

International
HIV/AIDS

Alliance

Supporting Community Action on AIDS in Developing Countries



Working with men, responding to AIDS

Gender, sexuality and HIV – A case study collection

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The International HIV/AIDS Alliance (the Alliance) is an international non-governmental organisation that supports communities in developing countries to make a significant contribution to HIV prevention, AIDS care and to the provision of support to children affected by the epidemic. Since its establishment in 1993, the Alliance has provided financial and technical support to NGOs and CBOs from more than 40 countries.

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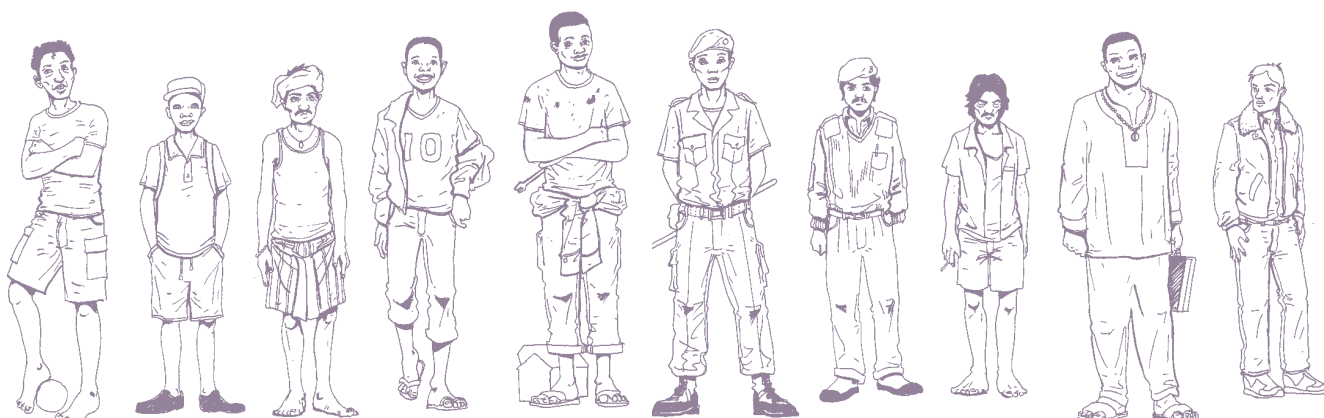
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BACKGROUND

ABOUT THIS PUBLICATION

Across the world, people working on HIV/AIDS now recognise the importance of developing their work with men in order to have a real impact on the epidemic. There is a growing interest in identifying strategies that will be effective in reaching out to different groups of men and enabling them to change their attitudes and behaviour.

The International HIV/AIDS Alliance (the Alliance) shares this interest. As an international non-governmental organisation (NGO) dedicated to strengthening the community response to HIV/AIDS in developing countries, the Alliance and its partners in Africa, Asia, Eastern Europe and Latin America are increasingly focusing on the roles and responsibilities of men in such a response. This has involved identifying what their roles and responsibilities are in different contexts, and developing strategies to work with men on them.

The Alliance has produced this case study collection in order to help projects to conduct this work with men on HIV/AIDS. It presents experiences and lessons from a range of different projects (some supported by the Alliance and some not) that are working with men. By showcasing experiences and lessons from the field in the form of case studies, this collection offers inspiration, ideas and models for working with different kinds of men in a range of contexts.

ABOUT THE CASE STUDIES

The range of case studies included in this collection is deliberately broad. These case studies not only describe HIV/AIDS projects that are working with men, but also other kinds of projects that address other issues and problems relating to men (for example, gender identity, sexuality, violence). The aim of including this range of case studies is to show that:

- HIV/AIDS is connected to many other issues in the lives of men – it is possible to have an impact on the epidemic by working with men on these related issues
- Different kinds of men face many different needs and problems – in order to do effective HIV/AIDS work with such men, it will often be necessary to work on these needs and problems as well
- HIV/AIDS projects that are currently working with men, or interested in working with men, can learn from the experiences of projects that have successfully worked with men on other issues and problems.

The case studies are based on information gathered from a questionnaire that was sent to the projects concerned, and from written materials that were available. The final selection of case studies reflects not only the intention to showcase a range of innovative work but also the self-selection of projects that chose to respond to the questionnaire. Case studies from Latin America have not been included in this collection as it was felt that sufficient numbers of these are already represented in other publications (see the resources section at the end of this collection for further details).

In most cases, there was little or no evaluation data available on the projects. This collection, therefore, does not attempt to define best practice in relation to the work of these projects. Instead, the emphasis is on drawing lessons from such work that will stimulate thinking on different ways of working with men.

HOW TO USE THIS CASE STUDY COLLECTION

This case study collection is organised in a way that encourages people to use it to meet their own needs. The guide includes the following sections:

Overview: HIV/AIDS and Working with Men

This section gives a brief overview of themes and issues in working with men in the context of the HIV/AIDS epidemic. It answers the following questions:

- Why work with men?
- Which men to work with?
- What issues to work on?
- How to work with men?

Case studies

Each case study is organised under the same headings in order to help readers get to the information that they are interested in. Each case study includes the following:

- Background
- What is the goal of the project?
- Who is the project working with?
- How does the project work with men?
- What are the results of this work?
- What are the lessons from this work?
- Contact details

Annex 1: Definitions

The first annex provides brief definitions of some terms that are used frequently throughout the case studies, namely: gender, sexuality, vulnerability and violence.

Annex 2: Further resources

The second annex lists further resources that may be of interest to those who are developing work with men.

Index: Case Studies – Who? What? Where? How?

The index lists the case studies in relation to the four categories of Who?, What?, Where? and How? This will help readers to find case studies quickly on: work with particular groups of men; work on particular issues; work in particular countries; and particular strategies used with men.

INTRODUCTION

WHY WORK WITH MEN?

There are many reasons why it is important to work with men. Some of these reasons are to do with the power that men have and some are to do with the problems that men face.

Some of these **problems** include:

- **Being pressured by gender norms and roles into thinking and behaving in ways that increase their vulnerability to HIV/AIDS.** See the Definitions section for a definition and discussion of gender, sexuality and vulnerability.
- **Lacking the skills and information to cope in a world where HIV/AIDS threatens their lives and livelihoods.** Men need skills and information about preventing HIV infection and living positively with HIV/AIDS. They also need coping skills to adjust to new roles of caring and nurturing, and the skills to bring about collective change of traditional practices and customs that promote gender and sexual violence and increase the risk of infection.
- **Being at increased risk of HIV infection, and lacking the choices and abilities to deal with that risk** because of the social and economic injustice that some men face, linked to their ethnicity (through racism), caste or class position, sexuality (through homophobia) and age.

It is also important to work with men because of the **power** that they have. This is because:

- **Men continue to be the leaders and decision-makers in their households and communities in most societies.** Working with men will thus have an impact not only on the men themselves but much more widely as well.
- **Most societies and their institutions (family, religion, government, military) are based on a model of male power.** This is a model of domination of the power of one group over another group: of men over women; adults over young people; the rich over the poor; of the 'superior race' over the 'inferior race'; heterosexual over homosexual. This model of male power denies dominated groups (women, young people, the poor, the 'inferior race', homosexuals) their human rights and equal access to, and control over, resources (economic, political, cultural). Such inequality worsens the spread and impact of HIV/AIDS. Challenging systems of male power must be an important part of any HIV/AIDS strategy. This means working with men because most men both benefit and suffer from such systems.
- **Men's power means that they usually have more control over sex than women.** Working with only the female partner in a couple will be ineffective and may expose women to suspicion and violence. Educating men about sexual and reproductive health issues will increase their respect for their partner's wishes and promote joint decision-making on safer sex and family planning.
- **With power comes responsibility – many men still deny their own risk, and often blame women as 'carriers' of infection.** Such blaming often leads to violence. It is important to work with men around their responsibility to protect themselves as well as with those whom they have power over.
- **Men's violence, whether it is actual or threatened, has a powerful effect on controlling women and the choices they can make in their lives, including their sexual lives.** Women's increased vulnerability to HIV/AIDS is closely linked to male violence. It is important to work with men on issues of violence in order to reduce women's vulnerability.

WHICH MEN?

Answering the question of which men to work with is closely related to the question of why work with men. Depending on the answer to that question, it can be helpful to think of which men to work with in terms of four broad categories:

- 1 Men who are **vulnerable** to HIV infection, because of the problems and needs described above
- 2 Men who are **responsible** for HIV transmission, because of their behaviour and the power that they have
- 3 Men who are **living** with HIV/AIDS or **caring** for those who are living with HIV/AIDS
- 4 Men who have **influence** over individual, communal and institutional responses to HIV/AIDS.

When using these categories to decide which men to work with, it is important to remember that individual men may be in more than one category at the same time. Men can also move between categories during their lifetime or depending on life circumstances.

There are a number of reasons for deciding which men to work with. It may make sense to work with particular group(s) of men because:

- It is easier to get **access** to them and work with them than other groups of men. Targeting men in their workplaces is often done because this is a good way to get access to men.
- They are more **concerned** about HIV/AIDS and related issues than other groups of men. This may be a reason for targeting men who are fathers, concerned about the threat of HIV/AIDS to the health and wellbeing of their children.
- You have more **experience** working with this group of men than with other groups of men. It is usually better to build on existing experience and relationships with particular groups of men rather than targeting men with whom you have no experience or relationship.
- They are more open to **changing** their attitudes and behaviours than other groups of men. This is often one reason for targeting young men, whose attitudes and behaviours are often less inflexible than those of older men.
- There is **not enough** work, or not enough good work, being done with them. A good reason for targeting a particular group of men is to meet a need that others are not meeting. This is a common reason for working with men who have sex with men, male sex workers or young men living on the street – the needs of these groups of men, for example, are often neglected by service providers and policymakers.
- Working with them will have a bigger **impact** on the HIV/AIDS epidemic than working with another group of men. This is another common reason for working with groups of men whose circumstances, attitudes and behaviours mean that they are vulnerable to becoming infected and at risk of infecting others (such as men who inject drugs or who sell or buy sex). This may also be a reason for choosing to work with men who have influence, formal or informal, over other men or over responses to HIV/AIDS more generally.

The case studies in this collection describe work being done with a range of different groups of men.

WHAT ISSUES TO WORK ON WITH MEN?

Given the numerous differences between men and the many different types and groups of men that there will be in any given area or community, it is not surprising that there will be different issues to be addressed in working with different men. Deciding which issues to address with a particular group of men will involve identifying what it is important to work on in order to:

- Get access to men and build a relationship with them
- Meet their urgent and felt needs
- Work on men's vulnerability, responsibility and influence in relation to HIV/AIDS.

The case studies included in this collection describe work being carried out with men on the following issues.

HIV risk through sex

Sexual transmission remains the most common way in which people become infected with HIV. It continues to be important to educate people about the facts of HIV transmission through sex and the best methods of prevention. In most societies, men have more control over sex than women, and especially over methods of HIV prevention, including the use of condoms and decisions over whether and how to have sex. This means that it is especially important to work with men on issues of HIV/AIDS and sex, not only to reduce their own risk of becoming infected but also to reduce the risk of infecting their sexual partners. Working on these issues of HIV risk through sex will also bring up issues of *gender norms and roles* as well as issues of *sexuality* (see below). Most of the case studies in this collection describe work being done on HIV risk through sex.

HIV risk through injecting drug use

It is believed that a majority of people who inject drugs are men. Research also suggests that female injectors often use drugs together with their male sexual partners in situations where it is the man who makes decisions about the drug use. It is he who will often use the syringe first before passing it to his female partner. It is important to work with male drug injectors, not only because of their control over female injectors' risk, but also because of their own risk of becoming infected through the sharing of needles and syringes and other equipment used for injecting (such as, containers to prepare – 'cook' – the drugs). Thus, working on issues of HIV risk through injecting drug use also brings up gender issues. For an example of work on HIV risk through injecting drug use, see *Case Study 13: Vstrecha in Belarus*.

Sexually Transmitted Infections (STIs)

Having an STI greatly increases the risk of getting infected with HIV. In many countries, STIs are a public health problem in their own right. Thus, many projects working on HIV/AIDS prevention also do STI education. It is usually much easier for men to detect when they have an STI than it is for women. In some societies, there is also less stigma attached to men having an STI than there is for women – it is seen as a sign of men's sexual prowess. This can make it easier for men to go for STI treatment. For these reasons, it makes sense to work with men on STIs, especially given their greater control over sex and methods of prevention. For an example of work on STIs, see *Case Study 1: Afoulki Association for Women in Morocco*.

Living with HIV/AIDS

Living with HIV/AIDS raises many issues. These include a range of health needs (both physical and psychological), as well as social and economic needs. The number of men compared to women living with HIV/AIDS varies from place to

Health and social welfare problems

place. But besides working with men who are living with HIV/AIDS themselves, it is also important to work with men as heads of households and community leaders, who often decide how families, social networks and communities will help or deal with people who are living with HIV/AIDS among them. For an example of work on issues related to living with HIV/AIDS, see *Case Study 10: Social Awareness and Service Organisation in India*.

There may be any number of health and social welfare problems being faced by men in a given community or place. These may be related to their economic circumstances, their class or caste position, their experience of racism and/or homophobia, their religious beliefs and so on. It may be important to work on these problems in order to develop a relationship with particular groups of men and be relevant to their lives. It is also true that most people will be unwilling to think about their HIV/AIDS risks when they have more urgent and critical needs going unmet. It is also important to work on health and social welfare problems because of the many ways in which they can increase vulnerability to HIV infection and to the impact of HIV/AIDS. For an example of work on health and social welfare problems, see *Case Study 4: Community Development Centre in Bangladesh*.

Violence

Men's violence against women increases women's vulnerability to HIV/AIDS, both directly and indirectly. Working with men on issues of violence is often critical in order to respond effectively to HIV/AIDS. Rape and sexual abuse are usually committed by men against women and girls, and may lead to HIV infection. The existence and threat of this sexual violence, and the fact that it is often condoned or ignored by families, communities and political, cultural and religious institutions, also increases the vulnerability of all women. This is because such violence, as well as men's physical and psychological abuse of women, deprives women of the rights, choices and abilities to protect themselves.

Men are also victims of gender-based and sexual violence. This can occur through sexual abuse of young men, male rape, attacks on 'gay' men, as well as the violence that men inflict on other men because they have been trained to believe that violence is a good way to prove manhood. In addition, there are other kinds of violence that affect the HIV/AIDS epidemic. These include the structural violence of oppression based on economic class, social status, sexuality, ethnicity, and religious affiliation. Such oppression takes away people's rights, choices and abilities to protect themselves from HIV/AIDS. Men suffer from such oppression, and some men are responsible for different kinds of injustice. In both cases, it is important to work with men on these issues of violence. For an example of work on issues of violence, see *Case Study 3: Bulgarian Gender Research Foundation*.

Human rights issues

There are many human rights issues that it may be important to work with men on. Some groups of men face human rights abuses because of their economic circumstances, their class or caste position, their experience of racism and/or homophobia, or their religious beliefs. Such human rights abuses may have a direct or indirect influence on such men's vulnerability to HIV infection and the impact of HIV/AIDS. Whatever the case, it will often be important to address these abuses, or to work in partnerships with others to address these abuses, in order to meet such men's urgent and felt needs.

