rising. The age of first drug use in Serbia is on average 15 and declining. In 1993 only 0.7 percent of youth between 15 and 19 had first used drugs in this age group, however the rate grew to 16.8 percent in 2002 and dropped slightly to 14 percent in 2003 (Ministry of Health, 2006). This may be because of the ease of access to substances. Substance abuse remains also a problem in Kosovo.

Currently, all countries in the region have national comprehensive substance abuse strategy. In 2009 Serbian Government adopted the Strategy on Fight Against Drugs in the Republic of Serbia. The strategy was adopted for period 2009 - 2013⁸. In February 2013 both Strategy of Montenegro for the prevention of drug abuse for period 2013-2020 and the Action Plan for period 2013-2016 were adopted.⁹ In Croatia the new National strategy for the prevention of drug

abuse was adopted last year for period 2012 - 2017¹⁰ and replaced the old one for period 2006 – 2012¹¹. In Bosnia and Herzegovina the same Strategy was adopted in 2009 for period 2009 – 2013.¹² The second National strategy of Republic of Kosovo against narcotics and Action plan was adopted in 2012.¹³

According to the HMO Solutions report from 2008 “Drug Situation Summary in Kosovo” that there is also no political will to give this issue a priority (Haxhikadrija et al., 2008). Although recently the Ministry of Internal Affairs together with some civil society organizations initiated drafting drug use strategy, two attempts have failed. Furthermore, the HMO report states: “it remains a challenge for Kosovo’s society to acknowledge the reality of drug use and respond to it in a balanced way that neither denies nor exaggerates the risks and sets realistic goals about what can be achieved.” Although, Article 23 of the Kosovo Health Law specifies that health care and treatment should be provided at no cost, psychoactive substance use prevention and treatment programming among youth, and in particular young men, has not been addressed. Moreover, drug treatment in Kosovo is part of the psychiatric field and the treatment services are mostly limited to detoxification offered only in the psychiatric wards of general hospitals. Some private counseling is available. The only programs in Kosovo are located in the capital city of Priština and include two private clinics, the public University Clinical Center¹⁴, and the NGO Labyrinth¹⁵.

8 · <http://www.zdravlje.gov.rs/downloads/Zakoni/Strategije/Strategija%20za%20borbu%20protiv%20droga%20u%20Republici%20Srbiji%202009-2013.pdf>

9 · <http://www.mzdravlja.gov.me/biblioteka/strategije>

10 · p OD 2012 DO 2017 http://www.uredzadroge.hr/wp-content/uploads/2013/02/Nacionalna_strategija_suzbijanja_zlouporebe_droga_2012.-2017._final.pdf

11 · http://www.uredzadroge.hr/wp-content/uploads/2013/02/Nacionalna_strategija_za_2006_2012.pdf

12 · <http://www.msb.gov.ba/dokumenti/strateski?id=3419>

13 · http://www.mpb-ks.org/repository/docs/Final_Strategy_2012-2017_R.pdf

14 · The 2006 European Agency for Reconstruction Mapping Study of Drug Treatment Services in Priština reported the Psychiatric Hospital at the University Clinical Center in Priština as the only government body offering medical treatment to drug users. The treatment is limited to inpatient and outpatient detoxification and is usually two weeks in duration. The 2006 study reported the cost to patients to be 40 Euro plus 4 Euro per night and the cost of additional medication. The number of people voluntarily seeking services is reportedly low and most patients are referred by the emergency services after having overdosed or having acute withdrawal symptoms. One complaint by those seeking services had been that inpatient detoxification patients were housed in the same wards as psychiatric patients; this has changed and since 2006 separate rooms have been designated. In 2006 an auricular acupuncture pilot program was implemented as part of the detoxification program, but this program ended when funding ended. Other programs initiated at the hospital clinic include a Narcotics Anonymous program (the 2006 study reported the program being open for three hours one night a week. Information about treatment services in other regions of Kosovo is not well documented.

15 · The NGO Labyrinth was founded in June 2002 with the goal preventing and treating drug addiction in Kosovo. From 2002 through 2004, Labyrinth has offered services including counseling for families, individuals, and other NGOs; psychiatric services (i.e. diagnosis, psycho-pharmacotherapy, clinical interventions); Individual, group and family psychotherapy; rapid drug testing, and psychosocial training for NGOs and the government. Labyrinth has worked with the Institute of Public Health; HIV/AIDS Office within the Ministry of Health, youth Centers, the Ministry of Education, Science and Technology and the US Office in Priština. It is the largest substance treatment program in Kosovo offering a nine-month treatment program that includes outpatient detoxification and maintenance. From 2002-2006, over 600 clients received treatment based on their individual needs.

WHAT DOES IMAGES DATA SAY ABOUT YOUNG MEN AND MENTAL HEALTH?

Data from IMAGES in Croatia found that 33 percent of men ages 18-59 reported feeling depressed in the last month, and 5 percent of men reported having suicidal thoughts (Barker et al., 2011). Only 63 percent of men surveyed reported seeking help when they felt sad, disappointed or frustrated compared to 83 percent of women (Barker et al., 2011).

Data from Croatia show also that 7 percent of men ages 18-59 who agreed with the statement “I frequently feel stressed or depressed about not having enough income” reported having suicidal thoughts sometimes or often in the last month, compared to 2% among those men who did not report work-related stress (Barker et al., 2011).

Source: IMAGES 2010

In IMAGES results in Bosnia and Herzegovina, when asked about the scope of their depressiveness and suicidal thoughts, 26% of men in the same age group say they sometimes or usually feel depressed, and 7.3% reported having suicidal thoughts in the last month.

Source: Srdjan Dusanic, 2012 (draft: “Men and Gender Equality in Bosnia and Herzegovina. Results of IMAGES Research.”)





All of the countries of the region are characterized by high rates of behavioral disorders and depression among young men resulting from frustration with the reality and the surrounding environment, and the rates of alcohol and substance use by young men is very high. That puts young men in the Balkans at the frontline of enduring injuries as a result of alcohol consumption and likelihood of perpetrating violence. Most countries in the Balkans have limited resources, underdeveloped, or limited mental health services geared toward young people, and there are no national or youth-focused comprehensive substance abuse strategies in any of the countries of the region. Only a few NGOs work with young men around substance use. Institutional arrangements for mental health services are highly fragmented in most countries, and implementation of any existing policies or programs is very weak (World Bank, 2005). Existing substance abuse prevention programs and social services are not youth-friendly and young people reported that they do not obtain information about mental health and related issues. In addition, stigma around accessing such services, prevent many young men from seeking professional help from experts and counselors. UNICEF also reports that few efforts are being undertaken to develop formal curricula in schools to include education on substance abuse. Finally, it is important to affirm that some NGOs in the region provide activities in the areas where government support is lacking, however, local organizations lack collective organization and funding, and confirm that there is limited cooperation among civil society and the public sector for prevention of substance use and addressing mental health of young men.

CHAPTER 3

Chapter 4:

Young Men and Sexual and Reproductive Health, Practices and Norms

This chapter examines the practices, norms and attitudes of young men around sexual and reproductive health. Specifically, the chapter looks at the challenges young men face in terms of sex education in schools, explores young men's sexual behavior and norms driving men's sexual behavior including paying for sex and use of contraceptives. Subsequently, the chapter looks at young men's attitudes around seeking, accessing and utilizing available youth-friendly SRH services across multiple countries of the region. Finally, example of programs and policies addressing young men and youth-friendly SRH services is presented.

YOUNG MEN AND LIMITED SEX EDUCATION

While the introduction of sex education to classrooms in various states in the Balkans has been steadily improving, there are still major gaps in policy, programming and messaging. A survey of youth in the Federation of Bosnia and Herzegovina found that only 30 percent of respondents had received information on sexual and reproductive health (Federation of Bosnia and Herzegovina, 2010). In Macedonia, there is no sex education in the school curriculum, and approximately half of high-school students lacked basic information about the available forms and use of contraceptives highlighting a critical gap in basic sexual education (WHO, 2010).

Many young women and men in the region turn to informal sources of information because of the limited sexual and reproductive health programs in schools. In Croatia, a complaint was filed to the European Committee of Social Rights against the state for their sex education programs, which were based on abstinence and had discriminatory and scientifically incorrect messaging. The result of the complaint included a 2009 decision to provide mandatory sex education in schools that "positively addresses the sexual and reproductive health of the young people and their access to youth friendly services" with particular attention given to high-risk groups (ASTRA, 2011). However, the students receive only 42 hours of sex education over the course of their primary and secondary school careers, and mostly through biology classes. As such, students who attend vocational schools do not take biology class, do not receive sex education (ASTRA, 2011). Although some steps have been taken in Croatia and other countries of the region to remedy and address these challenges, including partnership with non-profit organizations in establishing youth-friendly health centers, most programs are voluntary re-

36 sulting in none of the Balkan countries providing reliable and science based sex education for students (ASTRA, 2011). The situation is not much different across the region - there are no specific laws or strategies by the governments to address sex education in schools and elsewhere, as well as the sexual and reproductive health of young men and young women. While some health programs are delivered by the health sectors and NGOs, there is a large gap in the public sectors' response to the sexual health and education needs and challenges facing young men (ASTRA, 2011).

In multiple Balkan states, young men and young women, also show limited use of health care facilities. Among sexually active youth from Bosnia and Herzegovina, Macedonia, and Serbia and Montenegro, approximately 36 percent of girls and only 16 percent of boys had visited a sexual and reproductive health facility. However, the numbers are inverted when asked about seeking medical advice – one-third of sexually active girls and 18 percent of boys in a survey of 2150 youth in Bosnia and Herzegovina, Macedonia, and Serbia and Montenegro, reported not seeking advice on sexual and reproductive health despite feeling a need for it (Delva et al, 2007). The most common reasons for not seeking medical advice or not going to sexual or reproductive health facilities are because of not knowing where to go, fear of diagnosis or the severity of the problem, and feelings of shame and insecurity. As a result, young men and young women are most likely to use internet, TV, radio or friends as sources of information on contraceptives and sexual and reproductive health.

YOUNG MEN AND SEXUAL BEHAVIOR

In Serbia two-thirds of boys and one-third of girls reported having sexual intercourse before the age of 16, and in a survey of 30 towns 22.5 percent of boys and 3.5 percent of girls surveyed between the ages of 11 and 15 reported being sexual active (USAID, 2004). Similarly, in Macedonia 14 percent of boys and 4 percent of girls report having engaged in sexual intercourse below the age of 15. In Croatia where the age of consent is 14, 30 percent of boys and 17 percent of girls report first having sexual intercourse before the age of 15, however on average the age of first intercourse is at age 16 for boys and 17 for girls, and the (ASTRA, 2011). In a survey of high school student in Bosnia and Herzegovina, Macedonia, Serbia and Montenegro the men age was 16.7 years and 41 percent of boys and 20 percent of girls reported already being sexually active. For this group the age of first sexual intercourse was 15.5 for boys and 16.3 for girls (Delva et al, 2007). According to a review by WHO, the majority of young people in Macedonia are sexually active, mostly with a regular partner (WHO Europe, 2010). There has been a slight decrease in the percentage of young people aged 15-24, who started sexual activity before the age of 15. Just over 14 percent of boys said they had first sexual intercourse under the age of 15, with the equivalent for females being 4.4 percent. This means around 24,000 boys under the age of 15 are sexually active. 50 percent of adolescent boys (compared to 25 percent of adolescent girls) had their first sexual experience by the age of 17 years (Skopje, Ministry of Health and Republic Institute for Health Protection, 2008). Most young men report having had at least one non-regular partner in the last 12 months.

Another aspect of sexual behaviors among young and adult men in the region is transactional sex or paying for sex with sex workers. Much has been written about the trafficking of women from Eastern Europe, including the Balkans, to Western Europe for sex work, but it is also important to look at local demand and practices in this regard. Data from IMAGES in Croatia and Bosnia and Herzegovina, as shown below, affirms that a sizable minority of adult men report having paid for sex at least once, and within that a minority (but again a sizable minority), also report having paid for sex with a sex worker under the age of 18. Any comprehensive sex education programming the region should also include discussions about transactional sex in an effort to reduce demand.

WHAT DOES IMAGES DATA SAY ABOUT YOUNG MEN AND THE NORMS DRIVING THEIR SEXUAL BEHAVIOR INCLUDING PAYING FOR SEX?

In Croatia, 11 percent of men ages 18-59 surveyed in IMAGES reported ever having sex with a female sex-worker and approximately 0.5 percent of men reported ever having sex with a male sex-worker. Men with lower educational attainment and less gender-equitable attitudes, are more likely to have paid for sex, and men with higher-levels of work related stress are more likely to report ever having paid for sex (Barker et al., 2011). Dissatisfaction with a partner was a common reason for men to pay for sex. In addition, 58 percent of men surveyed in the same age group agreed with the statement “an adult woman working as a sex worker is wrong morally” however 81 percent of men agreed that “working as a sex worker is an adult woman’s own choice” (Barker et al., 2011).

Source: IMAGES 2010

The results from IMAGES in Bosnia and Herzegovina show that 12% of men ages 18-59 say that they have paid for sex with a sex worker, 3% of whom said that they had had sex with an underage girl. Less than half percent say they have paid for sex with a man or transvestite. Similarly to Croatia, such experiences are more frequent with men with less gender-equal attitudes (ages 25-49) as well as those who are dissatisfied with the sexual relationship with their partner. The attitudes of men toward prostitution of adult women are similar to those in Croatia: more than half of men surveyed think sex work is morally wrong, but a matter of choice on the part of the sex worker.

Source: Srdjan Dusanic, 2012 (draft: “Men and Gender Equality in Bosnia and Herzegovina. Results of IMAGES Research.”)

YOUNG MEN AND CONDOM AND CONTRACEPTIVE USE

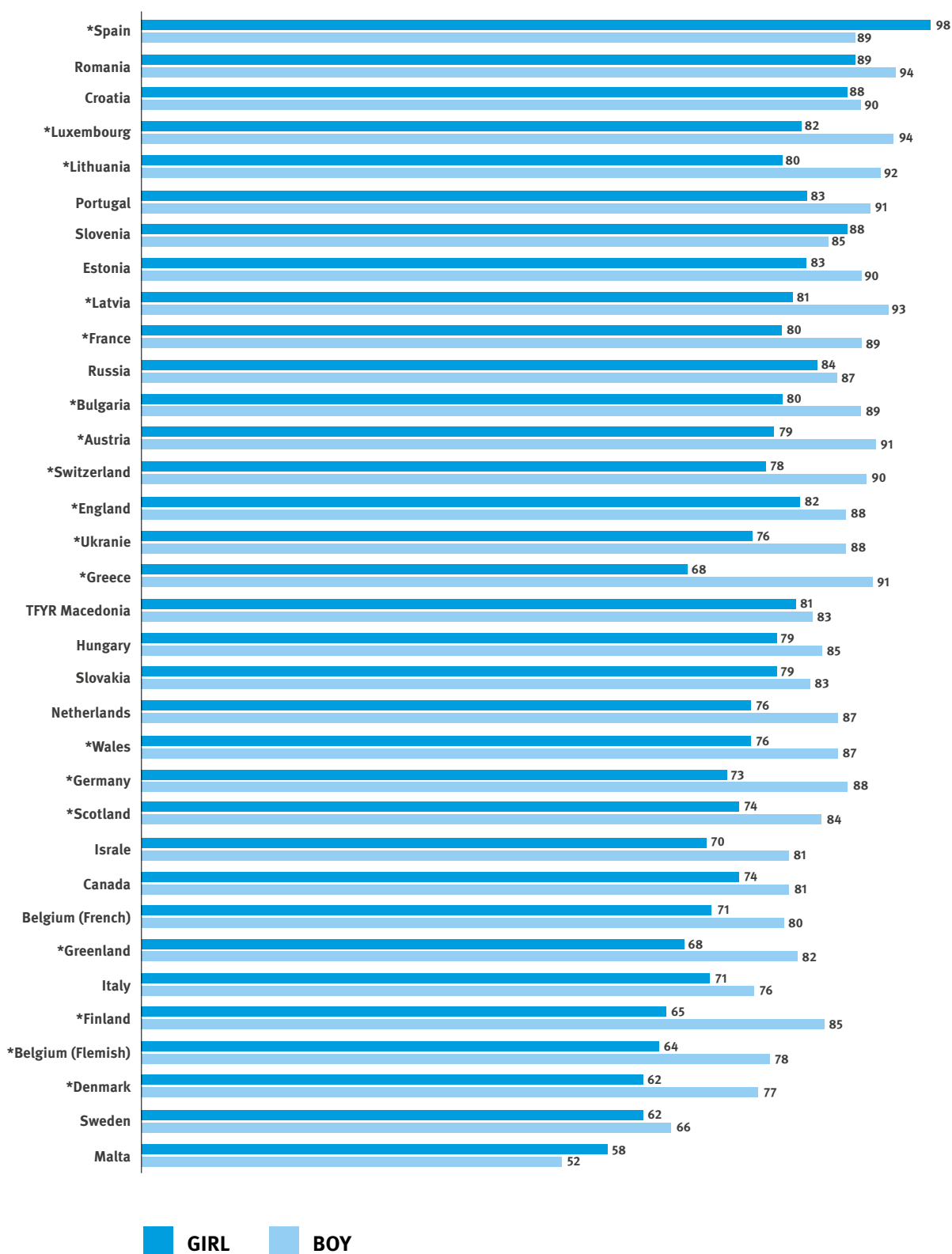


Use of contraceptives remains a challenge among young men in the region. In the Balkans condoms are the most common form of contraception and can generally be purchased at local stores, although the price might be a barrier for young men. Access to other forms of contraception can be limited and price even more of a barrier (ASTRA, 2011). In Croatia 6-13 percent of girls use oral contraceptive and 6-21 percent use natural methods (ASTRA, 2011). Oral contraception is used infrequently in Macedonia and only by 10 percent of sexually active girls in Bosnia and Herzegovina (Delva et al, 2007). 21.1 percent of boys and 26.6 percent of girls reported having used an unsafe form of contraception such as withdrawal, safe days or spermicidal cream or no form of contraception at all when they first had sexual intercourse (Delva et al, 2007). In a survey in Bosnia and Herzegovina, Macedonia, and Serbia and Montenegro, 73.7 percent of interviewed boys and 69 percent of interviewed girls reported using a condom when they first had sex and when asked about sexual intercourse with their most recent or current partner, 64.3 percent of boys and 48.5 percent of girls reported using a condom consistently (Delva et al, 2007). In Croatia 90 percent of males and 88 percent of females ages 15 reported having used a condom at time of last intercourse (Kuzman, 2009). In Serbia 60 percent of youth ages 15 to 19 reported not using any method of contraception at all. Out of the portion that does report using contraception, one-third use condoms. Among 20 to 24 year olds in Serbia, 45 percent reported using contraception and of those who do, half use condoms (USAID, 2004). In the study in Macedonia, only 39 percent of young men reported that they used a condom during their last sexual intercourse, with around 59 percent of them citing reduced sensitivity as the main reason for not using a condom (Skopje, Ministry of Health and Republic Institute for Health Protection, 2008).