The rights of men living with HIV/AIDS, as with women, are often violated because of their presumed or known HIV status. This causes them to suffer both the burden of the disease and the resulting loss of other rights. Stigma and discrimination often block their access to treatment and care, and may affect their employment, housing and other rights. This, in turn, contributes to the vulnerability of others to infection, since HIV-related stigma and discrimination discourages individuals infected with and affected by HIV from contacting health and social services. It is now accepted that effective HIV prevention, treatment, support and care strategies are hampered in an environment where human rights are not respected. For an example of work on human rights issues, see *Case Study 12: The Naz Foundation (India) Trust*.

Gender norms and roles

See *Annex 1: Definitions* for a discussion of the meaning of 'gender', and related terms and concepts. Gender issues are an important focus of HIV/AIDS work with men. Men's power over women (gender inequalities) in most societies increases women's vulnerability to HIV/AIDS. In order to reduce women's vulnerability, it is important to work with men on gender issues. But men's vulnerability is also linked to gender norms and roles. For example, these norms can make men vulnerable to HIV/AIDS by:

- Encouraging men to take sexual risks to prove themselves to be 'real men'
- Discouraging men from using health services or seeking help
- Stigmatising men who have sex with other men and depriving them of access to information and services.

Thus, doing work on gender norms and roles can be an important aspect of HIV/AIDS work with men. For an example of work on gender norms and roles, see *Case Study 11: Thandizani in Zambia*.

Sexuality issues

See *Annex 1: Definitions* for a discussion of the meaning of sexuality, and related terms and concepts. Working on issues of men's sexuality will often be critical to effective HIV/AIDS work. This means more than talking to men about preventing HIV/STI infection. It involves working with men to understand the meaning of sex in their lives, their sexual desires and the factors that influence them, their sexual behaviour (both influences on and consequences of) and the links between sex and their masculinity (their identity as men). For an example of work on sexuality, see *Case Study 7: Men as Partners Programme in South Africa*.

HOW TO WORK WITH MEN?

It is clear from this overview that there are a number of reasons for working with men on HIV/AIDS. It is also clear that this work may focus on different kinds of men and a range of different issues and problems. Therefore, it is not surprising that there are a range of possible strategies for doing such work with men. The case studies included in this collection describe work with men involving the following strategies.

Advice/information service

This usually involves providing information on HIV/AIDS, sexual and reproductive health and related issues (such as safer drug use and harm reduction). Information can be provided in a number of ways (booklets, leaflets, posters, audio-tapes, video-tapes, as well as through face-to-face contact). A 'service' can mean a place where people go to get information (such as an advice centre), a means of providing the information (such as a radio show) or a person who provides the information (such as an educator). For one example of this strategy, see *Case Study 4: Community Development Centre in Bangladesh*.

Prevention supplies

This includes condoms and other supplies that relate to safer sex (such as lubricants), as well as supplies that relate to safer drug use (such as clean needles and syringes, and sterile swabs). These supplies can be provided to people in a number of ways, including from a particular location (such as a clinic or needle exchange) or by particular people (such as AIDS educators, harm reduction outreach workers etc.). Prevention supplies are often given out together with information about how best to use them (see Advice/information service above). For one example of this strategy, see *Case Study 10: Social Awareness and Service Organisation in India*.

Outreach

The term 'outreach' refers to work that is done out in the community, and involves going to where members of the target group are to be found in order to work with them. Outreach is a common strategy for working with men because men are often less likely to use health services, where HIV/AIDS work is often done. Outreach is also needed in order to work with marginalised men (such as injecting drug users or men who have sex with men), who are often unwilling to come in to services because of their fear of arrest or discrimination. For one example of this strategy, see *Case Study 2: Botswana National Youth Council*.

Peer education

This strategy involves recruiting, training and supporting members of the target group to carry out education work with their peers. This work will often include the provision of information and prevention supplies, and may be done as outreach (see above for a description of these strategies). Peer education is often used as a way of:

- Reaching large numbers of people
- Reaching members of the target group whom it may be hard for project staff to access
- Improving the effectiveness of education because some groups of men may be more likely to listen to their peers than to outsiders.

Group work

For one example of this strategy, see *Case Study 8: Mongol Vision in Mongolia*.

This strategy usually involves forming and working with a small group of people (10 to 20) for a number of sessions. The group may be:

- 'Open' or 'closed' (referring to whether it is open to new members while it meets or not)
- Structured or unstructured (referring to whether it follows a structured curriculum or not).

Group work is a more intensive way of working with men than many of the other strategies listed here. It is useful for looking in depth at particular attitudes or behaviours that need to be changed. Group work requires a skilled facilitator (or two), an appropriate place to meet (without too much distraction) and a group of men who are willing to meet together for a period of time. For this reason, it is often easier to use group work in an institutional setting where men are used to, or can be required to, meet together (such as the armed services). For one example of this strategy, see *Case Study 9: Rozan in Pakistan*.

Counselling (including voluntary counselling and testing)

This involves talking to people about personal and psychological problems. Counselling is usually done with individuals, but can be done in groups. Because of the difficulties of understanding and dealing with personal and psychological

problems, counselling is done by people who have been specially trained as counsellors. Counselling can also be used to prepare people for taking the HIV test and for telling people the result of the test. Counselling can be an important strategy for groups of men who may be more likely to experience personal and psychological problems because of the social and economic injustice that they face (such as men who have sex with men). For one example of this strategy, see *Case Study 3: Bulgarian Gender Research Foundation*.

Health/social welfare service

Some projects directly provide health and/or social welfare services to the men with whom they work. Primary health care and STI diagnosis and treatment are the health services that are most commonly provided. Social welfare services may include help with getting housing, food or income. This strategy is useful in working with low income or unemployed men, or men who do not use health services for fear of arrest or discrimination. For one example of this strategy, see *Case Study 6: Ennakhil Association for Women and Children in Morocco*.

Service referrals

Rather than provide services directly, it is more common for projects to set up referral links with appropriate services. These can include health and social welfare services, as well as alcohol and drug treatment services. For one example of this strategy, see *Case Study 1: Afoulki Association for Women in Morocco*.

Policy advocacy

This involves a range of activities to influence and change policy. Such activities can range from putting pressure on policymakers through campaigns to persuading policymakers through lobbying. This strategy will be useful in situations where current laws and policies increase men's vulnerability to HIV/AIDS; for example, in the case of laws against giving clean needles to drug users. For one example of this strategy, see *Case Study 12: The Naz Foundation (India) Trust*.

Training

This strategy can cover a range of different activities, all of which are concerned with training someone in a particular set of skills, which may directly or indirectly relate to HIV/AIDS. An example of direct skills would be training peer educators to carry out their work. An example of indirect skills would be training young men who are living 'on the street' in vocational skills that will enable them to get a job and a home and thus reduce their vulnerability. For one example of this strategy, see *Case Study 7: Men as Partners Programme in South Africa*.

Recreational activities

This may involve any number of activities that are recreational – often these are sporting activities. This can be a good strategy for making contact and building relationships with men. It can also be a useful diversion strategy, especially with young men, with the aim of keeping such men away from harmful behaviours by giving them alternative things to do. For one example of this strategy, see *Case Study 10: Social Awareness and Service Organisation in India*.

Research

It is sometimes forgotten that research can be an important part of the HIV/AIDS work that is done with men. This can be an important strategy in situations where not much is known about a particular group of men, because they are hard to reach and work with. There is often very little known about certain groups of men, such as male sex workers, who prefer to remain anonymous because of the oppression they face from laws, policies and social norms. For one example of this strategy, see *Case Study 13: Vstrecha in Belarus*.

Community mobilisation

This strategy involves helping men who feel some sense of community together (because of shared interests, experiences or identities) to organise themselves to address problems that they face in common. This can be a useful strategy for working with men who are not well served by state services. For one example of this strategy, see *Case Study 11: Thandizani in Zambia*.

Arts, theatre and media

This strategy involves using different kinds of arts, theatre or media (folk and modern) to get messages out to certain groups of men. Involving men in the process of creating this art or drama or performance (and so on) can also be a powerful learning and transformative experience. This is a good strategy to use with young men in school and to use with adult men in community settings, whom it might be hard to reach in other ways. For one example of this strategy, see *Case Study 5: Durban-London Gender Equity Collective in South Africa*.

Across these different strategies, there are some common themes and issues that are useful to think about in terms of working with men. These include the importance of working on:

Socialisation – by trying to change the messages that both boys and girls get as they are growing up about how to be a man and woman. Often these messages can increase the vulnerability of both men and women to HIV/AIDS (see the annex on Definitions for more information on vulnerability).

Sexuality – by teaching young men about their bodies and sexual development, and the skills they need for healthy and respectful relationships, both sexual and non-sexual (see the annex on Definitions for more information on sexuality).

Safe spaces – for helping men come together to talk about their feelings and fears about sexuality, their attitudes toward women and the positives and negatives of traditional gender norms and roles, without the fear of being judged (see the annex on Definitions for more information on gender norms and roles).

Safety of women – by holding men accountable for the male violence that threatens the safety of all women. This can range from working with men who have been directly violent to hold them accountable for their behaviour, to discussing with all men what they can do to both prevent and intervene in male violence.

Strength – by helping men to redefine what strength and power means in order to encourage men to use their strength to protect their own and others' health.

Self-esteem – by looking at the links between men's low self-esteem and the attitudes and behaviours that put themselves and their partners at risk of HIV infection. Self-esteem issues may be linked to both men's unsafe drug use (sharing needles and syringes) and unsafe sex (not using a condom).

Services – by making sexual health and harm reduction services more accessible and appropriate to men, including marginalised groups such as men who have sex with men, and injecting drug users.

Solidarity – by organising men to come together and support each other to work for changes in gender norms and inequalities that cause problems for both themselves and women.

Systems and structures – by advocating for laws and policies that support equality and human rights, prevent discrimination and protect groups with less power in society (women, children and sexual minorities).

Social justice – by recognising that changes in relations between men and women depend on other changes in unequal relations between people in society.

CASE STUDY 1

AFOULKI ASSOCIATION FOR WOMEN IN MOROCCO

WHO?

- Workers

WHAT?

- HIV risk through sex
- STIs
- Gender norms and roles
- Sexuality issues

HOW?

- Group work
- Service referrals

BACKGROUND

Preventing the spread of HIV/AIDS is a particularly important development challenge for Morocco. Drought over the past five years has led to a serious economic crisis for the estimated 40% of Moroccans who depend on agriculture to survive. Twenty per cent of the population still live in poverty, with a further 30% highly vulnerable to poverty in the event of a serious economic downturn. Adult literacy rates are very low at 48%, with women by far the most affected. It is estimated that over one in five of the Moroccan workforce is unemployed.

These economic conditions have greatly increased the number of people, especially men, from rural areas moving to towns and cities in search of work. These men's sexual behaviour, when they are away from their families, social networks and the social norms of close-knit village life, typically increase their risk of HIV infection and getting other STIs, and of infecting their wives when they return to their villages.

Afoulki Association for Women is based in Tahanaout, a village about 20 km from Marrakech. The organisation aims to improve the quality of life for women in rural areas and to ensure a long-lasting programme of development for them. They have set up literacy programmes for women and children, as well as a programme against child labour. Through its programmes, Afoulki came to realise that it was important to work with men because of the threat posed by men's sexual behaviour – and men's power over women more generally – to women's health and development.

Afoulki therefore decided to target men in Tahanaout. The village has close economic and cultural links with Marrakech, and there is a regular and large-scale migration of young men from the village to work and study in the city. The project began in 2001.

The overall goal of this project is to decrease high-risk behaviours and change attitudes of young male workers from Tahanaout.

Specifically, the objectives of the project are to:

- Enable young men to protect themselves and others from HIV/AIDS and STIs through education
- Promote discussion of taboo subjects on gender and sexuality at the family level
- Increase the number of people seeking STI diagnosis and treatment from health services.

WHAT IS THE GOAL OF THE PROJECT?

WHO IS THE PROJECT WORKING WITH?

The project works with young male workers, 16 to 26 years old. Some of them are still students who also have to work because they come from a poor background. Most are single, and few have finished more than their primary education.

The project decided to target young men because of their vulnerability to HIV/AIDS, linked to the lack of information and services for them on sexual health. Working with men was also seen to be an important complement to their existing work with women on sexual health. It was also decided that it would be easier to discuss sexual health with younger, single men because they are under less pressure than older men to uphold community norms that make it taboo to talk about sexual matters.

HOW DOES THE PROJECT WORK WITH MEN?

Preparation: At the beginning of the project, a meeting was held with the young men, in which the objectives of the project were explained. They were interested in the aims and methods of the project, and agreed to participate in its activities. The project divided the young men into two groups: the workers and the apprentices. Afoulki runs its sessions with the workers at their headquarters and works with the apprentices at their training centre.

Group work: Project staff facilitate weekly group discussions for both groups, for up to 24 weeks. The curriculum for these group sessions includes general topics such as unemployment and rural depopulation, as well as discussion of growing up, adolescence, and relations between men and women (marriage, raising a family, divorce). The curriculum also focuses more specifically on HIV/AIDS and sexual health (perceptions of STIs, most common STIs in Morocco, perceptions of HIV/AIDS, HIV modes of transmission, modes of prevention) as well as sexuality (the male and female bodies, masturbation, homosexuality, adultery).

The group facilitators use participatory methods to encourage sharing and learning. These include brainstorming, small group activities, role-playing and case study discussions. Many of the exercises are adapted from or inspired by the 'Stepping Stones' manual.

Condom education: One session of the group work focuses on condom use, usefulness and storage. Afoulki is not yet able to distribute condoms itself because of social norms against condom use that are at their strongest in rural areas. But it has researched the availability of condoms in the local area and advises the young men where they can get them.

Service referrals: Afoulki has set up a formal process for referring all of its clients, including young men, for STI treatment. Project staff have been trained in basic counselling skills and in syndromic diagnoses of STIs. On the basis of this preliminary diagnosis, young men with an STI are referred by the project to the nearest health clinic with a referral letter for the nurse/doctor.

WHAT ARE THE RESULTS OF THIS WORK?

A process evaluation of the project found that 80% of the target group regularly attended discussion sessions, and the vast majority of the young men were assessed as actively participating in these sessions.

Young men's understanding of information on, and topics related to, HIV/AIDS and STIs has improved. Some men have reported that they have passed on new

WHAT ARE THE LESSONS FROM THIS WORK?

'When we started it was really difficult to even talk about the sexual organs: now it is clear that things have changed dramatically. At a minimum, the members of the association can now talk openly amongst themselves about issues such as sexuality and risk.'

Afoulki staff member

information from the sessions to other men, although this multiplier effect was not an objective of the project. Some men also report that families and couples are more willing now to talk about sexual matters and relations between women and men – before this work was done, these topics were taboo. Through these group discussions with the young men, Afoulki has greatly improved its understanding of their HIV/STI prevention needs. Project staff have improved their group facilitation skills and, perhaps more importantly, are now more able and willing to discuss issues of sex and sexuality openly.