Number of boys and girls in 2006 across Europe who used condoms varies. Figure 7 below presents percentage of 15 year olds who used a condom at last sexual intercourse.

Figure 7. Use of Condoms Among 15 year-olds
(Source: Kuzman, 2009)

% of 15 year olds that used a condom a last sexual intercourse



40 Rigid traditional and cultural norms prevalent in the Balkan countries have a significant impact on young men's and young women's choices around the use of contraceptives. These social norms indicate that if women request condom use a man is no longer in control of the relationship. Moreover, in a survey of 2150 youth in Bosnia and Herzegovina, Macedonia, and Serbia and Montenegro, 40 percent of boys and 51.6 percent of girls said it would be embarrassing for a girl to buy condoms (Delva et al, 2007). Overall, females report lower condom use and a greater reluctance to carry contraceptives placing more responsibility on the man to protect their health and prevent conception. Males, on the other hand, face other barriers to condom use, particularly young men, which include limited information on correct use and discomfort. Additionally, sporadic sexual intercourse with different partners, limited conversation between partners and social norms and confusion over responsibility for obtaining protection can result in lower rates of contraceptive use (Delva et al, 2007; USAID, 2004).

WHAT DOES IMAGES DATA SAY ABOUT YOUNG MEN AND CONDOM USE AND SEXUAL HEALTH?

IMAGES data in Bosnia and Herzegovina found that 30.3 percent of young men ages 18-24 believe it is a female's responsibility to avoid getting pregnant. The study showed that 82.1 percent of 376 young men age 18-24 interviewed said that a man and a woman should decide together what type of contraceptive to use. At the same time, 17.1 percent said they would be outraged if their wife or girlfriend asked them to use a condom.

The IMAGES study in Croatia showed that 19.1 percent of interviewed men (ages 18-59) said, "I would be outraged if my wife asked me to use a condom". The survey also found that 71 percent of men reported being involved in the decision to terminate a pregnancy, however only 41 percent of women report that men were involved in the decision (Barker et al., 2011).

Source: IMAGES 2010

Looking at the findings from the Bosnia and Herzegovina survey, both men's and women's claims about men's involvement in decision making regarding abortion are congruent. Near 79% of men (ages 18-59) out of the ones who had an experience regarding abortion confirmed having a role in decision-making, while 72.6% of women said the same. The majority of men are involved in making the decision about this issue.

Source: Srdjan Dusanic, 2012 (draft: "Men and Gender Equality in Bosnia and Herzegovina. Results of IMAGES Research.")

YOUNG MEN AND YOUTH-FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

In the region, no services for sexual and reproductive health are provided for adolescent boys at primary health care level (WHO Europe, 2010). Some examinations, immunization, health education and counseling is occasionally provided in schools by the so-called “preventive health teams” working within health care centers, which often lack the experience in working with young people, time and space necessary to address SRH issues properly.

Youth-friendly service approaches do not form part of existing national adolescent and youth health programs in the region. According to a UNICEF report published in 2006, young men from the former Republic of Macedonia considered existing reproductive health services as inappropriate to their needs. Only 16.2 percent of male respondents aged 13–19 years could indicate which medical specialist was responsible for STI treatment. Just over 41 percent of young men in the same age group felt comfortable when visiting health facilities and more than half considered their health care workers to lack motivation in their daily work (UNICEF, 2006). In Serbia there are various health services available to young girls and women, particularly when pregnant, but the opportunities to work with men and boys on sexual and reproductive health are limited (USAID, 2004).

PROGRAMS AND POLICIES

In the region, programs to engage young men and young women in SRH exist in areas where policy is weak and gaps exist. On the positive side, a high concentration of non-governmental organizations in the Balkans has resulted in a variety of programs related to youth. In the Federation of Bosnia and Herzegovina alone there are roughly 8000 active NGOs, many of which began to have a presence in 1995. Bosnia and Herzegovina NGOs are establishing information centers for youth to access resources on sexual and reproductive health, mental health and other concerns. They have play an intermediary role in ensuring youth have critical information, which they often do not receive in schools. International organizations such as Youth Information Agency funded by the Soros Foundation have worked in Bosnia and Herzegovina for more than eight years and provided youth counseling and vocational services for youth through secondary schools. Another organization, the PRONI Center for Youth Development¹⁶, has provided vocational education for youth since 1998.

16 · The PRONI Center for Youth Development is a NGO in Bosnia and Herzegovina whose vision is to create a more democratic society through youth volunteerism. It was one of the first organizations working on peace-building in 1998 following the years of conflict by creating education programs for youth from different religious and cultural background with the goal of combating prejudices between communities. The core tenants of its work are to promote peace building and EU integration, the protection and promotion of human rights and supporting youth activism and education. Their work is cross-sectoral and collaborative with the government, other NGOs and organizations outside of Bosnia and Herzegovina with similar missions.



EXAMPLES OF PROGRAMS AND POLICIES ON YOUTH-FRIENDLY SERVICES

In 2005, based on the governments' goals of integrating health care with outreach and services to youth including vulnerable populations such as sex workers, MSM, street children and Roma youth, Government of Macedonia together with the NGO Health Education and Research Association (HERA), piloted the creation of youth centers specifically for sexual and reproductive health. The centers' mandate stated: *"free and anonymous sexual and reproductive health services reaching both mainstream as well as the most vulnerable young people, especially the Roma youth, street and institutionalized children, sex workers and men who have sex with men (MSM) population"* (ASTRA, 2011 and WHO, 2010). The centers "I Want to Know" provide services which included counseling, testing, and work with peer educators, and have had more than 10,000 visitors with 50 percent new visitors each year since opening.

CHAPTER 4

Analysis of research, policy and programming for adolescent boys and young men throughout the Balkans has shown that there is a considerable lack of youth-friendly services available. For example, in the 10 cantons of Bosnia and Herzegovina there is only one ministry of government in canton Sarajevo that is in charge of youth issues or that disseminates information in the Sarajevo Canton for youth (Youth Partnership, 2010).

In sum, a large body of data confirms the risky sexual behavior of young men in the region and the lack of comprehensive sex education, as well as limited availability and limited use of public health services on the part of young men in the region. In the conclusions section, we provide recommendations for moving ahead on integrated and comprehensive sexuality education and sexual and reproductive services and provide suggestions on how to incorporate an understanding of the specific needs and realities of young men and young women in such approaches.



Chapter 5:

Young men and HIV/AIDS and STIs

This chapter examines the rates and the impact of HIV and AIDS on young men in the region. Understanding the roots of transmission, as well as experiences and responses of those affected is crucial for efforts to successfully support young men and young women in the region. Specifically, this chapter explores trends in HIV transmission among young people living in the region as well rates of HIV/AIDS and STIs, challenges faced them and by specific vulnerable populations including IDUs and MSMs, looks into HIV/AIDS testing practices, access to and available treatment and care services for young men. Finally, the chapter presents some promising policies from the region addressing the needs of young men.

TRENDS AND RATES OF HIV TRANSMISSION AND STIs IN THE REGION

According to a UNAIDS report published in 2010 on the global AIDS epidemic, it is estimated that the number of people living with HIV in Southeastern Europe and Central Asia has almost tripled since 2000, with 1.4 million people in the region infected (ASTRA, 2011). In the Balkans infection rates vary slightly. Serbia and Montenegro has the second highest number of cases of HIV/AIDS in the region with 1,378 cases recorded in 2002, the WHO estimated there were 10,000 cases of HIV the same year, and the working sector estimates that that number might actually be doubled (USAID, 2004). The most common transmission channels in the country are injecting drug use and commercial sex. Of the registered number of cases, 70 percent are among persons between the ages of 20 and 39 (Ministry of Health, 2005). In Bulgaria the total number of registered people living with HIV/AIDS was 926 in 2008, with 122 new cases registered that year. Over 60 percent live in two urban areas of Sofia and Plovdiv and over 80 percent of the recently registered people living with HIV/AIDS are under the age of 30.