- ✓ Men are interested in discussing issues of sexual health, gender and sexuality. The belief, held by many NGO workers, that men are not interested in discussing these issues is completely false.
- ✓ In order to be effective in HIV/STI prevention work, it is necessary to work with both men and women. It is important to integrate work with men in a women-focused organisation such as Afoulki because of men's power over women's lives. Working with men in this way meets local women's needs.
- ✓ The Association's work with men has also helped to educate men in the community about the broader work of Afoulki and to get their support for it.
- ✓ It is important to be patient and sensitive in developing these discussions with men on issues of gender and sexuality – the men in the groups were often shy or resistant to discuss issues openly at first. For example, it helps to start discussing general topics and issues of immediate concern to men, before moving on to talk about more sensitive issues.
- ✓ Doing this work with men has had an impact on staff attitudes, both toward men themselves and their capacity for change, and toward issues of sexuality. Project staff report feeling more able now to discuss issues of sexuality and more willing to think about their own attitudes toward these issues.

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CASE STUDY 2

BOTSWANA NATIONAL YOUTH COUNCIL

WHO?

- Adult men in the community
- Young men at school

WHAT?

- HIV risk through sex
- Health and social welfare problems
- Gender norms and roles
- Sexuality issues

HOW?

- Outreach
- Group work
- Recreational activities
- Service referrals
- Community mobilisation

BACKGROUND

'I do not expect for my wife to be my equal. Men and women are simply not equal; the man is the head of the house and he has the final say when it comes to issues of the house, including family planning.'

50-year-old married man

WHAT IS THE GOAL OF THE PROJECT?

WHO IS THE PROJECT WORKING WITH?

Botswana has one of the worst HIV/AIDS epidemics in the world. There are many reasons for this, but men's attitudes and behaviours are among the most significant. Men are brought up to believe that they are superior to women. Having sex with many women is often seen as a way to be a 'real man'. Men believe that they are entitled to sex with women but that family planning is the woman's responsibility. Men are hardly ever seen at the clinics with their children, wives or families, and do not usually belong to any club or society that addresses social issues related to health.

But some men also report feeling 'left out' of sexual health matters and want to be more involved. Men get few opportunities to talk about their questions and concerns about sex. Yet when asked, men have many anxieties, often relating to sexual performance (for example, penis size, erectile dysfunction, premature ejaculation). The pressure on men to prove themselves through sex is rarely discussed. Sex between men is a taboo subject.

The Botswana National Youth Council (BNYC) began its Men, Sex and AIDS Project in 1997 to respond to this situation. Since the BNYC opened in 1996, it has concentrated its efforts on youth empowerment. Its mission is 'to empower young people through a coordinated range of programmes, in pursuit of the stated goals and objectives of the National Youth Policy'. HIV/AIDS poses perhaps the most serious threat to the development and empowerment of young people in Botswana, and thus has become an important focus of BNYC's work. BNYC decided to target this work at men because of the central role they play in the HIV/AIDS epidemic in Botswana.

- Educate men about HIV/AIDS and safer sex
- Talk with men about their sexual behaviour and sexuality more broadly
- Assess the needs of young men in relation to decreasing the rate of HIV/AIDS infections
- Develop strategies, networks and methods of fieldwork to reach more men with a more comprehensive programme addressing their needs.

BNYC works with men between the ages of 14 and 49 years. The project targets men from different economic backgrounds, in both urban and rural areas. A lot of attention has been given to school youth. The project states clearly that it works with men of all sexual orientations.

The project seeks to work with men in social settings, such as bars, nightclubs, sports fields and so on. It also targets men in a range of institutions, such as prisons, the armed forces, private companies and schools. The project works both with men at the grassroots level and with men in leadership, who are able

HOW DOES THE PROJECT WORK WITH MEN?

‘I have had more than one sexual partner. Women love me and love that I have money. But I think that as of this day on, you need to help me to stay focused because I really want to break up with all these girls and have one steady partner.’”

30-year-old workshop participant – now an active member of ‘Men, Sex and AIDS’

WHAT ARE THE RESULTS OF THIS WORK?

to work with other men or help administer programmes targeted at men in their areas.

The approach of the project is to focus on male sexuality rather than just HIV/AIDS education, emphasising the importance of dialogue between friends and partners. Strategies include:

Outreach work: Skilled fieldworkers make contact with men within their social networks. They provide men with information on sexual health and HIV/AIDS, and distribute condoms. They also open up discussions with men about sex and sexuality.

Group work: The project runs about one workshop a month. The aim is to train men to take on active roles in the fight against HIV, including running workshops on gender, sexuality and HIV/AIDS for other men in their social networks. Workshops have been targeted at different kinds of men (such as the unemployed, men in the workplace, men in the armed or police forces) and are held in venues close to these men. They usually last three to three-and-a-half days and include a range of interactive methods.

Community mobilisation: The project supports local groups of men to organise themselves. They are responsible for mobilising men in their area, sharing information, distributing condoms and participating in HIV/AIDS-awareness activities. These groups draw men from workplaces, the armed or police forces, the unemployed, schools and so on.

Recreational activities: The project runs a variety of recreational activities, especially with young people. These include sponsored walks, fêtes and indoor soccer. When necessary, the project brings in outside experts to help with these activities. Radio and local newspapers, as well as pamphlets and letters, are used to attract men to such events.

Promotional events: Project staff participate actively in HIV/AIDS-related events; for example, World AIDS Day, Month of Youth against AIDS, Condom Week.

Service referrals: The project gets a number of requests for legal assistance from the men with whom it works. Rather than provide legal services directly, the project works in partnership with a local human rights organisation (Ditshwanelo) to provide any legal or human rights services that are required.

The project also partners with the local HIV testing centre, PSI (a condom social marketing organisation), Botswana Family Welfare Association (BOFWA) and the Coping Centre for People Living With AIDS (COCEPWA).

- The general response from individuals and institutions has been very positive. The project gets an overwhelming number of invitations to address people at various places of work, schools, the University of Botswana, the armed forces and so on.
- The number of men’s groups has grown around the country in the past five years. There are about 10 groups around the country. A lot of men approach the office to volunteer their services.
- Men report a number of changes in sexual attitudes and behaviour, including men who:
 - claim to have reduced the number of their sexual partners
 - say they appreciate the condom more

WHAT ARE THE LESSONS FROM THIS WORK?

– say they have changed their sexual 'ways' since they have understood sexuality better, and now appreciate themselves and their partners more.

- ✓ As much as men can be a difficult group to target, they are willing to learn more about themselves as men, their sexuality and how it can influence their lives and relationships. Given the opportunity, men are willing to learn from each other's experiences.
- ✓ Men need accurate information on all aspects of sexuality and a chance to ask questions and discuss concerns.
- ✓ In order to encourage men to talk about issues of sexuality and gender, it is important to be open, talk about your own experiences and how you feel about discussing these issues.
- ✓ Helping men to feel comfortable is essential. It helps to get men to appreciate that sex is natural.
- ✓ Working with many older men or men with strong religious beliefs is a challenge because of their preconceived ideas. The best way is to listen and learn from them, and adapt your information and message based on what they have to say. This is better than trying to change their beliefs, because this will meet with resistance. Workshops are not a platform for challenging beliefs but for imparting knowledge and, where appropriate, sharing experiences.
- ✓ Funding proved to be the biggest problem for many of the recreational activities that the project wanted to carry out. In raising money for recreational activities, it is essential to make clear how these activities contribute to the goals and objectives of the project.

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CASE STUDY 3

BULGARIAN GENDER RESEARCH FOUNDATION

WHO?

- Adult men (who have been violent)
- Young men in school

WHAT?

- Violence
- Gender norms and roles
- Human rights issues

HOW?

- Group work
- Counselling

BACKGROUND

Bulgaria is a country with deeply rooted social norms that support men's power over women (patriarchal power). Violence against women is still easily tolerated and rarely discussed openly. The culture of male dominance is reinforced by women's lack of economic power, which has been made worse by the economic crisis during the transition from communist rule. There are no appropriate legal mechanisms, such as protection orders, to tackle violence against women, and no state-sponsored shelters for female survivors of male violence. Nor are there any counselling services working directly with men who have been violent.

Above all, there are no education programmes challenging harmful gender stereotypes and the patriarchal culture. There is little gender and sexual education for young people in schools. Reproductive and sexual rights are not covered in the school curricula. Young people are not taught about the concepts of responsible and informed choice, or the links between violence and reproductive and sexual rights.

The Bulgarian Gender Research Foundation (BGRF) has played a critical role in raising people's awareness of the problem of violence against women in the country. BGRF drafted the first comprehensive education programme to teach non-violence. This has been well received by the Ministry of Education and the State Agency for Child Protection. From this work, and from its legal counselling service to female survivors of violence, BGRF came to recognise the importance of working more directly with young and adult men.

WHAT IS THE GOAL OF THIS PROJECT?

The overall **goal** of the project is to develop more effective strategies for preventing men's violence against women. To achieve this goal, the **objectives** of the project's work with teenage boys are to:

- Change traditional gender stereotypes
- Prevent violent expression of feelings
- Build a culture of tolerance toward gender and other differences.

To achieve its goal, the **objectives** of the project's work with men who have been violent are to:

- Make them understand that aggression is their responsibility and not the fault of their partner
- Make them understand that violence does not solve the problems in the family and/or intimate partnership
- Help them overcome aggression
- Motivate them to ask for help when feeling that they could become violent.

WHO IS THE PROJECT WORKING WITH?

The project works with adolescent boys and girls in secondary schools, as well as adult men who have been violent.

In its first phase, the project worked with eight groups of teenagers from five different schools. The participants ranged from 13 to 17 years old and the groups were gender balanced. Students were asked to participate on the basis of their answers to a questionnaire looking at the attitudes of adolescents towards the issue of violence. All the participants volunteered to take part. The questionnaire also revealed that students preferred to discuss issues of gender violence in mixed groups.

The project also created a counselling unit for men with aggressive behaviour. These men were mainly referred for counselling by the police, having received a complaint from the woman victim. As there was no legal obligation to attend, not all of the men came to the counselling office. In a period of nine months, some 30 men were registered and had one or more counselling sessions.

The project also worked with men in prison for any kind of sexual crime. This part of the project was carried out in the town of Bourgas, on the Black Sea coast, by the NGO Demetra (dvideva@unacs.bg). Demetra staff worked in prison and police stations, as well as their own offices, with a selected group of men.

HOW DOES THE PROJECT WORK WITH MEN?

BGRF began its project in 2000 and it lasted for 18 months. The work in the prison was carried out with the cooperation of the local police and municipal government. Project activities were implemented by clinical psychologists and family therapists with former police officers acting as social assistants.

Counselling: 30 men received individual counselling on their violent behaviour.

Group work: A group of men from the prison was formed on a voluntary basis and 20 men were selected out of 75 volunteers. All of them passed through a risk assessment (psychological interview). They regularly attended the group sessions. Sessions were held every two weeks and led by a clinical psychologist.

In the schools component of the project, more than 500 young people were given health and gender education. Interactive classes were run once per week for three months. Classes lasted between 120 and 150 minutes. The curriculum was drafted by the BGRF, mainly using the school kit of the White Ribbon Campaign. All the teachers were free to include more themes depending on the interest shown by the students. The classes included role-playing, designing posters, researching literature and screening media.

WHAT ARE THE RESULTS OF THIS WORK?

There was a strong response from the students. The project clearly met a need for such education. It gave students a confidential space in which to discuss matters that interested them that was not otherwise available in the school curriculum. They participated actively in the campaigns against violence, in the essay and poster contests, and in media events. Most of them said they wanted to continue working on the project as peer educators with younger students.

Boys were eager to learn about and to discuss issues of violence. The fact that the groups were composed of both boys and girls helped to promote the

'There must be more and more groups like ours and more and more people should be fighting against violence.'

Boy, 17 years

'I am satisfied with the group work, although I had some reservations at the beginning. I think it has good prospects and can help many imprisoned convicts.'

Adult prisoner

WHAT ARE THE LESSONS FROM THIS WORK?

'When we speak here in the group, my head reverberates for a whole night and I think what made things go that way, what do I have to change to make things better. I very much wish I could go out on parole and start living better, but I will need help there.'

Adult prisoner

sharing of different points of view. Sometimes boys were more active than girls. At the end of the course, boys showed less tolerance of violence and the girls showed more self-confidence.

The group of teachers involved with the project were mostly women, with two men. Both younger and older teachers showed a growing enthusiasm for the project. They were really surprised by the positive reaction of both the boys and the girls. Most of them were teachers of philosophy or school psychologists, and undoubtedly their background helped. They found the curriculum very suitable for civic education classes as well as for teaching ethics. All the teachers contributed their own ideas and experience to the project. All teachers reported positive changes in the behaviour of the students.

Parents were also positive about the project. Some of them came to the diploma event. Some contacted BGRF after the course had ended to find out about other services.

The prisoners participating in the project had sentences that did not allow them to leave the prison for any reason. They often also had difficult relationships with the prison authorities. In the course of the project they changed their behaviour, becoming more communicative and almost all of them managed to obtain the right to work. The authorities appreciated this change. Some of the prisoners expressed an interest in studying and gaining some qualifications, which is unusual in Bulgaria.

- ✓ When working with boys and men it is important to be more confident that they can change. In this respect, it is necessary to challenge the view that men's attitudes and behaviours are 'fixed by nature' and to understand the ways in which such attitudes and behaviours are produced by social norms about gender.
- ✓ Change is possible even for men who have been violent, and any positive change is worth working for.
- ✓ Projects should try to work with the creativity of teenagers and leave them to draw their own conclusions about the problems of violence by working from real-life situations. In this respect, it is important to challenge the idea that education is simply about adult teachers providing knowledge to young people. Instead, it is better to work with young people's own understandings and experiences of violence in order to discuss how to address it.
- ✓ In order to work effectively with young people, projects have to think of ways to keep young people's interest by providing new information or new ways of looking at a situation.
- ✓ Working with adult men in prison is an important way of working on the links between gender norms and male violence with a group of men who are vulnerable to being violent. But is also important to think of ways in which this work can be continued when such men are released from prison.
- ✓ Always stress the concept of tolerance for diversity of any kind – gender, race/ethnicity, sexual orientation, language and so on – as this is crucial for non-violence. This means going beyond thinking of violence as just physical violence, to discuss the many different forms in which violence can be expressed.

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CASE STUDY 4

COMMUNITY DEVELOPMENT CENTRE IN BANGLADESH

WHO?

- Workers

WHAT?

- HIV risk through sex
- STIs
- Health and social welfare problems

HOW?

- Peer education
- Advice/information service
- Group work
- Counselling
- Outreach

BACKGROUND

Mongla is the second largest seaport in Bangladesh. The seaport is also linked to a network of rivers, on which the goods to and from the port are moved. About 10,000 dock labourers work at the port on a permanent or temporary basis. All of them are male.

They come to work in Mongla from all over the country. Most of the dock labourers live alone without their family, either in dormitories or rented houses. Typically, many men share a tiny room, and sometimes there is a need to share beds. These sleeping arrangements help to make sex between labourers quite common.