Figure 9: HIV infections and rates per million population by country and year of diagnosis (2000–08) and cumulative totals (<15-50+)

	2000		2008	
	Rate	N	Rate	N
Albania	2.3	7	8	25
Armenia	9.4	29	44.2	136
Bosnia and Herzegovina	0.5	2	2.1	8
Bulgaria	6	49	16	122
Croatia	8.1	36	66	14.9
Moldova	42.9	176	218.8	795
Montenegro	10.7	7	11.3	7
Romania	15.6	351	8.3	179
Serbia	71	9.4	15.7	116
EU	42.1	13340	60.6	25347

Source: WHO Europe, 2008

The number of newly affected persons living with AIDS is increasing, yet the rate of newly infected people is decreasing in the region (Ministry of Health, 2005). Furthermore, sexually transmitted infections (STIs) are also on the rise, particularly for youth and high-risk groups (USAID, 2004). These high rates are likely due to low condom use and having multiple sexual partners, as well as intravenous drug use. In Croatia, four-fifths of the HIV/AIDS cases are males between the ages of 25 and 49. Almost all of the HIV-infected man acquired the virus while working abroad, mostly as sailors whereas the majority of AIDS cases, 42.7 percent, are seen in MSM (Croatian National Institute of Public Health, 2007). Only 9.6 percent of the total infected population acquired HIV or AIDS through intravenous drug use and HIV infections amongst IDUs is monitored annually.

According to the Serbian Institute of Public Health, between 1985 and 2011 there were 2692 registered people living with HIV/AIDS in Serbia. In 2011 there were 96 new cases of HIV infections, 38 (40 percent) from Belgrade, 28 (29 percent) from Vojvodine, and 30 (31 percent) from other parts of the country. Six times more men than women were infected. Most of them (86 percent) were between 20 and 49 years of age and one in three was between 20 and 29 year of age, accounting for 33 percent of all new infections accordingly. There is also an extremely low rate of testing in Serbia where only 1.6 people out of every 1000 have been tested for HIV (Ministry of Health of Republic of Serbia, 2005).

In 2010, 17 percent of all new HIV infections in the region occurred among young people age 15-24, and over half of all new HIV infections in Bosnia and Herzegovina, Serbia, Croatia, Hungary, Macedonia, Slovenia and Slovakia were among MSMs (National Institute for Public Health, 2010). In Serbia, the majority of individuals in the undetermined transition category, which are 10 percent of infections at the moment, are increasing. The majority are infected males suggesting that infection is possibly occurring through homosexual transmission and specific attention should be given to this population (ASTRA, 2011; Ministry of Health, 2006), but heterosexual intercourse is the most common mode of transmission in Central Europe (Delva et al, 2008). In Macedonia, out of 111 registered HIV-positive cases, 19 percent are young people age 20–29 years (WHO Europe, 2010). According to the 2010 WHO's review, the incidence of STIs among young men in Macedonia, as reported in data from the state-owned health care reporting system, does not give an accurate estimate of the extent of the problem. The country is experiencing an increasing trend in STI incidence among youth, particularly in relation to Chlamydia, trichomonas and the human papillomavirus (HPV). Unlike other countries in the region, data in the former Republic of Macedonia suggests that young people ages 14 to 24 have a high level of awareness of HIV, AIDS and STIs – however the level of awareness has remained stagnant between 2007 and 2009 at approximately 40 percent. However data does suggest that awareness among at risk groups such as MSM, sex workers and in injecting drug users has improved (ASTRA, 2011).

YOUNG MEN AND OTHER SPECIFIC VULNERABLE POPULATIONS

In Serbia the rates of HIV infection are highest among IDUs (the majority of whom are young, unemployed men) resulting in a need for greater attention and strategies for working with this population. Rates of infection from blood transfusions were only 2 percent of total infections in 1986 and increased to 37 percent in 2002. It is estimated that there are between 70 and 100 thousand drug users in Serbia – a population that has doubled over the last decade. HIV infection is a major risk for this population as 90 percent of surveyed drug users have reported having sex while using drugs, only 17 percent report using condoms, approximately half report sharing needles, and a quarter report having a STI (Ministry of Health, 2005). Additionally, there has been an increase in HIV transmission through unprotected intercourse – 86 percent of new cases in 2009 as opposed to 27 percent of new cases in 1991 (Republic of Serbia, 2010).

In Serbia many of the populations most vulnerable to infection with HIV and STIs have been classified in a particular category by the state. These vulnerable populations include injecting drug users, prostitutes and their clients, MSM, truck drivers, inmates and warden, military personnel, women and children, blood transfusion recipients, orphans, minorities and undocumented immigrants, IDPs and refugees (Ministry of Health, 2005). A brief survey of the population found that two-thirds of homosexual men have sporadic partners, do not use safe sex practices and have exchanged sexual services for money or drugs (Ministry of Health, 2005).

Sex
education



VOLUNTARY COUNSELING AND TESTING AND ACCESS TO SERVICES AND TREATMENT

The systematic collection of data on people with HIV/AIDS is often lacking in the region. In Serbia data is collected solely by the number of HIV positive individuals who come forward for testing; however, as already alluded, there is significant cultural reluctance to seeking medical advice and services, particularly by young men. Research in Serbia confirms this aversion as 70 percent of the reported cases of HIV in Belgrade had already reached the AIDS stage when they came forward for treatment, suggesting that individuals wait until a true crisis before medical assistance (USAID, 2004).

Numerous barriers inhibit seeking medical attention. A survey of 2150 high school students in Bosnia and Herzegovina, Macedonia, Serbia and Montenegro found that among sexually active youth only 6 percent had been tested for HIV. Similarly, in Croatia only 11 percent of surveyed men ages 18-59 had been tested for HIV (IMAGES 2010, and Barker et al., 2011). Reasons included not knowing where to go for testing, fear of confidentiality violations and fear of diagnosis. Additionally, more than 85 percent of youth in Zagreb lacked accurate knowledge of STIs, and according to a multi-country study of youth in the Balkans, only 42 percent of youth who thought they might have an STI sought medical attention (USAID, 2004; Delva et al, 2008).

Other challenges in addressing HIV/AIDS in the region include a limited awareness amongst the general population about the risks of HIV, high poverty and unemployment rates, a lack of reliable data on population size especially on high-risk populations for infection, poor mechanism for monitoring, discrimination towards vulnerable and hi-risk populations and a lack legal regulations of HIV/AIDS (Ministry of Health, 2005). Aside from these social and legal barriers, lack of consistent information about healthy sexual lifestyle and safe practices leaves young men uninformed (Ministry of Health, 2005). In Croatia the key barriers to testing include limited technology, the unavailability of free services, and unawareness about the importance of testing (Ministry of Health, 2005).

EXAMPLE OF POLICIES AND PROGRAMS ADDRESSING YOUNG MEN AND HIV/AIDS

In 2009, Macedonia's government adopted the Adolescent Strategy for Health and Development which – in addition to the existing National HIV/AIDS strategy 2007 – 2011 and National Youth Strategy – focuses on preventative programming for at risk-youth (ASTRA, 2011). Bosnia and Herzegovina the Republika Srpska instituted a youth ministry, a youth action plan and a national youth council (Jasarevic, 2011). The first national strategy for action for youth was published in 2003 in Croatia, and currently a new one for the period 2008 to 2013 is active. The National Policy on Youth for 2008 to 2013 provides detailed roles for implementers of the policy to achieve scale and cost-effectiveness. This effort was undertaken collaboratively among various governmental agencies (Car, 2011).

Similarly, in Macedonia the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) supported local NGOs that provided peer-education opportunities for youth, HIV-prevention outreach services and testing for the most-at-risk youth populations - including MSM, sex workers and injecting drug users. The GFATM project has increased the role and capacities of a large number of local and community-based NGOs in the last five years, especially those dealing with vulnerable young people, and has fostered collaboration between state health institutions and these local NGOs, particularly around HIV testing (WHO Europe, 2010).

Funding from GFATM also helped to implement two years of HIV/AIDS education in schools in Serbia starting in early 2003. Later that year the Serbian AIDS Education and Training Center was established in Belgrade to develop and streamline the provision of health care services to youth and vulnerable populations, particularly among sex workers, IDUs, MSM, and pregnant women (USAID, 2004).



POLICIES AND PROGRAM

Although prevention strategies for young people and vulnerable groups such as IDUs, MSMs and sex workers are noted as a particular goal in some countries, there is no reference to the particular challenges faced by adolescent boys and young men. Some Balkans countries have started taking action to prevent and control HIV/AIDS epidemic, by preparing strategies, developing policies and programs, and raising funding for implementation. However, early and appropriate action to prevent the HIV/AIDS and STIs epidemics varies from country to country and do not always make a particular reference to adolescent boys and young men (or women). In addition to significant vulnerability among young men and young women, there is a very weak connection between public health systems, financing (including gaps) and institutional

CHAPTER 5



capacity necessary to implement evidence-based and cost-effective HIV/AIDS strategies geared towards them. Although Macedonia and Serbia have obtained grants from the Global Fund on AIDS, Tuberculosis and Malaira (GFATM), low political commitment and institutional capacity may hamper the use of available funds in these countries (World Bank, 2007). In sum, as in the case of other health issues, attention to the gender-specific needs and vulnerabilities of young men and women in terms of HIV and STIs in the region is limited to non-existent although research shows the urgent need. Again, on the positive side, there is interest and a base of NGOs ready doing promising work on the issue and potentially poised to scale up their efforts.

Chapter 6:

Young Men and Violence

Existing literature affirms internationally the linkages between men's use of violence, their experiences of violence in childhood, and socially prevalent social norms related to masculinities (Connell, 2000). Young men in the countries of the former Yugoslavia face specific challenges in this post conflict transition phase and the new reality of Southeastern Europe that directly affect both violence against women and young men's peer-related violence. As noted earlier, rigid social norms contribute to inequitable attitudes and behaviors, risky lifestyles, poor health outcomes and a tolerance for the use of violence amongst young men. Being unable to fulfill the traditional roles as breadwinners and providers, young men sometimes exert their frustration through aggressive behaviors, delinquency and violence. This chapter provides data on the prevalence of different forms of violence and explores some of the factors associated with violence. The chapter examines association between witnessing violence during childhood and committing violence in adulthood. Finally, a few examples of policies and programs addressing use of violence among young men are presented.