Dock labourers earn little, sending some of this income back to their families. But they also tend to enjoy spending their cash, partly to show their 'manliness'. The freedom which comes with being away from their families, combined with peer group pressure, means that many labourers go to brothels for sex.

In the workplace, the position of dock labourers is very low. But when they return home to visit their families, they like to show their authority over their wives and children. Wives have little decision-making power when it comes to sex. This increases their vulnerability to problems of sexual and reproductive health. Dock labourers' unsafe sexual behaviour, together with their domination of their wives, takes place in the context of poverty. Such poverty limits people's control and choices over their lives and their health.

The Community Development Centre (CDC) started work in the early 1990s. Its main objective was to develop the socio-economic condition of poor people in the coastal areas of Bangladesh. It focused on non-formal education, sanitation, maternal and child health and family planning, as well as running a credit programme for poor women to start small businesses.

Through this work, it became clear that sexual health issues were a major concern for the large number of dock labourers working in coastal areas. In 1997, CDC began an HIV/AIDS- and STI-prevention programme for dock-labourers and their families in the port of Mongla.

The goal of the project is to prevent STIs and HIV/AIDS through providing support services for the dock labourers and their families in Mongla.

In providing such services, CDC's objective is to help the dock labourers take more care of their sexual health and act more responsibly in their family roles as husbands and fathers.

WHAT IS THE GOAL OF THE PROJECT?

WHO IS THE PROJECT WORKING WITH?

At the beginning, the project targeted 1,000 dock labourers and their families in villages near the port. The project usually worked with the women because the dock labourers only came home every two to three months. This became a problem when project staff tried to raise issues of gender and sexuality. Doing this only with the women led to conflict between dock labourers and their wives, and between CDC and community leaders.

After the second year, the project shifted its focus to the workplace at Mongla seaport, where the dock labourers stay for a longer period. The project targets labourers, truck drivers, helpers and related workers. The age of these men ranges from 20 to 40 years old. They are mostly illiterate, and the majority come from very poor communities in rural areas. Most are married, with children. The most common illnesses for which they seek medical care are STIs.

HOW DOES THE PROJECT WORK WITH MEN?

Peer education: Peer influence is strong among dock labourers. Living in dormitories away from their families, they depend on each other for information and support. Thus, using peer educators is an important strategy. Peer educators are trained in basic information on HIV/AIDS and STIs, communication skills and condom promotion. They work as volunteers. The tasks of peer educators include condom promotion, awareness-raising on HIV/AIDS, running the drop-in centre and being role models for the rest of the community. Project staff support and monitor their activities, and organise regular meetings to update their knowledge.

Drop-in centre: CDC persuaded the union to provide space and funding for a drop-in centre. The local community formed a committee to manage the centre. Peer educators run the centre. They organise a range of educational, recreational and cultural activities in the centre, as well as hold group meetings. The centre has become a meeting, organising and information-sharing place for the community.

Group work: Male project staff hold group meetings with the dock labourers in their dormitories, at the drop-in centre and with their female partners in the home. The purpose of these meetings is to develop the life skills and self-esteem of group members, as well as to provide education on HIV/AIDS and STIs. Single-sex and mixed-sex group meetings are also held to discuss gender roles and responsibilities, and issues in relationships between women and men. To create the best environment for discussing these topics, the meetings often begin by discussing reproductive health, maternal and child health, child immunisation and sanitation. This helps to make men more open to talking about gender issues.

Counselling: CDC provides individual counselling on HIV/AIDS and STIs, focusing on issues of prevention, testing and treatment/care.

Outreach: Project staff and peer educators do outreach work, one-on-one with individuals. This outreach focuses on condom promotion and referral to other services (such as STI treatment). Issues of life skills as well as gender and sexuality also come up. Where possible, outreach workers provide all necessary information and assistance.

WHAT ARE THE RESULTS OF THIS WORK?

There have been a number of positive results, including:

- Increased awareness of HIV/AIDS and STIs
- More men and women going for STI treatment and better treatment compliance
- More demand for condoms
- Greater gender equality:
 - Married women are more able to discuss condom use with their husbands and are more likely to go for STI treatment themselves
 - Married men are taking on more household tasks.

WHAT ARE THE LESSONS FROM THIS WORK?

- ✓ Building good relationships with the management of the port and union leaders was critical.
- ✓ Networking with other service providers enabled CDC to ensure STI treatment and other health care for dock labourers and their wives.
- ✓ Involving the community in developing information materials makes them more relevant.
- ✓ Providing incentives is important to keep peer educators involved and to encourage them to take on more responsibility.
- ✓ Organising group meetings in the workplace was difficult because labourers were not given time off. So, project staff try to hold group meetings in the evenings and at the weekend. One-to-one meetings have also been good for talking about sexual health.
- ✓ Addressing gender and sexuality issues was made easier by working with both men and women, separately and then together.

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CASE STUDY 5

DURBAN-LONDON GENDER EQUITY COLLECTIVE IN SOUTH AFRICA

WHO?

- Young men in school
- Workers (teachers)

WHAT?

- HIV risk through sex
- Gender norms and roles
- Sexuality issues
- Violence

HOW?

- Group work
- Research
- Arts, theatre, media

BACKGROUND

Violence, gender inequality and high rates of HIV/AIDS are three major problems at all levels of South African education. Gender inequalities play out in different types of violence: boys are the main perpetrators of sexual assault against girls but boys can also be the victims of assault by other boys. Current HIV/AIDS interventions with young people in schools rarely focus on these issues of inequality and violence. When they do, such interventions tend to work with simplistic assumptions about perpetrators being male and victims being female.

In 2000, researchers from universities in South Africa and the United Kingdom formed the Durban–London Gender Equity Collective (the Collective) to look at ways of doing HIV/AIDS work with young people that took account of gender issues and violence. Its pilot project, Reducing Violence and Addressing HIV/AIDS from a Gender Perspective in Schools Located in Poverty-stricken Communities in KwaZulu-Natal, was conducted from 2000 to 2002.

WHAT IS THE GOAL OF THE PROJECT?

The overall goals of the project were to:

- Reduce young men's violence against young women, but also against other young men
- Reduce HIV transmission in schools
- Promote the principles of gender equity.

The specific objectives of the project were to research:

- How young women and men in schools think about and act out social norms about their gender identity
- How young men's violence against young women is linked to these social norms about masculinity and femininity
- Whether these norms could be changed by a specific intervention (DramAide's 'Mobilizing Young Men to Care' approach) and the possible effects of such changes on gender-based violence, gender equality and HIV/AIDS.

WHO IS THE PROJECT WORKING WITH?

The project worked with male and female secondary school learners (aged from 13 to 25 years) in two schools in poor communities in the Durban area. Some 20% of the population of these schools is malnourished as a result of poverty.

The young people who participated in the project were all black (African) and mostly Zulu first-language speakers (some were Xhosa first-language speakers). They came from townships near Durban. Many came from very poor families,

HOW DOES THE PROJECT WORK WITH MEN?

living in crowded circumstances without electricity and dependent on earnings in the informal sector.

The DramAide intervention worked directly with 30 to 40 young people in each school. Some of this work was done in single-sex groups, but most of it was in co-educational settings. The work included:

Group work: The young people participated in a series of 15 workshops, taking place over a month. The workshops addressed a number of issues. These included gender and HIV/AIDS, the meaning of love, relations between women and men, power and violence, social norms about sexuality, and young people's sense of HIV risk. The workshops emphasised skills in acting out emotions, showing empathy for other people, communication and mediation.

Educational theatre: During the workshops, the young people also prepared an educational theatre play on gender and HIV/AIDS. They performed this play for the rest of the students at their respective schools at the end of the intervention. In this way, the project reached a total of 2000 school-age learners.

Workshop for teaching staff: In addition, project staff ran a one-day workshop for teachers in each school. These workshops aimed to explain the project, explore teachers' ideas and experiences of gender, and motivate them to continue work on issues of gender equality and HIV/AIDS in their schools and in their lives.

Evaluation research: In parallel with the DramAide intervention, project staff carried out evaluation research. Small, single-sex focus groups discussed with a researcher/evaluator the impact of the drama work by focusing on the changes in their understanding about gender equality. This helped the learners to think about their lives with new awareness. The focus groups also helped to build a stronger relationship between project staff and the learners, in which staff could challenge some of the learners' ideas about gender inequality. In this way, the research not only tried to assess the impact of the intervention but also to deepen that impact.

WHAT ARE THE RESULTS OF THIS WORK?

The project has not formally established whether violence or HIV transmission has declined. People are understandably reluctant to be tested for HIV and disclose their status because of the stigma of being HIV positive in South Africa and the refusal of the state to make antiretroviral drugs available. Without this information, researchers must rely on self-reported behaviour change and observation to identify changes in sexual and gender behaviour.

Noting the limitations of this, some project impacts can still be identified. Despite the focus on male learners, the biggest impact was among female learners, who reported that they were:

- More confident in challenging exploitative and unequal relationships with boys (for example, realising that they did not have to have sex with an assertive boy if they did not want to)
- More able to insist on being consulted and respected by boys, friends and teachers

- Much clearer about their rights as young women and the impact of gender inequalities historically upon their lives
- Committed to asserting themselves more forcefully in social and educational contexts in the future.

There was also an impact on some of the boys, who said that the project had helped them to:

- Take more responsibility for their actions
- Express their emotions better
- Be more open to ideas of gender equality in their own lives and relationships.

As a result of the project, both schools have tried to address concerns about gender equality and HIV/AIDS. One school, for example, set up an active 'gender desk' which promotes gender equality in the school and monitors cases of gender harassment and abuse.

WHAT ARE THE LESSONS FROM THIS WORK?

- ✓ Interventions need to be sustained and intense. This involves resources (financial and human) and the enthusiastic commitment of project staff. There is a need to mainstream such interventions by training and motivating teachers to implement as well as support this work on gender equality and HIV/AIDS. Attempts to reduce violence and levels of HIV infection in schools must include a gender strategy that tackles gender inequality in schools. In South Africa, this could form part of the life skills curriculum.
- ✓ Scale is important. This means working with the whole school population and working across all schools in a local area. Working on this kind of scale is necessary in order to begin to change community norms.
- ✓ Interventions need to work with both male and female learners and teachers. Working in mixed and single-sex groups helps young people and adults to think about and change unequal relations between women and men.
- ✓ Interventions must also work at the level of the individual learner so that she/he may begin the personal work of change that is necessary for broader changes in gender norms.
- ✓ Research can be an integral part of an intervention and could be included as a way of strengthening the intervention.

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CASE STUDY 6

ENNAKHIL ASSOCIATION FOR WOMEN AND CHILDREN IN MOROCCO

WHO?

- Men in prison

WHAT?

- HIV risk through sex
- HIV risk through injecting drug use
- STIs
- Social welfare problems
- Sexuality issues

HOW?

- Group work
- Social welfare service

BACKGROUND

Increasing poverty, high rates of illiteracy and growing urbanisation (as people leave rural areas in search of work) are some of the contexts for understanding increasing rates of HIV infection in Morocco. Rates are rising fastest among younger people and women, who are particularly vulnerable in a situation of increasing poverty. Anecdotal evidence suggests that HIV-risk behaviours are becoming more widespread, including unprotected sex, high rates of sexual partner exchange, vaginal and anal sex without condoms or lubrication and, to some extent, sharing of needles by injecting drug users. Trends in risk behaviours are reflected in STI rates, with over 75% of reported cases being women.

Cultural, social and religious attitudes about sex make it difficult to discuss sexual health honestly and openly. Sex outside of marriage, commercial sex and sex between men carries a social stigma. People involved in these practices often have great difficulty getting the information, services and support they need to reduce their HIV/STI risk. Very few civil society organisations are involved in the response to HIV/AIDS. As a result, there has been very little work done on reaching out to the people most affected by the epidemic, and discrimination towards these groups is still common.

The Ennakhil Association for Women and Children, based in Marrakech, is an NGO whose mission is to promote women and children's development. Recognising the growing problems of STIs and HIV/AIDS, it asked the women and young girls with whom it works how best it could respond. They recommended that the Association start to work with men, both because of their power over women and because of their own vulnerability.

From their previous work with female prisoners, it was clear to the Ennakhil Association that male prisoners were one of the most vulnerable groups. They share with the rest of the population a lack of knowledge about HIV/AIDS and STIs. But their vulnerability is increased by the sharing of needles and syringes used for injecting drugs, as well as unsafe sex between men. Sometimes sex between men is forced – no statistics are kept, but it is believed that male rape (of men by men) is not uncommon.

The main goal of the project is to reduce high-risk sexual and drug-using behaviours among male prisoners. To accomplish this, the objectives of the project are to:

- Improve prisoners' knowledge about HIV/AIDS, STIs and drug use
- Motivate prisoners to protect themselves from HIV/STI infection.

WHAT IS THE GOAL OF THE PROJECT?

WHO IS THE PROJECT WORKING WITH?

The project works with male prisoners of the civilian prison in Marrakech. Most come from rural areas and are between 18 and 45 years old. Although exact statistics are not kept, it is believed that many of the men are low literate or illiterate, with histories of unemployment and underemployment (such as seasonal work).

HOW DOES THE PROJECT WORK WITH MEN?

Preparation: The work in the prison began in 1998, when project staff met with the prison director. The initial aim of the project was to provide literacy training for prisoners. In recognition of the problem of HIV/AIDS and STIs, the project soon expanded to include a focus on HIV/STI prevention.

From the beginning, project staff were careful to build relationships with the prison authorities. Regular meetings with the prison administration have been held. The project has also adopted a policy of not interfering in the internal affairs of the prison. This means that project staff do not get involved in issues or complaints that prisoners have with the administration.

Group work: Since the beginning of the project, weekly group sessions have been held for male prisoners. The group has usually no more than 20 members. A range of topics are discussed, including human rights, drugs and drug use, sexuality issues (male and female genital system, masturbation, homosexuality, adultery), as well as HIV/AIDS and STIs (perceptions of STIs, most common STIs in Morocco, perceptions of HIV/AIDS, HIV modes of transmission, and methods of prevention).

The group facilitators use participatory methods to encourage sharing and learning. These include brainstorming, small group activities, role-playing and case study discussions. Many of the exercises are adapted from, or inspired by the 'Stepping Stones' manual.

Social welfare service: Project staff also provide basic social welfare support, focusing on helping prisoners to maintain their relationships with their families. Staff help prisoners with letter writing, as well as visiting their close relatives.

Staff capacity building: To undertake this project, facilitators (male and female) have received two training courses on participatory facilitation techniques. This training was in addition to the monthly meetings in which they prepare and discuss session plans for the group work.

WHAT ARE THE RESULTS OF THIS WORK?

Prisoners have attended group sessions regularly, and the great majority have participated actively in the group discussions. There has also been a noticeable improvement in the level of discussion, with the prisoners showing an increasing understanding of the issues and being better able to ask more probing questions of each other and of the facilitators.

The commitment of the prisoners to this work was demonstrated recently when a group of prisoners who had finished their group work requested the prison administration to provide them with their own space and time to meet so that they could continue this work by themselves. Although no formal evaluation has been done, there does appear to have been an improvement in prisoners' knowledge about HIV/AIDS and STIs, more openness to discussing sex and sexuality, and a greater motivation to protect themselves from infection.

WHAT ARE THE LESSONS FROM THIS WORK?

- ✓ Taking care to build a good relationship with the prison authorities was important to the implementation of the project. The key steps in this relationship-building included: explaining the aims of the project from the beginning; discussing the curriculum with the prison administration and taking their recommendations into account; and providing the prison director with a list of discussed topics and a summary of the project. In all of this work, the project has considered the prison staff and administration as indirect beneficiaries of the project, and not merely as 'gatekeepers' for the project.
- ✓ The smooth running of the project has also been helped by the clear policy of not interfering in the internal affairs of the prison, and not setting up prisoners against the prison service.
- ✓ Using a literacy project as the way to begin this work also proved to be a good entry point into the prison. Starting with literacy work made it easier to establish a working relationship with the prison authorities, after which it was easier to add HIV/AIDS and STI prevention work.
- ✓ It has also been critical to build relationships of trust with the male prisoners as well. Project staff have sought to provide basic social welfare support and to listen to prisoners' needs and problems, while being honest about which needs they cannot address. It has been essential to be clear about the need for, and limits of, confidentiality in dealings with prisoners, and to be patient in the building of relationships.
- ✓ An important lesson from the group work has been to build up to sensitive issues around gender, sexuality and drug use in such a way that the men don't feel that they are simply being blamed or lectured. The use of participatory approaches has been helpful in involving the men in discussions about how best they can protect themselves from HIV/STI infection.
- ✓ It has been useful to make closer links with the prisoners' families, although more work is needed on this. Ennakhil Association also recognises the importance of doing more work with the men when they come out of prison.

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CASE STUDY 7

MEN AS PARTNERS PROGRAMME IN SOUTH AFRICA

WHO?

- Adult men
- Workers
- Young men in school

WHAT?

- HIV risk through sex
- STIs
- Gender norms and roles
- Sexuality issues
- Violence

HOW?

- Outreach
- Group work
- Training (of trainers)

BACKGROUND

South Africa faces linked crises of HIV/AIDS and violence. The country has one of the fastest growing AIDS epidemics in the world. Gender-based violence in South Africa has also been described as an epidemic. Research on domestic violence has found that up to a third of women have been beaten by an intimate partner.

Inequalities between women and men link these two crises. Women's lower social status reduces their control over their sexual lives and their protection from men's violence. Economic and social pressures prevent many women from leaving violent relationships and situations. As fathers, brothers, uncles, and husbands, men exercise power and control over the women in their lives, backed by feared or actual violence. Gender norms reinforce men's attitudes toward women as sexual objects, from whom they are entitled to sex. Both the reality and the fear of sexual violence strengthen male control over female sexuality and increase women's vulnerability to HIV/AIDS.

Gender norms and roles also increase men's vulnerability. Men are pressured into early, frequent and unsafe sexual activity in order to 'prove their manhood'. But at the same time, expectations of what it means to be a 'real man' deter many men from seeking information on sexual health, going for HIV counselling and testing, or getting involved in caring for those infected or affected by HIV/AIDS.

EngenderHealth, an international NGO based in the USA, works worldwide to improve the lives of individuals by making reproductive health services safe, available and sustainable. It developed the Men as Partners (MAP) programme to work with men on these links between sexual and reproductive health, violence and gender equality. With technical assistance from EngenderHealth, the MAP programme began in South Africa in 1998 in collaboration with the Planned Parenthood Association of South Africa (PPASA). Currently, MAP programmes are underway with a range of partners, including Hope Worldwide, the AIDS Consortium and the Solidarity Centre.

WHAT IS THE GOAL OF THE PROJECT?

- Increase men's understanding of gender equality and skills for healthy relationships.
- Improve men's awareness of and support for their partners' reproductive health choices.
- Increase men's awareness of and responsibility for prevention of STIs and HIV/AIDS.
- Improve men's access to sexual and reproductive health information and services.
- Mobilise men to take action to prevent domestic and sexual violence.

WHO IS THE PROJECT WORKING WITH?

The MAP programme works with a wide range of men and women in both formal settings (such as workplaces, trade unions, schools) and informal settings (such as sports events, community facilities). In targeting this diverse range of men and women, MAP staff have worked in collaboration with a variety of actors and across a range of sectors, from the grassroots to leadership levels.

HOW DOES THE PROJECT WORK WITH MEN?

Training of trainers: The MAP programme follows a training of trainers (ToT) model. Having identified institutions and community settings within which to implement the programme, a small number of master trainers from these institutions/settings attend a ToT workshop. Besides being taken through the MAP curriculum, ToT participants are also trained in facilitation, conflict resolution and leadership skills.

Outreach: These master trainers, supported by MAP staff, then do outreach to recruit men and women to participate in MAP workshops. In order to maximise attendance, the recruitment strategy has been to concentrate on existing organisations and groups, such as associations of truck and taxi drivers, churches, community groups, schools and colleges, as well as trade unions and businesses in the private sector.

Group work: The MAP programme consists of a one-, three- or five-day interactive workshop. The workshop curriculum focuses on gender and sexuality, male and female sexual health, HIV/AIDS and STI education, relationships, communication and violence. The workshops use a mix of participatory exercises to promote discussion and learning, including values clarification exercises, games, role-plays, small group discussions and case studies, as well as storytelling.

Linking issues: The MAP programme is unusual in its emphasis on the links between gender, violence and health, which are too often addressed in isolation from each other. MAP educators assist participants to discuss and challenge their own attitudes toward relationships between women and men, gender norms and roles, violence, sexual and reproductive health, HIV, care-giving and community action.

Mobilising action: Over the course of the programme, the workshop curriculum has been refined to include a greater emphasis on mobilising men to take action. Exercises are used to explore the reasons for taking action, as well as the kinds of actions that men can take at different levels (individual, family, social network, community). Discussion centres on the skills, strategies and resources that men need in order to take action in promoting gender equality, changing their own behaviour and challenging male violence.

WHAT ARE THE RESULTS OF THIS WORK?

'I used to use the Bible to defend patriarchy. I now use it to challenge gender stereotypes.'

Church leader and MAP participant

The MAP programme has produced significant changes in knowledge and attitudes. Interviews with clients and with men in a control group who did not participate in a MAP workshop, have demonstrated the personal impact of the programme. For example:

- Seventy-one per cent of past MAP workshop participants believed that women should have the same rights as men, whereas only 25% of men in the control group felt this way.

- Eighty-two per cent of the participants thought that it was not normal for men to sometimes beat their wives, whereas only 38% of the control group felt that way.
- Eighty-two per cent of the participants thought it unacceptable for sex workers to be forced to have sex whereas only 33% of the control group thought so.

The programme has also had a big impact on all those who have taken part in running it. The men and women who come to work on the programme are already interested in issues of gender equality and questions about how to deal with AIDS and violence. But in the course of training to be a MAP educator, and then using the curriculum with groups in the community, staff and volunteers have become even more aware of the links between their own lives and the changes they are trying to make.

WHAT ARE THE LESSONS FROM THIS WORK?

'I realised it was impossible to work around issues of gender when you haven't started with yourself, because I was carrying my own baggage, and own myths and stereotypes.'

Boitshupo Lesetedi,
MAP programme coordinator

- ✓ The programme has sometimes struggled to get enough time to run the longer and more intensive MAP workshop with its target communities. Thus, the programme has found it easier to provide HIV/AIDS education and condom promotion in formal and informal settings than to explore gender issues in depth. In response, MAP programme staff are focusing on structured settings, such as workplaces and training institutions. In these settings, MAP staff are advocating with managers and department chiefs to persuade them of the importance of more intensive MAP workshops; for example, by explaining the long-term economic benefits of men being healthy and making better lifestyle choices.
- ✓ Gender norms make it difficult to run workshops for adult men and women together. Women were often uncomfortable working with men and were reluctant to participate in discussions. Male participants also reported being unable to express themselves openly at times due to the presence of women in the group. The topic of gender-based violence is often especially difficult to explore within a mixed-sex group. One solution has been to take women and men in a given community through MAP workshops separately, and then bring them together for a joint discussion.
- ✓ By contrast, young people have responded enthusiastically to activities conducted in mixed male/female groups. This may be explained, in part, by research showing that younger men are more likely than older men to challenge traditional norms of masculinity and male behaviour.
- ✓ It is important to take a strong stand in workshops against sexism and gender-based violence. Facilitators need the skills and confidence to deal with participants' remarks that condone such violence or the violation of women's rights. The MAP educators' guide sets out clear guidelines for responding to such remarks. Even so, it is clear that master trainers need more training and support if they are to consistently take a strong stand. In some situations, the programme has used highly skilled professional educators and trainers to address the more complex issues of violence and gender.

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CASE STUDY 8

MONGOL VISION IN MONGOLIA

WHO?

- Men in armed services

WHAT?

- HIV risk through sex
- STIs

HOW?

- Peer education
- Prevention supplies
- Training

BACKGROUND

In Mongolia, there is no visible HIV/AIDS epidemic, with just three officially reported cases and a United Nations estimate of under 500 cases. But the country is vulnerable to an increase in HIV/AIDS. There are a rising number of cases in the provinces of Russia and China that border Mongolia, and there is increasing trade and population mobility across these borders. Health care providers report that STI rates have increased over the last decade. Fifty percent of the population are under 23, and unprotected sex among young people appears to be common.

The position of women has worsened during the transition from communism, with a declining share of parliamentary representation and paid employment. This lack of political and economic power has affected women's social and sexual relationships with men. The power that men have makes them an important target group for HIV/AIDS prevention. Men, especially in rural areas, also lack access to accurate sexual health information and services. Men's use of alcohol, and to a lesser extent other drugs, affects their sexual decisions and behaviours.

These factors increase young men's vulnerability to HIV/AIDS and STIs. Mongol Vision decided to target young men in the military because their vulnerability is heightened by peer pressure and by aspects of military culture that celebrate sex as a demonstration of 'manhood'. Targeting military recruits also meant that Mongol Vision could reach large numbers of young men and the communities they come from. Recruits come from all parts of the country for their one-year service. When they return, they can deliver accurate information to their families, friends and respective communities.

WHAT IS THE GOAL OF THE PROJECT?

The project, which began in 2000, has two main goals, which are to:

- Improve access to accurate information on sexual health and HIV/AIDS, focusing on both prevention and treatment, among military recruits
- Promote safer sex practices among these military recruits.

In order to achieve these goals, the objective of the project has been to establish peer education services among the military recruits.

WHO IS THE PROJECT WORKING WITH?

The project targets military recruits, who are generally young men between 18 to 23 years. The recruits come from all parts of the country, and mostly from rural areas. Their educational levels vary. Urban recruits tend to have completed grade 8, while rural recruits are generally below grade 8. About nine out of 10 of the recruits are single and report having no regular sexual partners.

HOW DOES THE PROJECT WORK WITH MEN?

'I had very little knowledge on reproductive health - almost nothing before the project - but now I am well informed. Apart from training recruits, I am a source of knowledge for all my family members, including my wife.'

Peer educator trainer

Mongol Vision works with recruits in five military units situated in and around Ulaanbaatar, the capital city. The project works with about 1300 recruits and 1000 other military personnel.

Working with stakeholders: At the beginning of the project, staff held meetings and sensitisation workshops with senior military personnel in the units in which they wanted to work. They focused on the medical and training departments as the most critical in ensuring high-level support for HIV/AIDS work with recruits. Focal points from each unit were then selected. Their role is to oversee activities in their units and submit monthly reports to Mongol Vision.

Assessment: An assessment of needs and resources was also carried out at the start of the project, and baseline information on recruits' knowledge, attitudes and practices was gathered. This assessment identified the problems described above.

Peer education: Peer educator trainers were selected and trained in each of the units. Each of these trainers then worked with project staff to select and train peer educators from every unit to carry out the following tasks:

- Conduct education events within their respective units. For this, the peer educators were given a training kit containing a white board, a packet of markers, two reams of photocopying papers, 1/4 ream of flipchart paper, a box of chalk and a table organiser.
- Provide accurate information on HIV/AIDS and sexual health, both formally and informally.
- Distribute information materials on STIs, HIV/AIDS and other sexual health matters.
- Organise competitions on sexual health.
- Refer colleagues to services for appropriate assistance.
- Promote condom use by demonstrating proper condom use and responding to myths about condoms.

Every month, trainers from Mongol Vision visit each military unit. They hold discussions with the peer educators, peer educator trainers, focal point persons and the unit management on the progress of the project and challenges faced. They also hold informal discussions with other unit staff, picked at random. The trainers look at the records kept by the project implementers.

Training on STI case management: Given the identified problem of STI rates, the project trained 15 military doctors in STI syndromic case management.

Prevention supplies: Mongol Vision has established revolving funds for condoms. A consignment of condoms is given to each unit freely to sell at a low price. The revenue from the sales is used to purchase more condoms. Free condoms are scarce in Mongolia.

WHAT ARE THE RESULTS OF THIS WORK?

'The workshop has improved my ability to diagnose and treat STIs. I can now do it in the unit instead of referring patients to big hospitals as was the practice.'

Military doctor

Planned activities were carried out:

- Six stakeholder meetings and sensitisation workshops were conducted in five military units, as well as one with the general staff of the Mongolian armed forces.
- A focal point person was appointed in each unit.
- 20 peer educator trainers were trained for the five units, who in turn trained 225 peer educators.

These peer educators have been active, submitting monthly reports to their focal point persons and organising quarterly competitions in their respective units. Peer educators in some units have also developed some basic information and educational materials. Some unit administrators have introduced a slight pay rise for the best peer educator in each year.

Peer educators report a steady increase in demand for condoms. Doctors have expressed more confidence in diagnosing and treating STIs in their units. Condom revolving funds have been set up in each unit and are a reliable source of cheap condoms.

WHAT ARE THE LESSONS FROM THIS WORK?

- ✓ It is important to sensitise and involve key decision-makers in not merely approving but developing the project.
- ✓ The training and supporting of peer educator trainers to work in each unit has been a key to sustainability. Military recruits serve in the army for at least 12 months, but those not interested in full military service may leave after that. Peer educator trainers have been able to replace those peer educators who have left or been transferred to other units by conducting regular trainings for new peer educators.
- ✓ Targeted information and education materials have played an important role in supporting behaviour change.
- ✓ Competitions on sexual and reproductive health have worked well in promoting learning.
- ✓ Condom revolving funds have proved to be an efficient mechanism for the distribution of cheap condoms.

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CASE STUDY 9

ROZAN IN PAKISTAN

WHO?

- Men in police services

WHAT?

- Gender norms and roles
- Violence
- Human rights issues

HOW?

- Group work

BACKGROUND

There is a growing awareness of the problem of men's violence against women and children in Pakistan. Male violence has a devastating impact on the physical, sexual and emotional health of women and girls. According to the Human Rights Commission of Pakistan, every third household in the country experiences some form of domestic violence. The Human Rights Commission estimated in 1997 that at least eight women, more than half of them minors, were raped every 24 hours nationwide.

Domestic violence, including honour killings of girls and women, is often ignored by police officers and treated as a 'domestic' issue to be resolved within the family or community. Police training on such issues is insufficient and clearly prejudicial. The police have also been accused of custodial rape, (referring to the rape of female detainees in their custody). In Pakistan, the general public considers the police system to be grossly inefficient, unskilled and corrupt. The police in Pakistan tend to be predominantly male, underpaid, understaffed and under-trained.