YOUNG MEN AND INTERPERSONAL VIOLENCE

Interpersonal violence among young people occurs in the community, in the streets, in schools, at work, at entertainment venues and in institutions and homes, and it is the third leading cause of death and a leading cause of disability among people aged 10–29 years in the 53 countries of the WHO European Region (WHO Europe, 2010). Young people who survive must cope with terrible physical and emotional scars. The burden of violence is distributed unequally across the Region, with youth in Eastern Europe and the Balkans region disproportionately affected (WHO Europe, 2010).



CHAPTER 6

A qualitative study with youth in Bosnia and Herzegovina, Croatia and Serbia carried out for the Young Men Initiative highlights several important contexts where young men negotiate construction of the violent use of power. Young men reported widespread fighting and bullying among their male peers that begins in primary school where violence is perceived as mandatory. Moreover, young men reported that most fathers exhort their sons to use violence in fights (Young Men Initiative, 2010). The study also found that young men unanimously opposed violence against women arguing that it was “almost never justified because women are weaker.” However what these young men considered as ‘violence’ was not always clear. The young men viewed hitting or slapping a woman as a form of ‘discipline’ and not as form of violence against women (Young Men Initiative, 2010).

In the IMAGES survey in Croatia, 11% of young men age 18-24 said they suffered violence from a teacher at school, 71% young men surveyed said they were bullied or harassed in their school or neighborhood growing up. Similarly, a survey conducted by UNICEF in Serbia and Montenegro found that every child has been exposed at least once to some form of violence, and that peer violence was one of the most common forms of abuse (Young Men Initiative, 2010). In the former Republic of Macedonia, adolescents comprise one third of self-injured hospitalized patients and young men between ages of 15–19 are most likely to die in the hospital due to intentionally caused injury by another individual (WHO, 2010). Among commonly named forms of peer-on-peer violence are humiliation, pushing, kicking and punching, and gang violence. Young men also reported perpetuating violence against sexual minorities and expressed little remorse about violence against homosexuals (Young Men Initiative, 2010). IMAGES data from adult men in Croatia also found high rates of homophobia (IMAGES 2010). Similarly, the IMAGES study in Bosnia and Herzegovina found that 55.7 percent of young men age 18-24 would never have a gay friend. In Croatia, results from IMAGES show that 63 percent of men surveyed agree with the statements “*Being around homosexual men makes me feel uncomfortable*” and “*I would be ashamed if I had a homosexual son.*” These attitudes were most common from younger men and men with lower levels of education (Barker et al., 2011).

In Serbia, homophobic violence is evidenced by the reactions to the Gay Pride Parades in Belgrade. The first parade in nine years was organized in 2010; the Gay Pride Parades in 2004 and 2009 were cancelled due to threats of violence. During the parade in 2010, 6,000 police officers in full riot gear were mobilized to protect the demonstrators. During the 15-minute parade, more than 140 people were injured, mainly police officers, and more than 200 people were arrested. In 2011, the parade was again cancelled due to security threats. A similar situation occurred in Split, Croatia in 2011, where 300 people joined a gay pride parade, escorted by 200 policemen – and faced off by 10,000 anti-gay protestors (BC News, Belgrade Gay Pride and UK Gay News, 2011).

WHAT DOES IMAGES DATA SAY ABOUT YOUNG MEN AND VIOLENCE IN THE REGION?

In Croatia the survey found that 36 percent of male respondents ages 18-59 reported having participated in armed robbery, 18 percent reported participating in fights, 18 percent reported having ever been arrested, 11 percent reported owning a firearm and 6 percent reported every having been arrested (Barker et al., 2011). There was a strong association between levels of education and participation in robbery and fights with a weapon, highlighting the need for more attention to the quality and levels of education accessible to male youth. A similar association was found with participation in robbery and armed conflict and the prevalence of gender-inequitable attitudes and having perpetuated IPV, highlighting the need for sex education and services for young men that address inequality.

In addition, the study in Croatia found that 33 percent of surveyed men ages 18-59 reported perpetuating physical violence against a female partner compared to 38 percent of women who reported surviving physical violence from an intimate male partner. The survey also found that 4 percent of men surveyed reported ever perpetuating sexual violence against a partner and 7 percent of men surveyed reported ever perpetuating sexual violence against anyone ever. It was found that there was a strong association between work stress and the perpetuation of sexual violence (Barker et al., 2011).

Source: IMAGES 2010

21% of the surveyed men in Bosnia and Herzegovina confess to have participated in theft, while 19% say they have taken part in a fight with a knife or other weapon. 9% report having been arrested and 4.5% has spent time in prison. Almost every fifth man possesses a fire weapon.

In addition, the IMAGES data in Bosnia and Herzegovina found that 17.1 percent of young men ages 18-24 reported that there are times when a woman deserves to be beaten, and 14.2 percent of young men interviewed confirmed that a woman should tolerate violence in order to keep her family together.

Source: Srdjan Dusanic, 2012 (draft: "Men and Gender Equality in Bosnia and Herzegovina. Results of IMAGES Research.")

CHAPTER 6



It is important to note, however, that while many young men in the context of the Balkans have used and may support violence, many do not. In qualitative research carried out for the YMI, many young men described ways they are able to avoid use of violence. These include: (1) their own internal reserves like an ability to withstand being marginalized and the value in individual pursuit such as reading or music, (2) finding other peers who rejected the use of violence; and (3) becoming involved in sport teams where coaches promoted cooperation and teamwork (Young Men Initiative, 2010).

There is a strong association between witnessing violence and perpetrating violence during adulthood. The IMAGES data confirm previous research showing associations between men's use of IPV and their childhood experiences of violence, holding gender inequitable attitudes, work related stress and alcohol use (IMAGES, 2011).

IMAGES data on young men (18-24) in Croatia found high rates of witnessing and experiencing violence in their home of origin: 57% of 274 young men interviewed reported being slapped or spanked as children, and 8% reported witnessing violence by a man against their mothers in their homes of origin. (Interestingly, this rate is much lower than older men suggesting that violence against women may be declining.) Research confirms that men who perpetuate violence have a higher likelihood of coming from families where violence was witnessed. Young men who have been abused, including sexual abuse, in their homes are three times more likely to report mental health problems than young men who have not suffered from abuse (WHO, 2000). Results from baseline research for the YMI in Bosnia and Herzegovina support this research. The young men surveyed reported that exposure to family violence, violence in media, job and economic stress, substance abuse, and notions of masculinity were all causes for their use of violence.

EXAMPLES OF PROGRAMS AND POLICIES ON YOUTH-FRIENDLY SERVICES

In Croatia, the study found that 16.9 percent of men (18-59) have perpetrated sexual violence and 3 percent of the men have used sexual violence against their partners. The highest rate of use of sexual violence was from men over the age of 60, followed by young men ages 18-24. IMAGES data also found a strong association between men who report feeling economic stress and those who perpetrate intimate partner violence (IPV). Similarly to IPV, men who experienced violence growing up and showed more gender inequitable attitudes were more likely to report using sexual violence.

Source: IMAGES 2010

3.5% of 1663 surveyed men (18-59) in Bosnia and Herzegovina reported having sexual relations with the partner against her will. In addition, 2% of men said that they had forced a female person who was not their girlfriend or wife to have sex with them. Analysis of IMAGES in Bosnia and Herzegovina show that those with the most inequitable gender attitudes are more inclined to sexual violence, as well as those who often consume alcohol and get drunk.

Source: Srdjan Dusanic, 2012 (draft: "Men and Gender Equality in Bosnia and Herzegovina. Results of IMAGES Research.")

EXAMPLES OF POLICIES ADDRESSING VIOLENCE

In Croatia a national youth policy has been established for 2009 – 2013, which looks at incorporating youth in the decision making process and the needs of youth into legislation. The policy focuses broadly on youth wellbeing and references violence in relation to schooling (Government of Croatia, 2009). Furthermore, a National Strategy on the Prevention of Behavioral Disorders was introduced in 2009 through 2012 in which violence amongst youth is explicitly addressed. Coordination across policies and programs is critical to ensure a holistic approach is taken toward the wellbeing of all youth – particularly young men.

In December 2010 CARE launched a 3-year project “*Young Men as Allies in the Prevention of Violence and Conflict in the Western Balkans*” with support from the Norwegian Ministry of Foreign Affairs. The project targeted youth between the ages of 13 and 19 through participatory, learning and action research with the goal to work with young men to deconstruct their notions of masculinity and promote gender equality.