The mission of Rozan, a local NGO founded in December 1998 in Islamabad, the capital of Pakistan, is to protect and promote the emotional health of its people, in particular women and children. Violence has become a special focus for the organisation. Rozan addresses male violence in the broader context of emotional health, including not only issues of self-esteem but also of gender and therefore of power. In 1999 Rozan, at the request of the police, launched an innovative project working with the police on violence against women and children.

WHAT IS THE GOAL OF THE PROJECT?

The first phase of the project was completed in June 2001. The goal of this first phase was to improve police officers' emotional health and sensitivity towards the issues of gender and violence through attitudinal change trainings.

The project was based on the understanding that people are products of the patriarchal society in which they live. As such, people don't see how destructive some of their attitudes and behaviours can be. These attitudes can range from deeply personal issues, such as how anger gets expressed, to more societal issues, such as indifference to crimes against women.

Changing such attitudes requires an understanding of socialisation processes and the development of healthy life skills. This is what Rozan calls 'self development'. Each individual carries within him/herself, in varying degrees, the capacity to learn and grow, and this capacity needs to be worked with. Rozan believes that sensitising people to their own emotions and needs allows individuals to connect better with the needs of others and paves the way for a more sensitised human being, and ultimately, a more humane society. If men

WHO IS THE PROJECT WORKING WITH?

HOW DOES THE PROJECT WORK WITH MEN?

As one participant shared, “you should not cry like girl”, this was a message given to me in my childhood and was not healthy because even today I cannot express my sad feelings to anyone.’

are to be sensitised to women’s issues, first they have to learn to be sensitive to their own needs.

The first phase of the police project trained 480 policemen and 15 policewomen in 21 workshops over 18 months (October 1999 to March 2001). Participants belonged to junior and mid-level ranks in the police force. Most of them were fieldworkers – staff of police stations, traffic police – and ranged in age from 25 to 50. Educational level varied from a minimum of 10 years of schooling up to college graduation.

Pilot workshops: Two pilot workshops (conducted with 40 police officers) were used to test the methodology. Issues of gender and violence were deliberately not touched upon in these pilots because of their sensitive nature. The idea was to prove the effectiveness of the methodology, and then build in the sensitive issues. The module on gender and violence against women and children was a challenging component to design, and went through a number of modifications through a trial-and-error process as the project progressed.

Workshop overview: The main project activity with the police was a series of six-day experiential workshops called the Attitudinal Change Workshop, subdivided into two parts separated by a gap of 10 to 14 days. In each workshop, three facilitators (two men and one woman who were trained psychologists) worked with groups of about 20 to 25 trainees.

The first part of the workshop lasted four days and focused on self-growth, including self-awareness, communication skills, assertive behaviour, anger management, vision of an ideal society, prejudice and power, and stress management. The second part of the workshop lasted two days and looked at gender and violence against women and children, including these topics:

- Understanding the social construct of gender
- The implication of gender stereotyping men and women in society
- Sensitisation to issues of violence against women and children
- Sensitisation to the role of the police in working on these issues.

Evaluation: A limited evaluation study aimed at assessing the impact of the project and the modules was built in as part of the project design. The study relied on self-reporting on pre, post and final workshop questionnaires (after six months) on knowledge, attitudes and practice on issues related to the workshop.

Phase Two: The second phase of the project, ranging over three years and now in its second year, focuses on three main areas:

- Ongoing training workshops (followed by refreshers wherever possible), with modified modules on gender and violence
- Advocacy for institutionalisation and capacity-building in the police system
- Enhancing community-police collaboration.

Training workshops are continuing as in the first phase. Mixed groups have also been held and, although requiring greater skills to manage, have proved effective.

WHAT ARE THE RESULTS OF THIS WORK?

At the end of the session one participant shared, almost as a reaffirmation, 'We can express our feelings without hurting others.'

'Before this workshop I was a violent husband and police officer. Now I try my best not to abuse power at my home or office. Now I even help my spouse in domestic work.'

WHAT ARE THE LESSONS FROM THIS WORK?

As one participant said at the end: 'I realised how violence and low wages affect women. When I "saw" this from a woman's perspective, I was shocked. We must trust women and think about our biases against them so that we can strive for justice.'

The additional component of working with the community to enhance their sensitivity to police issues has taken off well. This component includes orientations, panel discussions, open houses at police stations and interactive sessions. In the latter, a group from the community who has gone through a similar workshop meets a group of the police for a three- to four-hour session, and they are encouraged through a series of exercises to share concerns and feelings about each other. This latter activity has gone very well. The project is also in dialogue with the police authorities regarding the institutionalisation of this process. A refresher module has been designed and will be implemented by the second quarter of 2003.

The first phase workshop was especially effective in the areas of communication, expression of feelings and self-awareness. There was an increase (15%) in the number of policemen who could express anger as evidenced by the study, a sign that the workshop was helpful to some extent in normalising this feeling. Also, as a result of their being able to express anger before it intensifies, and due to the various anger management techniques shared in the workshop, there has been a 9% decrease in the anger experienced by the participants. This was further reflected in the 18% decrease in the number of people losing control when angry.

Many participants reported an inability to express their feelings comfortably in the pre-workshop questionnaires. The percentage of participants who shared that they were unable to express sadness and fear decreased by 15% and 13% respectively after the workshop. The percentage of participants who were able to express worries and concerns went up by 25% after the workshop. Participants showed an increased awareness of community perceptions and of stress and powerlessness in their work. This awareness can serve as an impetus to change for the better.

Attitudes towards gender and violence against women and children showed a marked improvement (ranging from 8 to 47% on various items checking sensitivity to issues). Interestingly, there was a slight but distinct regression to earlier attitudes (in the final workshop forms), especially when it came to issues involving women, such as domestic violence and rape. It seems that attitudes towards these issues – in particular rape – have been internalised for so long and are so much a part of us that this change in thinking cannot be sustained if it is not reinforced regularly. This regression highlights the need for stronger modules and continual refreshers.

- ✓ Setting the tone and creating an atmosphere of trust and confidentiality is crucial for this kind of work. It is important to use agenda-setting and trust-building exercises at the beginning, and address participants' concerns.
- ✓ The module can be further improved to include more intensive work on violence, followed by a refresher to ensure that participants get a chance to debrief on how they have been able to apply their learning to their personal and professional lives.

- ✓ It was important to begin by discussing self-growth issues before going on to talk about issues of gender and violence because this:
 - Provided men with the space to connect with their own needs and to identify and express their feelings, their areas of powerlessness and the emotions associated with it;
 - Allowed men to learn about and practise healthy life skills. This empowering process in turn provided the motivation and impetus to change;
 - Helped to build a strong sense of trust and alliance between the facilitators and the participants, laying the foundation for the rest of the more 'sensitive' and even 'volatile' work to proceed.
- ✓ This kind of work is limited by its specialised and slow nature. Its underlying assumption is that all men can be allies, but it was clear from the workshop that not all men want, or are able, to change.
- ✓ Allowing men the space to express their own feelings and fears, to understand their social conditioning and to tell their stories is critical. Men need to talk to themselves, amongst themselves and to women – only then can the bridges be built.
- ✓ Attitudes do not exist in a vacuum, and therefore cannot be addressed in isolation. Policemen shared how they felt ridiculed and unappreciated by the community and alienated from their families. Phase two of the project aims to address some of these needs by encouraging community-police dialogue and their positive portrayal in the media in an effort to support and sustain this attitudinal change.

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CASE STUDY 10

SOCIAL AWARENESS AND SERVICE ORGANISATION IN INDIA

WHO?

- Men using drugs
- Men who have sex with men

WHAT?

- HIV risk through injecting drug use
- HIV risk through sex
- STIs
- Living with HIV/AIDS
- Health and social welfare problems

HOW?

- Recreation activities
- Health service
- Service referrals
- Prevention supplies
- Outreach
- Group work
- Arts, theatre, media
- Training (vocational)

BACKGROUND

Manipur, in the northeast of India, has had a history of widespread injecting drug use since 1980. There are an estimated 40,000 drug users in the area, far exceeding the number of treatment places available (less than 1800). In 1989-90, HIV spread rapidly among this community, largely because of the sharing of injection equipment (such as needles and syringes). Infection rates are currently about 60 to 70%.

Drug users in Manipur have long faced stigma and discrimination from the general community and from medical professionals. Drug users who tested HIV positive faced even more discrimination. Social Awareness and Service Organisation (SASO) was established by a group of 22 ex-drug users in 1991, who decided that it was time to take action in order to provide much needed services to drug users and to gain the acceptance of the wider community. Two years later, SASO began its HIV/AIDS Prevention, Intervention & Home Based Care project in response to the lack of support services for people living with HIV/AIDS and the inadequacy of prevention work with drug users.

WHAT IS THE GOAL OF THE PROJECT?

- Prevent HIV/AIDS infection among vulnerable groups in the community. It focuses on people who inject drugs (usually men), their sexual partners and men who have sex with men. It also seeks to raise awareness on HIV/AIDS issues among local young people and housewives, as well as students from local schools and colleges.
- Meet the care and support needs of those people who are infected and affected by HIV/AIDS. This ranges from treating opportunistic infections to providing vocational training for widows.
- Create more supportive environment for HIV prevention and care. The project seeks to do this by reducing the stigma and discrimination faced by marginalised groups in the community, especially drug users and people living with HIV/AIDS.

WHO IS THE PROJECT WORKING WITH?

The project works with both men and women in different areas of Imphal, the largest city in Manipur. Most injecting drug users are male, and many of those who know their HIV-positive status are also male. SASO has also reached out to work with men who have sex with other men because of their increased vulnerability. These different groups of men also have much in common. They tend to be poor and poorly educated, and are often without regular work.

Having started its work with men, the project also saw the need to reach out to the women affected by drug use and HIV/AIDS. Thus it works with the female

HOW DOES THE PROJECT WORK WITH MEN?

partners of male injecting drug users, as well as the widows of those who have died from HIV/AIDS or drug-related causes (such as overdose). These women tend to share similar social and economic circumstances as the men.

Recreation activities: SASO began by organising sports activities for themselves and other drug users during festivals, which is a time when drug use tends to peak. This proved to be a good way to build relationships with drug users. Over time, many community members also joined in SASO's sports events, marking greater community acceptance of drug users and of SASO itself.

Awareness-raising campaigns: As more HIV-positive people came forward, the project began campaigns in the community to raise awareness of and gain acceptance for drug users and people living with HIV/AIDS. This involved street plays, initially performed by ex-drug users themselves, and later by professional actors.

Home-based care programme: SASO set up a home-based care programme to meet the needs of people infected and affected by HIV/AIDS. This programme now sees 100 to 150 people each year.

Health clinic: SASO has also established a health clinic that serves the local community, including drug users. Providing a community service in this way has helped to change community attitudes toward drug users, who are now seen as a part of the community. It provides primary health care and treatment for opportunistic infections to some 2000 people each year.

Community detoxification camps: In 1994, SASO began to raise community awareness and provide detoxification services to drug users in the community by running community detoxification camps. Involving family and community members in the running of these camps was another way to challenge the discrimination faced by drug users. The project now offers home detoxification, and provides this service to 300 to 400 drug users each year.

Needle exchange programme: SASO also provides needle exchange – outreach and centre-based. This services 150 to 200 injecting drug users each year. Outreach: Project staff now outreach to men who have sex with men in public sex venues. Outreach workers offer sexual health education, condom promotion and referrals to other services.

Self-help groups: SASO believes in the importance of self-empowerment. It has supported the formation of self-help groups for members of its target groups (injecting drug users, widows, people living with HIV/AIDS and men who have sex with men).

Stakeholder trainings: Project staff also do trainings on drug use and HIV/AIDS for community groups, service providers and other stakeholders.

Vocational training: SASO offers vocational training for women who have been widowed by HIV/AIDS- and drug-related death.

WHAT ARE THE RESULTS OF THIS WORK?

This work has produced the following positive results:

- A decrease in the sharing of injecting equipment and a slowing of the HIV infection rate among people injecting drugs, according to the State AIDS Control Society epidemiological data for 2002 and focus group discussions.
- A change in community attitudes toward drug users, as indicated by fewer reports of discrimination.
- Greater community acceptance of harm reduction services for drug users, as indicated by the decline in public opposition to such services.
- Increased demand for services provided by the health clinic and drop-in centre.
- An increase in the number of clients enrolled in the home-based care programme.
- Greater family acceptance of family members with HIV/AIDS, as indicated by the growing number of families interested in providing antiretroviral drugs to their HIV-positive members.

These achievements are reflected in the fact that SASO's Home Based Care programme has been identified as a best practice in the UNAIDS best practice series.

WHAT ARE THE LESSONS FROM THIS WORK?

- ✓ Building community acceptance is crucial to reducing discrimination. The use of community volunteers in the project has helped to increase such acceptance.
- ✓ It is important to create a user-friendly environment where the clients are treated with dignity and respect.
- ✓ Coverage within a locality is an important factor, as non-clients will force clients to share. Services also need to be available every day in order to ensure coverage of needs at all times.
- ✓ Sufficient needles and syringes according to the client's frequency of drug use must be provided.
- ✓ Promotion of cleaning needles was not successful in Manipur as cleaning is time-consuming, requires inputs and drug users were put off by the smell of bleach.
- ✓ Offering clinical support has helped the clients in managing symptomatic infections on a regular basis.
- ✓ Home detoxification gives an opportunity to build up a rapport with the injecting drug users and a chance for education and counselling. Home detoxification also helps users to switch from injecting to oral use.
- ✓ Home-based care service has increased family involvement, thereby leading to sustainability of the service.
- ✓ Introduction of the HIV/AIDS programme into other community development programmes helps to increase and improve the community response.
- ✓ Careful monitoring and evaluation of behaviours and trends are important to continually fine-tune the programme.
- ✓ Networking with law enforcement organisations, doctors and other groups is essential in order to create a supportive environment for harm reduction.

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CASE STUDY 11

THANDIZANI IN ZAMBIA

WHO?

- Young men in school
- Young men out of school
- Adult men in the community
- Men in power

WHAT?

- HIV risk through sex
- STIs
- Living with HIV/AIDS
- Gender norms and roles
- Sexuality issues

HOW?

- Community mobilisation
- Counselling (VCT)
- Health service (home-based care)
- Peer education
- Group work

BACKGROUND

'Any time when a lady tried to talk about these sexual matters she was considered as a prostitute or maybe someone who "moves with" many men. But men were given the right to go and marry more women on top of the one who is already there and... were allowed to go outside marriage sexually.'

Male community AIDS educator

Zambia is facing a devastating HIV/AIDS epidemic. About one in five of the sexually active population are believed to be infected with HIV. Young women are five times more likely to be infected compared to young men of the same age group. Women's vulnerability to HIV infection is linked to social norms that say that women should be submissive to men, have less sexual desire than men and do not have the right to make their own decisions about sex. Men's risk of getting infected is affected by social norms that say that men have a right to sex and that sex is an important way to prove yourself as a 'real man'. Young people are vulnerable to HIV/AIDS in part because of the lack of accurate information and mixed messages they get about sex as they are growing up.