In 2009, Government of Serbia instituted the *Law on the Prohibition of Discrimination*, which includes specific mention of “*gender, gender identity, [and] sexual orientation*” as unlawful ground for discrimination (UNDP Serbia, 2009). The specific article on sexual orientation states: “*Sexual orientation shall be a private matter, and no one may be called to publicly declare his/her sexual orientation. Everyone shall have the right to declare his/her sexual orientation, and discriminatory treatment on account of such a declaration shall be forbidden.*”

PROGRAM EXAMPLE ADDRESSING VIOLENCE

“Budi Musko” – Be A Man, Lifestyle Campaign

A school-based lifestyle campaign has focused on confronting rigid norms of masculinity as the overall theme, with sub themes focused on violence against women, peer violence and sexual health /healthy relationships. Through school based “BMK” clubs, messaging and school activities using different forms of media, young men and young women are engaged. Evaluation of Budi Musko included a baseline survey with 2,567 young men in February and March 2009 and a post-intervention follow-up survey with 2,339 young men in May and June 2010. Results found that exposure to the campaign was relatively high and consistent across all intervention sites, reaching 64-83% of endline respondents. Workshop exposure was lower given that class-

room time was not made available for the young men to participate (International Center for Research on Women, 2010).

In looking at results by exposure to the YMI campaign, there is a consistent pattern across all intervention sites. At baseline, young men who were exposed to the campaign had significantly more equitable scores than those who were not exposed. Overall, positive changes were seen across intervention and control sites, suggesting that the maturing of young men may be contributing to shifting attitudes and behaviors. The GEM scale illustrates this clearly: young men in the different study arms and locations reported slightly more gender equitable attitudes. While there is a great deal of variation in terms of specific attitudes and sites where significant positive change occurs, the general pattern is that young men are more gender equitable at baseline.

Qualitative feedback from young men, as well as staff from the youth-serving agency staff who participated, across all sites reinforces the effect that YMI has had on some of these norms and attitudes. Again, it must be acknowledged that the intervention did not take place in a vacuum. Specific incidents in schools and in the wider society during the course of the intervention (such as public declarations by policymakers in all the countries on the need for reducing violence in schools, continuing efforts by civil society and governments to call attention to violence against women, media attention on incidents of youth violence) must also be considered as having some effect on the young men. Furthermore, as noted previously, the young men's lives are in transition. They are changing and maturing, having sexual experiences, preparing for life after school and in flux regardless of the YMI intervention. Nonetheless, on balance, the intervention has generated interest from ministries of education and of youth in the region and is now being scaled up to include more attention to young women and expanding to Kosovo.

Violence is one of the most important risks faced by young men (and women) in the region. As seen in this chapter, young men in the Balkans face higher risk of injury and early death from violence than elsewhere in Europe, and higher prevalence of use of violence than the rest of the region. Research has also affirmed the direct association between salient forms of masculinities and young men's socialization and their use of violence in various forms: homophobic bullying, gang violence, violence against women and delinquency. This reality affirms the need for comprehensive prevention strategies that include messaging around promoting alternative, non-violent versions of manhood, as Budi Musko, for example, has sought to do.

Conclusion and Final Recommendations

The endangered health and wellbeing of boys and young men in the Balkans, and the implication it brings for women and girls, requires systematic changes to the education and health systems. Creation of policies and public programs specifically focused on the needs of young men (and young women), and strategic programming to support gender equality and the breakdown of stereotypical notions of masculinity and femininity in the region must be included in those efforts. By looking at the research including IMAGES we can affirm that changes, although slowly, are happening. Policies, programs and public education campaigns should continue creatively and boldly to emphasize the gains of gender equality for men and for women. It is essential that governments, civil society organizations and service providers take advantage of studies, such as IMAGES, the formative research from YMI and the impact evaluation data from YMI, to inform design and development of policies programs and research addressing development, socialization, well-being and health of young men and young women in the region.

As seen throughout this paper, an emerging body of data affirms the urgency of the issue and the limited response from the public sector. At the same time, however, as noted, there are examples of policies and programs that could be enhanced, scaled up, evaluated and/or implemented in other countries in the region. Research, program and policy must ensure that the work to engage young men is supportive of and not counter to efforts to empower women and girls. Organization working with young men should communicate, collaborate with and be accountable to organizations working with women and girls. More attention should also be paid to **coordination among NGOs**, which provide services to youth (Jasarevic, 2011). In this section, we provide a series of strategies for actions for program, research and policy level.

Program planners are increasingly acknowledging the **need for gender strategies that engage women, men, boys and girls** (Greene et al, 2010) - joint prevention programming that engages women and men, girls and boys should be promoted.

In the area of Gender Equality

- Using both the **formal (and non formal) educational** system can be a platform for achieving positive outcomes in the transition to young adulthood. In helping young men and young women to navigate some of the challenges of adolescence, it is important for school curricula to incorporate gendered life skills program, like the Program M (Life skills education for young men) which promote positive masculinities and healthy lifestyles.
- **Programs should tap into the support that some young men already show for gender equitable behaviors, attitudes and practices.** While there is a widespread acceptance of homophobic, violent and inequitable norms among young men in the region, there are also young men and women who are actively challenging these norms and whose voices should be heard.

In the area of Employment

- Programs such as **Croatia's National Employment Promotion Plan** and other programs addressing the unemployment of young people should be promoted and scaled up – other that shown to be effective should be widely shared, promoted and adopted.
- Programs should also **equip young men and young women with “life-skills”**, the skills and the knowledge needed to take on new roles of changing realities including new roles in the household and the workplace.
- Programs should focus on the development of **training curricula for teacher training colleges, social work programmes, nursing programmes and other faculties** to encourage young men's involvement in professions traditionally occupied by women.

In the area of Mental Health

- Programs should address **depression, frustration, post-traumatic stress disorder**, and the link between substance abuse and poor mental health among young men and young women (USAID, 2011). There is an association between depression, poor mental health and factors such as unemployment and substance abuse. These challenges, common in the Balkans, must be addressed when designing programs to encourage young men to seek and access health care services and specialized counseling. By targeting schools, community centers, sports clubs and other frequent “hang-out” venues for young people and providing information

on where medical and mental care is available, programs should make efforts to address stigma around accessing health care services, and in particular mental health care facilities and counseling. Agencies working with young men should consider sport-based programming as a means of engaging men and boys and educating them on healthy practices (but also on gender equality and violence prevention).

- Mental health programs, in particular, should have **counselors trained in the gender-specific needs of youth**, and should consider creating first-response teams at the primary prevention level to address the immediate needs of young men. These teams should be trained to identify signs of psychological distress, depression and mental health problems and encourage young men to pursue counseling or psychiatric support. It is essential that programs utilize skills of qualified and well-informed staff that knows how to speak with the youth and understands and respects their concerns.
- Programs should be developed to encourage intra-generational, male to female and **peer-to-peer communication among young people**.
- Programs should be developed to address the issue of **discrimination and violence against sexual minorities**.

In the area of Sexual and Reproductive Health and Sex Education

- Programs addressing **sex education in schools should be included in all grades and should be mandatory**. Beginning sex education early in a child's life by promoting gender equality and healthy relationships can establish positive notions of health sexual activity. Moreover quality, science-based sex education programs should include information about different forms, use and access to contraception, family planning, sexual relations and sexual orientation including information about vulnerable populations such as MSM, IDUs and sex-workers, testing, prevention and treatment of STIs and HIV/AIDS should be available in schools. School-based programs should also emphasize the benefits of seeking medical advice and counseling when necessary.
- **Couples counseling, cancer-screening programs for men, and awareness-raising through public lectures and discussions as well as media** offer an excellent opportunity and points of entry to work with young men around the issues of SRH. Improving number, access to and the quality of **youth-friendly health care facilities** may also address many other social issues in the region.
- Social programs *should* focus on change male norms around sexuality and sexual behavior (as in Be a Men Clubs) and to emphasize healthy and respectful sexual relationships, as well as to provide young men and young women with information and guidance on the services available which include communication building skills, in particular around health, romantic and sexual relationships among youth.

- 66
- It is crucial to establish a link and strengthen collaboration between NGOs, public health sector and government agencies through a comprehensive referral system, exchange of information and lessons learned, and coordination among health institutions and health care, social and NGO outreach workers.

In the area of HIV/AIDS Prevention

- Design and implement programs for **HIV-positive young men and young women** that serve as self-help groups, support systems and advocacy mechanisms – and design and implement programs geared at young people with multiple vulnerabilities, such as youth IDUs, young men who have sex with men (MSM) and young sex workers.

In the area of Violence Prevention

- By fostering **positive images of sexual diversity** and challenging discrimination and violence based on sexual orientation, public media and education public media campaigns should be developed addressing specifically the issues of homophobia, violence and bullying in schools. Public TV, radio, internet and youth-oriented magazines should be a medium for these campaigns.
- It is essential that all **survivors and witnesses** - male and female - of violence, abuse, sexual assault have stigma-free access to counseling and support. Efforts should be made that range of counseling services is available for your men.
- Design and implement school and community based programs that utilize a gender transformative approach in addressing violence and that promote peaceful masculinities amongst young men. Mobilizing nonviolent young men as youth leaders and peer educators through skill building opportunities to mediate in bystander situations and promote the resolving of conflicts peacefully amongst their peer groups in and out of school.

SPECIFICALLY, FOR RESEARCH

Data should be disaggregated by age group, sex, ethnicity, and rural vs. urban, and comparable across time; common indicators and metrics should be measured across countries in the Balkans for regional comparisons. To reduce dating violence, gender-based violence, violence between young men, and spread of HIV/AIDS – and gender inequitable behaviors, in general - extra steps should be taken to disseminate widely research findings, as well as results of evidence-based gender transformative approaches.

In the area of Gender Equality

- **More comprehensive data collection** is needed on the overall development of young men and young women in the region. Statistics on gender attitudes of young men, and the realities and needs of young women, must be collected and disseminated in order to inform governments and

NGOs designing programs and policies on young men's perceptions and attitudes.

- Achieving gender equality requires overcoming the notion of that men's only social role is only as provider. Research efforts must be made to understand and address the dimensions of **work-related stress** and to understand and address the fact that income and employment are key elements in men's identities, self-esteem, sense of purpose in life and social relations. With this, more research is needed on the results of young men's unemployment on their overall development, health and mental well-being – and how these factors influence men's participation in families and gender equality, and how these issues affect the well-being of girls, women and children.

In the area of Substance Use

- **More data is needed on the drug user populations in the Balkans.** Extensive surveys and research should be conducted on the factors perpetuating substance abuse in the region, the different drug user populations and the services available to users, especially among the youth.
- More research is needed on **the effects of the years of conflict and socio-economic instability on substance use and mental disorders**, as well as the link between alcohol and substance abuse and mental disorders in the region (Priebe et al. 2010). There is limited evidence based data on the prevalence of PTSD on young men living during the conflict in the Balkans, whereas there is a larger body of information on the effects of violence and rape on women and girls.

In the Area of Employment

- When drafting policies pertaining to youth employment, governments should conduct extensive field research to map real on-the-ground situation and consult with experts and youth activist the needs of young people. The reality in which these young men exist must be considered in the design and implementation efforts.

In the area of Sexual and Reproductive Health

- IMAGES data from Croatia showed that men reported high rates of involvement in their partners' decision to have an abortion (Barker et al., 2011). However, more information is needed on young men's role in sexual and reproductive health and family planning in the region.
- More data is needed on the motivation and driving force behind young men's sexual behavior and choices – such data can inform identification of future priorities, and development of public health interventions. More research is needed on factors influencing age of first sexual activity – and when conducting national data collection efforts, subject such as sexual orientation, number of sexual partners and use of contraceptive methods should be covered, and should include young men and young

women who are out of school.

- Although, HIV/AIDS prevention, treatment and care services are free in Croatia (coverage provided by the Ministry of Health), and Serbia, Bosnia (funding provided by the Global Fund), there is limited data available on the at-risk populations and the modes of transmission among vulnerable populations including IDUs and MSMs. Estimates project that between 2 and 5 percent of the male population in Serbia between the ages of 15 and 49 may be homosexual and 5-15 percent may be bisexual, however data is almost non-existent on the bisexual population. Extensive research is needed on both groups.

In the area of Violence Prevention

- More research is needed on the impacts of school and family on the notion of manhood and masculinity in the Balkans, and the opportunities that they create for positive change in both areas to eliminate factors that perpetuate violence.
- To inform programming (and policy), and to fight stigma around the reporting, more research is needed on men as victims of sexual violence, as well as on violence against and amongst young men overall.

SPECIFICALLY, FOR POLICY

In the area of Gender Equality

- Young men must be fully engaged in discussing gender equality issues - **creating policies that address specifically their needs** and emphasize the benefits for young men, and young women, is essential.

In the area of Employment

- Creating more **vocational training opportunities** for young men and women and, most simply, more jobs should be national priority. Government transition and reform processes must be accelerated with an eye towards improving the quality of their workforce and avoiding youth migration by improving the opportunities available at home. Increasing workforce opportunities for young men, and young women, in the region will help reduce migration and travel for work. Increased employment rates can reduce work-related stress, depression and, in some cases aggressive behaviors, and pressure on young men to provide for the family.
- Governments should address the high rates of youth unemployment by creating demand for an **educated workforce** (Munteanu, 2010). Increase demands for tourism or new sectors are one approach, and providing incentives and opportunities for entrepreneurship is another one. Fostering innovation and entrepreneurship can reduce migration and improve the competitiveness of the country (International Labour Organization, 2008b).

- Employment strategies must be created and strengthened alongside policies that will **reduce poverty, improve the quality of healthcare and promote gender equality among young men and women**. These policies should also target minorities, people living in rural areas.

In the area of Substance Use

- Through extensive policy developments, Governments should take steps to control access by minors and adolescents to substances such as alcohol and drugs in addition to creating and fostering **stigma-free addiction counseling programs** and rehabilitation. Young men in particular should be encouraged to seek and access support of experts and social institutions. It is crucial to strengthen national strategies to address substance abuse and alcoholism in the region.
- Policies at the national and local level should promote **counseling and medical attention and increase access to these services for all, especially those in rural and peri-urban areas and minorities**. Policy makers should work closely with civil society institutions implementing substance abuse programs.

In the area of Sexual and Reproductive Health

- Changing gender norms and developing policies that promote greater rights and access to information for young men and other vulnerable groups around sexual and reproductive health information should be a priority. The need for better use of existing research on youth gender norms in the development of policies and strategies around SRH and the effective incorporation of these into both school-based and NGO-based SRH education so that programming is evidence based.
- Specific legislative framework should be developed addressing the rights of young people, in particular their SRH needs, and should consist of best practices and models from other countries. Health legislations addressing youth should encourage and promote easy access to SRH services, STI testing and contraception that are of low cost and high quality.

In the area of Violence Prevention

- Gender-based violence policies should include **prevention of violence against and among boys and young men**. In addition to prevention of violence against girls and women, policies should acknowledge and address **sexual violence against men and boys**, and should focus on building, strengthening or improving their capacities and the implementation patterns. Policies should include provisions regarding **rehabilitation services** for young men and youth who witnessed and experienced violence (including sexual) including psychosocial support and promotion of positive notions of gender equality.

- 70 · Successful policies and practices addressing the rights of sexual minorities and gender equality should be shared among countries in the region and should encourage **knowledge sharing and development of best practices**. Policies like *Law on the Prohibition of Discrimination Policies* should be scaled up throughout the country with appropriate monitoring and evaluation systems and shared with others in the region.

ABC News. Cops, Protesters Clash at Belgrade Gay Pride Parade. By Dragana Jovanovic. Belgrade, Serbia; October 10, 2010. Available at: <http://abcnews.go.com/International/cops-protesters-clash-belgrade-gay-pride-parade/story?id=11845840#.T5WRTLLwk8> (accessed on April 13, 2012).

Anderson, Peter and Ben Baumberg. 2006. *Alcohol in Europe: A Public Health Perspective*. Institute of Alcohol Studies, UK.

ASTRA. 2011. *Sexual and reproductive health and rights of adolescents Central and Eastern Europe and Balkan countries*. ASTRA Youth report.

Barker, G. et al. 2011. *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, D.C.: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo.

BBC News. French Fan Dies After Serb Attack. September 2009. Available at: <http://news.bbc.co.uk/2/hi/europe/8280399.stm> (accessed on April 13, 2012).

Bejaković, Predrag. 2010. *EEO Review: Youth Employment Measures, 2010*. Institute of Public Finance.

Broers et al. 2006. *Prevalence of Mental and Social Disorders in Adults Attending Primary Care Centers in Bosnia and Herzegovina*. Croatian Medical Journal, 47(3): 478–484.

Car, Sandra. 2011. *Country Sheet on Youth Policy in Croatia*. European Union.

Carpenter, Charli. 2006. *Recognizing Gender-Based Violence Against Civilian Men and Boys in Conflict Situations*. Security Dialogue 37: 83.

Çelebioğlu, Faith. 2011. *Investigation of Development Indicators in the Balkan Countries for the Post-Socialist Period*. Journal of Economic and Social Studies v. n. 1.

72 CESI. 2011. *Analyses of the Republic Policies in the Republic of Croatia of men and the Influence Public Policies Have on Constructing Manhood*. Zagreb: CESI and CARE North West Balkans.

CNN World. Serb Authorities Prohibit Gay Pride Parade. By the CNN Wire Staff; October 1, 2011. Available at: http://articles.cnn.com/2011-10-01/world/world_europe_serbia-gay-pride_1_gay-pride-parade-anti-gay-violence-police-presence?_s=PM:EUROPE (accessed on April 13, 2012).

Delva et al. 2007. *Sexual behaviour and contraceptive use among youth in the Balkans*. The European Journal of Contraception and Reproductive Health Care, 12(4): 309–315.

Delva et al. 2008. *HIV Testing and Sexually Transmitted Infection Care among Sexually Active Youth in the Balkans*. AIDS Patient Care and STDs, Vol 22, N 10.

Eckman et al., 2007. *Exploring Dimensions of Masculinity and Violence*.” Western Balkan Gender-Based Violence Prevention Initiative. CARE and ICRW.

Erjavec, Karmen and Zala Volcic. 2010. *Living With the Sins of Their Fathers: An Analysis of Self-Representation of Adolescents Born of War Rape*. Journal of Adolescent Research, 25(3) 359– 386.

Hibell et al. 2007. *The 2007 ESPAD Report Substance Use Among Students in 35 European Countries*. Stockholm: ESPAD,

Federation of Bosnia and Herzegovina. 2010. *Youth and Health Strategy*. Federal Ministry of Health and CIDA.

McGarrigle CA, Mercer CH, Fenton KA, et al. 2005. *Investigating the relationship between HIV testing and risk behavior in Britain: National Survey of Sexual Attitudes and Lifestyles 2000*. AIDS 2005;19:77–84.