The Zambian government's Central Board of Health states that the '*dominance of male interests and lack of self-assertiveness on the part of women puts them at risk*'. Challenging male dominance and improving women's self-assertiveness have become an important priority for HIV/AIDS work in Zambia.

Thandizani is one of a few NGOs in Zambia to be taking on these issues of gender and sexuality in its HIV/AIDS work. Based in Lundazi District, in Zambia's Eastern Province, on the border with Malawi, Thandizani began its HIV/AIDS prevention and care work in late 1999. The project was initiated as a result of seeing an increasing number of clients testing HIV positive at local clinics. As an organisation, Thandizani's philosophy is that '*all of us are confronted with the real-life problems of people – people who are caught in a never-ending struggle for survival, with unsafe water, too little food, little education and no voice or power in decision-making. HIV/AIDS not only makes the situation worse but also takes away life and hope from the community. Hence HIV/AIDS work becomes very demanding and needs a concerted effort by both the program staff and the community*'.

WHAT IS THE GOAL OF THE PROJECT?

- Engage in a meaningful dialogue with communities about gender, sexuality and HIV/AIDS vulnerability in order to promote change in community norms.
- Promote behaviour change for HIV/AIDS prevention.
- Strengthen community capacity to deal with HIV/AIDS-related psychosocial problems.

WHO IS THE PROJECT WORKING WITH?

The project covers five chiefdoms, reaching out to a population of some 64,000 people living in the town of Lundazi, and in villages near the town. Demographic information on these community members was not available, but will broadly correspond to the national situation, in which just under half the population are under 15, with a 1.3/1 male/female sex ratio at birth. Thandizani employs 10 full-time staff, and works with over 1,000 youth and adult community volunteers.

HOW DOES THE PROJECT WORK WITH MEN?

'We would look at pressing issues that have to be addressed urgently, like rape. First we would assess what problems the youth have by talking to them, and of course there are certain issues that the teachers would report to us about what is going on in the school. After that, we look at the tools we can use in order to address these issues.'

Youth Programme Officer

'In the beginning when we introduced these tools, we did have a problem, but after discussing with the men more, we found that bit by bit they started accepting what we are trying to teach them. Now we don't have a lot of problems with men's resistance.'

Female Programme Officer

Community mobilisation: Thandizani runs on a community franchise model. This means that it supports community members in organising themselves as post-test clubs, whose membership is based on taking an HIV test (irrespective of result) and paying a nominal fee to the club and to Thandizani itself. Through these post-test clubs, (numbering 22 now with some 100 members each), Thandizani serves the community with the programmes described below. Besides the post-test clubs themselves, Thandizani seeks to mobilise a community response to HIV/AIDS by targeting community traditional leaders and supporting them to play a leadership role in the response.

Voluntary counselling and testing (VCT): Thandizani staff train and support post-test club members as community AIDS educators, who provide education and basic counselling on HIV/AIDS and the HIV test to other community members.

Home-based care: Other post-test club members are trained as carers, who can provide care and support to club members and others who are sick from HIV infection. The programme also facilitates income generation activities to raise money and food for its clients.

Peer education: Thandizani targets five schools in its catchment area and, working through teachers and head teachers, trains young people as peer educators. The programme also operates a weekly youth club for out-of-school young people, some of whom are also trained to be peer educators.

Group work: Thandizani has trained some of its community AIDS educators and youth peer educators in the use of a set of gender and sexuality discussion tools. Together with Thandizani staff, these educators organise group discussions with their target groups, using the tools to highlight issues of gender and sexuality in relation to HIV/AIDS and discuss ways to address these issues. These include issues of gender socialisation, gender inequalities, sexual development, HIV/AIDS vulnerability and resisting gender stereotyping.

Thandizani has found that discussing gender and sexuality can bring up many sensitive issues. So when they use the tools with groups of adults or young people, Thandizani staff and peer educators try to create a relaxed and safe atmosphere. Sometimes they do this by working with men and women separately, or by dividing the group according to marital status or age. Thandizani has also found that it is important to make these discussions relevant to community concerns. A risk-mapping exercise is used to help group members identify issues they want to discuss, and this helps with the selection of tools to be used.

Communities have generally welcomed the opportunity to discuss gender and sexuality issues, which they have rarely had the chance to do before. But there have been gender differences in their reactions.

Women have usually responded well to the discussions of gender inequalities but men have been more resistant. By contrast, it is men who have been more open than women in talking about issues of sexuality. However, women have become more open as they have learned to trust Thandizani and the value of talking about these issues directly.

Community leaders have varied in their reactions to Thandizani's work on gender and sexuality. Some chiefs and religious leaders have supported the

WHAT ARE THE RESULTS OF THIS WORK?

'My attitude towards the opposite sex was just thinking that we were supposed to use them as sex objects. But when I came to learn about sexuality and gender, I came to understand that the girls are not supposed to be used as sex objects.'

Male youth peer educator

'Now some girls are able to negotiate with boys about when to have sex or whether to use a condom. In the past I didn't know that I could say something because we were told that we had no say, and when we did say something a boy could beat us. But now we can negotiate.'

Female youth peer educator

work, while others have been more resistant. The strong relationships which already exist between community leaders and Thandizani have proved very helpful to the work.

As community members themselves, staff have also had their own reactions to using the tools. Some have been uncomfortable in using the tools which deal more directly with issues of sexuality. It is clear that building people's capacity to use such tools and do this work must also involve helping people to think about and discuss their own attitudes and values.

Thandizani set itself ambitious targets for its results, that have proved challenging to achieve. It has been successful in expanding its home-based care programme and in increasing its referrals to health facilities, for, among other things, STI diagnosis and treatment. Its VCT services have been used by roughly one in 20 of the local population, while about one in four people has been reached with HIV/AIDS awareness messages through meetings organised by the community AIDS educators and the youth peer educators.

There are also a number of reported changes as a result of the gender and sexuality tools being used. These changes have not been formally evaluated and are, of course, influenced by many factors besides the work of Thandizani. But there are reasons to believe that Thandizani's use of the gender and sexuality tools is having an impact on changes that are already underway within communities in Lundazi district. These changes include:

- A greater acceptance of the fact that young people are having sex and more willingness to talk about their sexuality. Young people seem more realistic about the risks of HIV infection, as indicated by an increased demand for condoms from youth-friendly corners and more young people coming for information about VCT and HIV/AIDS from the resource centre. Some of the young men among the peer educators are saying that they no longer feel entitled to sex from young women, and were accepting of the women's right to say no.
- Some changes in gender role, as indicated by a greater reported sharing of household tasks and family responsibilities between husbands and wives. The silence that used to surround men's violence against women is being broken. People are more willing to talk about this violence, and there are signs of an increased willingness to report such violence.
- A greater openness in talking about sex, as indicated by some married couples reporting that they are communicating more openly about sex and now have a better understanding of their own and their partner's sexual pleasure. Women in the community are also saying that they are now more able to refuse sex if they don't want it. There are still problems, however, in women being unable to talk openly about their own sexual desires. This may be changing for married women, but unmarried women continue to be stigmatised if they propose sex to their boyfriends. Men's sense of entitlement to sex seems to be changing slowly, and both women and men say that men are showing more respect for women's wishes and rights.

WHAT ARE THE LESSONS FROM THIS WORK?

'Boys wanted to dominate the group discussions. The young women would shrink back, saying, "This is for men". We introduced the Balance of Power tool, and discussed, and so far we are seeing that there is a change. We are now seeing more girls coming to youth-friendly centres because the girls have realised that they are important in the society.'

Male Programme Officer

- ✓ Starting discussions about gender and sexuality issues with communities can lead to controversy and conflict. It is essential to create and maintain strong relationships with formal and informal community leaders in order to get their support and reduce resistance to the work. This includes explaining carefully, and continually, why this work is important and what it involves.
- ✓ Men can be resistant to certain aspects of this work, especially in relation to issues of gender equality. But this resistance lessened when they could see facilitators practising what they were preaching. It also became clear that talking about sexual satisfaction was a good way to get men interested in the discussion, and that it was important to target the most resistant men.
- ✓ It is important to '*practise what we preach*'. Organisational policies and culture must reflect the gender equality work that the organisation is doing. Thandizani staff felt that one of the reasons they had been effective in this work was the quality of relations between men and women on the staff.
- ✓ Building the capacity of staff and peer educators to use the tools requires attention to both skills and attitudes. Skills in group facilitation and talking about sensitive issues are needed. But facilitating discussions of gender and sexuality issues also challenges staff and peer educators in terms of their own attitudes and values. It is important to create opportunities and support for them to reflect on and discuss these attitudes and values.
- ✓ It is helpful to target this work at pre-existing groups in the community in order to improve the continuity and intensity of the work. Thandizani faced difficulties in being able to work intensively with a single group of people over a period of time using a sequence of tools. It was often unable to control who came to its community group meetings, meaning that there was little continuity in group membership from week to week. Better targeting of this work at community groups with a consistent membership would help to improve continuity and enable more intensive work to be done using a sequence of tools.
- ✓ Regular supervision and follow-up is critical to maintain quality of work. Thandizani found that regular supervision of peer educators and follow-up visits to them 'in the field' played a critical role in monitoring and maintaining the quality of their work. These follow-up visits were also important in maintaining key relationships with community leaders and their support for the work.

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CASE STUDY 12

THE NAZ FOUNDATION (INDIA) TRUST

WHO?

- Men who have sex with men
- Men selling sex
- Men buying sex
- Transgender men

WHAT?

- HIV risk through sex
- STIs
- Living with HIV/AIDS
- Health and social welfare problems
- Violence
- Sexuality issues
- Gender norms and roles
- Human rights issues

HOW?

- Outreach
- Advice/information service
- Prevention supplies
- Health/social welfare services
- Service referrals
- Group work (support groups)
- Counselling
- Policy advocacy
- Research

BACKGROUND

It is important to address HIV/AIDS in India as a problem of social justice as well as public health. People's vulnerability to HIV infection, and the impact of the epidemic, is related to injustice. The injustices at the heart of HIV/AIDS are clear in issues such as gender relations and attitudes towards sexuality, as well as social hierarchies based on wealth and caste.

These issues are closely linked in the lives of many men who have sex with other men (MSM) in India. The Indian penal code criminalises homosexual acts. In addition, sex between men is highly stigmatised. Thus, MSM face a hostile legal and social environment. This environment reduces their access to needed services and information. It can also increase their vulnerability to HIV/AIDS. Social stigma can reduce some men's willingness to protect themselves from HIV. Fear of arrest may also lead to hurried, unsafe sex between men in public places. Men who sell sex to other men may be unable to insist on condom use when their 'partners' are willing to pay more for unprotected sex.

The Naz Foundation (India) Trust, based in New Delhi, was founded in 1994 to serve communities and issues that were being neglected by government and civil society alike. Sex between men, and such men's vulnerability to HIV/AIDS, has long been denied or ignored in India. For this reason, Naz India began its Men who Have Sex with Men (MSM) project in 1995, to work on the links between HIV/AIDS, sexual health, sexuality and human rights in the lives of these men.

WHAT IS THE GOAL OF THE PROJECT?

The guiding philosophy of the project is that MSM will only be able to make safe choices about their health when they feel empowered and enabled to do so. Thus, the goals of the project are to:

- Meet the needs of the MSM community in relation to sexual health, and specifically HIV/AIDS, by providing necessary services
- Strengthen the sense of community among MSM
- Strengthen men's sense of empowerment
- Create a more supportive legal and social environment for such men through advocacy on human rights.

WHO IS THE PROJECT WORKING WITH?

The project works with the whole range of MSM in the national capital territory of New Delhi. This includes men who identify themselves as gay and transgender men (*kothis*), as well as men who think of themselves as

HOW DOES THE PROJECT WORK WITH MEN?

Men who have sexual experiences with other men are marginalised to the extent that they cannot make choices that allow for safer sexual practices. Naz India's MSM programme seeks to provide a supportive environment for such men.

heterosexual but who also have sex with other adult and young men. The men in these diverse groups come from different economic and social backgrounds, and span the sexually active age range. From the start of the project, Naz India has worked with about 100,000 men, and now sees an average of about 1000 men every month.

The project is peer-based, being managed and run by men from the gay and transgender communities whom the project serves. Project strategies include:

Outreach: From the beginning, the project has done extensive mapping of the various areas in the city where men meet each other for sex ('cruise'). Teams of peer outreach workers work in these cruising areas, making contact with men and offering them direct services and referrals.

Direct services: The services provided directly by the community outreach workers include condom distribution, condom demonstration, distribution of information and educational materials, counselling and information on HIV/AIDS and sexuality.

Service referrals: The most common referrals are to STI clinical services, telephone counselling help-lines, support groups for gay/bisexual men and drop-in centre services.

Support groups: The project runs three support groups every week for different kinds of men. Humnawaaz is a group for Hindi-speaking gay men. Humrahi services English-speaking gay men and Humjoli is a support group for *kothis*.

Drop-in centre: A daily drop-in centre for MSM (including gay men and *kothis*) is also provided by the project. The drop-in centre offers men a safe, supportive space where they can meet and support each other, and get information as well as referrals to other services.

Telephone help-line: The project runs a telephone help-line twice weekly to respond to questions and concerns around sexuality and sexual health, including psychosexual issues.

Face-to-face counselling: Men can also get counselling from the project on psychosexual issues.

Sexual health clinic: Because of the stigma faced by many MSM, they can find it hard to get sexual health services from local clinics. Thus, the project operates a clinic for its target group, providing consultation and treatment on STIs free of cost.

Advocacy: Working on human rights, and legal and policy reform, is also an important project strategy carried out at local and national levels.

Training: Project staff provide training on sexuality and sexual health in relation to MSM. These training packages can be used to train NGOs/CBOs that want to add MSM issues into their existing work or to sensitise other stakeholders (such as the media, lawyers, doctors, etc.) to MSM issues. Naz India has developed a training manual on working with MSM.

WHAT ARE THE RESULTS OF THIS WORK?

Research: Ongoing research on issues relating to the MSM community informs Naz India's advocacy and service delivery.

The project goes through various processes of evaluation and monitoring on a quarterly, half-yearly and annual basis. In 2002, the project completed:

- A service user evaluation to determine how happy the MSM community is with services.
- A mid-term survey that was compared and analysed with the baseline survey carried out at the beginning of the project.
- External monitoring visits by the project funders/evaluators.

The results of these activities suggest that the project has been very successful in working towards its goals and objectives. More and more MSM in New Delhi are looking for access to safe, supportive spaces and are making contact with Naz India's services.

Over the life of the project, there is evidence that increasing numbers of men are using condoms for penetrative sex with other men. This percentage has gone up from around 15% five years ago to about 35 to 40% now. Also, more and more MSM are shifting from anal sex to oral sex as the most common sexual practice in the community. Overall, the levels of stigma towards homosexuality have also declined.

WHAT ARE THE LESSONS FROM THIS WORK?

The project's success is down to it being peer-based, managed and run.