Global Monitoring Report (GMR). 2011. *The Hidden Crisis: Armed conflict and education*. Paris: UNESCO.

Government of Croatia. 2009. *National Program for Youth: 2009 - 2013. Overview: Young people in contemporary Croatian society*. Zagreb: Republic of Croatia.

Gradari, Francesco. 2011. *Hidden violence in Kosovo*. Osservatorio Balcani e Caucaso. <http://www.balcanicaucaso.org/eng/Regions-and-countries/Kosovo/Hidden-violence-in-Kosovo-99754>

Greene, Margaret and Andrew Levack. 2010. *Synchronizing Gender Strategies: A cooperative model for improving reproductive health and transforming gender relations*. Washington, D.C.: Population Reference Bureau on behalf of the Interagency Gender Working Group.

Haxhikadija et al. (2008). *Drug Situation Summary in Kosovo, Second Draft*. HMO Solutions Report.

International Labour Organization. 2008. *Global Employment Trends for Youth*. Geneva: International Labour Office.

International Labour Organization. 2008b. *Young People and their Transition to Decent Work in the Western Balkans*. International Labor Office Geneva.

Jasarevic, Jasmin. 2011. *Reviews on Youth Policies and Youth Work in the Countries of South East Europe, Eastern Europe & Caucasus: Bosnia and Herzegovina*.

Kuzman, Marina. 2009. *Good practices and politics of sexual and reproductive health and rights of young people*. Zagreb: Croatian Institute of Public Health.

Kuzman, Marina. 2009b. *Adolescence, Adolescents and Healthcare*. *Medicus*, Vol. 18, No. 2, 155 – 172.

Leafe, Kathryn and Martina Melis. 2006. *Mapping of Drug Treatment Provision in Pristina/Priština*. SOFRECO, Mission Report.

O'Higgins, Niall and Andrey Ivanov. 2006. *Education and Employment Opportunities for the Roma*. *Comparative Economic Studies*, 48: 6–19.

Ministry of Health. 2005. *National Strategy for the Fight against HIV/AIDS: 2005-2010*. Republic of Serbia.

Ministry of Health. 2006. *Strategy for Youth Development and Health in the Republic of Serbia: 2007-2012*. Republic of Serbia.

Ministry of Health and Republic Institute for Health Protection. 2008. *Bio-behavioural study conducted among young people and most-at-risk populations for HIV in the former Republic of Macedonia*. Skopje.

Mizsei, Kalman. 2006. *Development Opportunities for the Roma in Central and Southeast Europe – Impediments and Challenges*. *Comparative Economic Studies*, 48: 1–5.

Munteanu, Georgeta. 2010. *Roma Youth in Romania's Changing Labor Market: Governmental and Non-Governmental Programs for Roma Employment in Rural Areas*. Budapest: CEU eTD Collection.

Nagy, Ádám, Levente Székely, and Roza Vajda. 2010. *Empowering Roma Youth: The Hungarian Civil Youth Sector, Highlighting Roma Organizations*. New York: Open Society Institute Youth Initiative.

National Institute for Public Health. 2010. Batut, Dr Milan Jovanovic. Belgrade: NIPH.

Pink News. *Croatian Gay Pride Attacked by Extremists*. By Jessica Geen. June 13, 2011. Available at: <http://www.pinknews.co.uk/2011/06/13/video-croatian-gay-pride-march-attacked-by-extremists/> (accessed on April 13, 2012).

Priebe et al. 2010. "Mental disorders following war in the Balkans: a study in 5 countries." *Arch Gen Psychiatry*, 67(5):518-28.

- 74 Promundo. 2011. *Toward a better future for this generation and the next*. A report for the Oak Foundation on male engagement in the protection of children from child sexual abuse. Washington DC.
- Rajkovic, Ljubica. 2002. *Family and the Position of Women in Rural Serbia*. <http://www.awin.org.yu/srp/arhiva/elbiblioteka.htm>
- Republic of Macedonia. 2008. *UNGASS Country Project Report Reporting period: January 2006-December 2007*.
- Republic of Serbia. 2010. National AIDS Commission, Ministry of Health, Institute of Public Health of Serbia "Dr Milan Jovanovic Batut": Reporting Period January 2008-December 2009."
- Republic of Serbia, Ministry of Health. *National Strategy for the Fight against HIV/AIDS - 2005 – 2010*.
- Room, R and I. Rossow .2001. *The share of violence attributable to drinking*. *Journal of Substance Use*, (6)4: 218-228.
- Skopje, State Statistical Office, 2009. News Release No: 2, 1.9.08.
- Stampar Institute of Public Health, 2011. *Youth Counseling*. <http://www.stampar.hr/YouthCounseling>
- The Global Fund – Funded Programs – Serbia – Portfolio of Grants ‘Scaling up the National HIV/AIDS Response by Decentralizing the Delivery of Key Services’ (Website, Date accessed 17/4/2012)
- Thorup, Cathryn. 2004. *What Works in Youth Employment in the Balkans*. International Youth Foundation.
- Barker, G. and Pawlak, P. 2011. *Men, Families, Gender Equality and Care Work*. in *Men in Families and Family Policy in a Changing World*. United Nations. Department of Economic and Social Affairs. Division for Social Policy and Development. New York.
- UNAIDS. 2010. *UNAIDS report on the global AIDS epidemic*. Accessed at: <http://www.avert.org/hiv-aids-europe.htm#references>
- UNICEF Serbia – HIV/AIDS (Website, Date accessed 17/4/2012)
- UN Development Program. 2002. *Human Development Report 2002: Bosnia and Herzegovina*. Sarajevo: UNDP. www.undp.ba/index.aspx?PID=36&RID=6
- UN Development Program. 2011. *Human Development Report: Kosovo*. New York: UNDP.
- UNDP Serbia. 2009. *The Law on the Prohibition on Discrimination*. Belgrade: UNDP.

UNICEF. 2006. *Assessment of youth-friendly services in the former Republic of Macedonia*. Skopje: UNICEF.

UNICEF. 2009. *Psychoactive Substance Use in Kosovo. The Rapid Assessment and Response report on Psychoactive Substance Use in Kosovo with Youth, Injecting Drug Users and Prisoners*. Pristina, Kosovo, 2009. UNICEF, UNFPA and WHO Europe Pristina Office.

USAID. 2004. *Serbia Family Planning and Reproductive Health Assessment: Final Report*.

USAID. 2011. *The Other Side of the Gender Equation: Gender Issues for Men in the Europe and Eurasia Region*.

Way, Niobe. 2011. *Deep Secrets: Boys' Friendships and the Crisis of Connection*. Harvard University Press.

Wellings, Kay and Rachel Parker. 2003. *Sexual Education in Europe – A Reference Guide to Policies and Practices*. Brussels: The SAFE Project.

World Bank. 2005. *HIV/AIDS in the Western Balkans. Priorities for Early Prevention in a High-Risk Environment*. The World Bank Working Paper No. 68; Washington DC. The World Bank.

World Bank. 2007. *Kosovo Poverty Assessment Volume II: Estimating Trends from Non-comparable Data*.

World Bank. 2008. *Kosovo Youth in Jeopardy: Being Young, Unemployed, and Poor in Kosovo, A Report on Youth Employment in Kosovo*. Kosovo: Human Development Sector Unit Europe and Central Asia.

World Health Organization Europe. 2007a. "Progress in the Prevention of Injuries in the WHO European Region: Bosnia and Herzegovina."

World Health Organization Europe. 2007b. "Progress in the Prevention of Injuries in the WHO European Region: Croatia."

World Health Organization Europe. 2008. "HIV/AIDS surveillance in Europe 2008." European Centre for Disease Prevention and Control.

WHO Europe. 2010. *European report on preventing violence and knife crime among young people*. Editors: Dinesh Sethi, Karen Hughes, Mark Bellis, Francesco Mitis and Francesca Racioppi. Copenhagen: WHO.

World Health Organization. 2000. *What About Boys? A Literature Review on the Health and Development of Adolescent Boys*. Reviewed by Gary Barker (Prumundo)

World Health Organization. 2009. *Psychoactive Substance Use in Kosovo: Rapid Assessment and Response with Youth, Injecting Drug Users and Prisoners*. Pristina: WHO, UNICEF, UNFPA.

76 World Health Organization. 2010. *Youth-friendly health policies and services in the European Region: Sharing experiences*. Editors: Valentina Baltag and Alex Mathieson. Copenhagen: WHO.

World Health Organization. 2010b. *European Status Report on Alcohol and Health 2010*. Copenhagen: WHO.

World Health Organization. 2011. *Progress in Preventing Injuries in the WHO European Region: Implementing the WHO Regional Committee for Europe resolution EUR/RC55/R9 on prevention of injuries in the WHO European Region and the Recommendation of the Council of the European Union on the prevention of injury and promotion of safety*. Rome: WHO European Centre for Environment and Health.

Young Men Initiative. 2010. *Baseline Research Technical Brief – Country Report: Bosnia and Herzegovina*. CARE and ICRW.

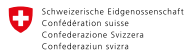
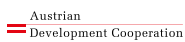
Youth Partnership. 2010. *Country Sheet on Youth Policy: Bosnia and Herzegovina*. Council of Europe.



PARTNERS:



SUPPORTED BY:



DESIGNED BY: smartKOLEKTIV