- ✓ Several issues are common to all MSM; *kothis*, gay and bisexual alike. These include the need for safe and reliable information and counselling on issues around safer sex, HIV/AIDS and sexuality. However, there are basic differences in the way these various groups interact with each other and this difference needs to be understood and taken into account for any HIV/AIDS programme to be effective. The peer dynamics are also very different in these groups, so the kind of messages and the ways these messages are delivered must also be tailored to each group.
- ✓ The project's success is down to it being peer-based, managed and run. One of the fundamental advantages of a peer-based programme is that MSM are already aware of the issues that concern their lives. Consequently, they are best placed to run and deliver services which are designed for them. The MSM programme includes representation from all the different kinds of MSM, which helps in designing and delivering appropriate and sensitive services. The MSM community looks up to these peer leaders, so they have more credibility in talking about the issues and advocating for them. Peer-based programmes thrive on the energy of individuals who are highly motivated in working for their own community.
- ✓ Monitoring the services is critical in a project working on a sensitive issue like homosexuality in India. Firstly, there are many external pressures from the police and local 'trouble-makers', who try to disrupt the work by calling it illegal (since homosexuality is still criminalised under the Indian Penal Code via Section 377). The project has learned to be constantly vigilant so as not to overstep the law and to keep services within the bounds of the relevant legal and ethical codes. This also requires continual training, skills building and networking with appropriate agencies and stakeholders.

It is important to advocate for changes in the social and legal environment from a human rights perspective.

- ✓ One of the disadvantages of a peer-based programme can be that some individuals who work for the programme can take undue advantage of their position on the help-lines and in support groups by soliciting sexual partners. The project therefore has had to lay down very clear and strict guidelines, and implement them through monitoring systems.
- ✓ There is a need to emphasise advocacy and human rights perspectives in the work. The social and legal environment is opposed to homosexuality, which makes it hard for the programme to function effectively. It is important to advocate for changes in this environment from a human rights perspective in order to establish a legal/political basis for the work. One example of such advocacy was the writ petition lodged in Delhi High Court last year to challenge Section 377 of the Indian Penal Code (an anti-sodomy law).
- ✓ Seeking ongoing feedback from the diverse types of men that make up the MSM community helps to improve services and keep them relevant to the changing social climate.
- ✓ The programme has worked hard to educate, inform and sensitise the general public and mainstream groups and institutions on issues of homosexuality and sexuality in general. Including the mainstream in this way has been critical to the programme's success and essential for any long-term social change to take place.

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CASE STUDY 13

VSTRECHA IN BELARUS

WHO?

- Men selling sex
- Men using drugs

WHAT?

- HIV risk through sex
- HIV risk through injecting drug use
- STIs

HOW?

- Research
- Prevention supplies
- Service referrals

BACKGROUND

HIV/AIDS is a growing problem in Belarus. Like other countries of the former Soviet Union, the spread of HIV/AIDS in the country is linked to the sharing of injection equipment (such as needles and syringes) and the growth in the sex industry. The social and economic problems resulting from the collapse of the Soviet Union, which include deepening poverty and weakening health and social welfare systems, have led to an increase in both injecting drug use and sex work.

Little research has been done, however, with male sex workers to find out about their risks of, and experiences with, HIV/AIDS. It is estimated that there are about 300 men providing commercial sexual services in the capital city, Minsk. Informal information suggests that such men's attitudes, behaviours and circumstances make them highly vulnerable to HIV/AIDS.

Since 1998, Vstrecha has been doing HIV/AIDS/STI prevention work with men who have sex with men. As a result of this work, project staff became more aware of the current neglect of male sex workers. Between February and August 2001, Vstrecha carried out social and behavioural research on HIV/AIDS and STIs with male sex workers in Minsk. The aim of the research was to gather more information about their needs in order to develop more effective work with them. The research looked at male sex workers' knowledge of and attitudes toward the use of drugs, HIV/AIDS/STI problems, safe and safer sex, and sexual health.

WHAT IS THE GOAL OF THE PROJECT?

The objective of the project was to carry out quantitative and qualitative research with men selling sex to help in the development of HIV/AIDS and STI prevention work with them. The project was especially interested in male sex workers who also injected drugs. In addition to carrying out research, the project offered harm reduction services to the male sex workers and injecting drug users with whom it worked.

WHO IS THE PROJECT WORKING WITH?

The project identified a number of different types of male sex workers. The differences related to how and where the men tried to find their clients. These places ranged from particular bars and nightclubs, a hotel and the toilets near the main railway station, as well as on particular streets. Three agencies providing male sexual services were identified. There were also male sex workers who advertised through newspapers and those who advertised through the internet. Finally, there were soldiers who provided sexual services to civilian men.

Most of these men were in the 18 to 24 age group, with about 20% being older than 24 and only 5% being younger than 18. Nearly half of the male sex workers who were interviewed did not have a mother and/or a father. Over half

had completed secondary education, and 40% were either students or had completed higher education.

The majority of the male sex workers who took part in the research were relatively well-paid. Nearly one quarter of the sex workers earned more than US\$500 on average per month. Agency-based sex workers earned the most, while those who worked at the railway station earned the least. Some men said that they charged more for not using a condom. Nearly half of all those interviewed said that they sold sex to both men and women. One in 10 said that they only worked with male clients, and just over 40% said they only provided sex services to women. On average, these male sex workers had three to five clients per week.

HOW DOES THE PROJECT WORK WITH MEN?

Research: The research project began by defining the main research questions and designing the research tools; a questionnaire and guidelines for individual and focus group discussions. The questionnaire divided 24 questions into four themes: sexual behaviour, the use of drugs, STIs and the social situation.

Volunteers to carry out the research were selected from the male sex worker 'community' and trained. The main role of the volunteers was to implement the questionnaire.

Having identified a list of male sex worker locations in Minsk (including hotels, bars/clubs, agencies, telephone service and discos), an information calendar (including information on the activities of the project with the 'hotline' telephone number) and the questionnaire were given out to about 120 male sex workers.

Project staff and volunteers also did outreach work to directly observe the situation and to make contacts for interviews and focus groups. Project staff and volunteers interviewed a wide range of people. These included different kinds of male sex worker, clients, injecting drug users who were also involved in the sex economy, female sex workers and nightclub security staff. Focus group discussions were also held with the above groups.

Prevention supplies: During the outreach work, project staff and volunteers offered male sex workers anonymous HIV testing, condoms, and lubricants as a way of building a stronger relationship with the target group.

Service referrals: During the research, project staff also provided male sex workers with information about the syringe exchange, places to get disinfectants, and information materials available from the active injecting drug user project.

WHAT ARE THE RESULTS OF THIS WORK?

Information from the research will be useful in designing an intervention project. Male sex worker volunteers can play an important role in educating their peers about HIV/AIDS and STIs. The project should also make it easy for male sex workers to seek confidential advice or testing from a medical specialist.

The findings indicated that male sex workers knew some of the basic facts about HIV/AIDS, although 40% still thought that HIV can be transmitted through everyday contact. One in five of those interviewed thought they were

not at risk of HIV infection. All the members of the focus group regarded themselves as belonging to the 'risk group'. But they said that they would only refuse to have sex without a condom if their client had signs of illness. They also said that they knew of cases where other male sex workers became HIV infected after they were given more money for not using a condom.

STIs were common – 30% of the sex workers who answered the questionnaire said they had had an STI. Few of them trusted the state clinics for testing or treatment. They preferred to go to a private doctor or to treat themselves. The participants of the focus group thought that STIs were a more important problem for them than HIV, and wished to have more information on STIs, symptoms and treatment.

Most of the sex workers had some experience of using drugs, although only 12.5% (five people) said they used drugs regularly. Based on the research, the project estimates that 35% of male sex workers have injected drugs, and that over half (64%) of them do it regularly. Even those who have not yet injected drugs are at risk of doing so, because most of them will use drugs at some point in their lives. Members of the focus group said that they had used drugs at least once, but they preferred non-injection drugs. One of the members of the focus group, a regular drug user, said that he had shared a syringe in a group. The rest of the respondents denied sharing syringes with other drug users who were also sex workers, saying they had enough money to afford to buy individual syringes.

WHAT ARE THE LESSONS FROM THIS WORK?

The research was useful to highlight issues for future programming which included that:

- ✓ It is necessary to do more outreach to make contact with hidden groups of male sex workers. To do this, the project needs to involve more male sex worker representatives (five to 10 people) in designing the intervention. Setting up an internet site would make it possible to learn more about the male sex workers who use the internet. To get access to specialised groups such as soldiers, it is necessary to concentrate on their clients. If possible, several representatives of clients should be included in the project activity.
- ✓ More work is needed (mainly with the help of volunteers) to motivate male sex workers to take better care of their health. The prevailing attitude is that 'you cannot escape your destiny'. Sex workers live a risky life, and although they acknowledge the danger of being infected, do not try to reduce the level of risk.
- ✓ The risk of HIV infection through sharing injecting equipment does not appear to be high, but many sex workers are actual or potential injectors. Harm reduction education on injecting and syringe sharing should be included in the male sex worker project, as well as in harm reduction projects more generally. More education is also needed on the risks of using drugs, especially in relation to having unsafe sex.
- ✓ Male sex workers also need better access to confidential STI testing and treatment services, as well as psychological counselling. Specialists in these areas need to be trained and supported to work with this population. A 'hotline', staffed by volunteers and specialists, can provide some of these services.
- ✓ The project should also advocate for the needs of sex workers with the government and NGOs working on HIV/AIDS and STI prevention. Being few

in number compared to other vulnerable groups, male sex workers have been overlooked by such organisations. Their staff need training in sex work issues to understand the problem as a social rather than criminal one.

- ✓ Finally, it is important to expand this research to other towns in Belarus that have high levels of HIV/AIDS in order to understand the impact of this group on the local HIV/AIDS situation.

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ANNEX 1: DEFINITIONS

WHAT IS GENDER?

There are some basic biological differences between the two sexes, female and male. But beyond these differences, most societies in the world treat men and women very differently; as having different roles and responsibilities, as well as different opportunities and sometimes even rights. **Gender refers to these socially defined differences between men and women.**

Gender difference, in most cases, means gender **inequality**. In most societies, men have more political, economic and social power than women.

Inequalities between women and men are linked to unequal gender **roles**. As they grow up, girls and boys learn from their family and society about the differences between women and men in the roles that they play in the economy, the community and the home. These roles are called gender roles. Different societies have different ideas about gender roles, and these roles also change according to age and status within a group or society. But in general, men are given more powerful roles than women within the economy, the community and the home.

Gender roles are linked to gender **norms**. These norms are the ideas and expectations that society has about the differences between women and men in terms of how they should be and how they should behave. Gender norms influence every aspect of men's and women's lives. In most societies, it is the norm that men are superior to women.

It is important to remember that these inequalities, norms and roles can be changed because gender difference is defined and created by society.

WHAT IS SEXUALITY?

'Sexuality' refers to all aspects of people's **sexual lives**. Talking about sexuality means more than just discussing people's sexual behaviour. Discussing sexuality could involve talking about:

- People's **thoughts and feelings** about sex, and the meaning of sex in different people's lives
- Sexual **desire**, and the many social, cultural, legal and economic factors that influence how desire is expressed, discussed, encouraged and repressed
- Sexual **behaviour** and practices, and the many social, cultural, legal, and economic factors that affect people's sexual behaviour and its consequences
- The links between people's sexual desires and behaviours and how they think and feel about themselves; their sense of **identity**. For example, it is important for some men to have sex with many partners in order to prove to themselves and to others that they are a 'real man'.

WHAT IS VULNERABILITY?

The idea of 'vulnerability' is useful in helping us to understand why some people in some places (at some times) are more likely to get infected with HIV than others. People's vulnerability is affected by:

- Their **exposure** to the risk of HIV infection
- The **choices** that they have to deal with that risk
- The **abilities** that they have to make safe choices
- Their **desire** to use their abilities to make these choices.

There may be many factors that increase people's exposure to risk, limit their choices and abilities, and reduce their desire to use what choices and abilities they do have. These factors of vulnerability may be political, economic, social, cultural and psychological.

It is clear that gender inequalities, norms and roles increase women's vulnerability to HIV/AIDS. But in what ways can men be said to be vulnerable, and what part does gender play in this?

Men's **vulnerability** is linked to gender norms about how men should be and behave. For example, these norms can make men vulnerable to HIV/AIDS by:

- Encouraging men to take sexual risks to prove themselves to be 'real men'
- Discouraging men from using health services or seeking help
- Stigmatising men who have sex with other men and depriving them of access to information and services.

It is helpful to think of men's vulnerability in terms of:

Exposure – some men face increased exposure to HIV risk because of their occupation, life circumstances and lifestyle

Choices – some men's choices in dealing with HIV risk are limited by their age, education level, social and economic position, and the discrimination they experience (such as racism, homophobia)

Abilities – some men's abilities to make good choices in dealing with HIV risk are limited by the level of information that they have about their bodies and sex, the lack of opportunities they have to ask questions and get support, as well as by their own experience of violence and abuse (usually at the hands of other men)

Desire – some men's desire to make good choices around HIV risk is affected by the attitudes toward sex and gender that young men learn from adults and peers.

WHAT IS VIOLENCE?

Male violence plays a key role in increasing women's vulnerability and in fuelling the HIV/AIDS epidemic. The connections between male violence and HIV/AIDS are both direct and indirect:

Direct connections: Rape and sexual abuse, perpetrated by men against women and girls, is widespread in most if not all societies. Sexual violence between men is also widely under-reported. Such violence carries a direct risk of HIV transmission.

Indirect connections: The fact that men's violence against women, both actual and threatened, is so widespread creates an environment in many societies in which women do not feel safe and in control of what happens to their bodies. This experience of not having control over their bodies and lives carries over into how women are taught to think about their sexuality: that they do not have choices and control in their sexual lives and that they must submit to men's wishes and serve men's pleasure. When women express their own wishes and seek their own pleasure, they will often face violence from the men in their lives.

But if it is important to work with men on issues of violence, it is also necessary to remember that such violence is not only physical. There are other forms of violence that are also damaging. These include verbal and psychological violence; for example, in men's sexual harassment of women. Norms about gender and sexuality that damage women's and some men's well-being can also be defined as a form of social or cultural violence.

ANNEX 2: FURTHER RESOURCES

TITLE: Partners for Change: Enlisting Men in HIV/AIDS Prevention
AUTHOR: United Nations Population Fund (UNFPA)
DATE: 2000
PUBLISHER: UNFPA
TO ORDER: please e-mail: publications@un.org
DOWNLOAD AT: N/A

This publication provides an introduction to the subject of men and HIV/AIDS in relation to the work of UNFPA, carried out in partnership with UN agencies, governments and civil society organisations at all levels. As action intensifies, it will be important to recognise the positive and caring behaviour of many men who do practise safe sex, treat women as equals, behave in non-violent ways and share in family care-giving. It will also be important to encourage the potential of all men to adopt more equitable, respectful and caring attitudes.

TITLE: Men's Role in Reproductive Health
AUTHOR: Finger, W.; Ringheim, K.; Ndong, I.; Helzner, J.
DATE: 2002
PUBLISHER: Population Reference Bureau (PRB)
TO ORDER: please e-mail: Prborders@prb.org
DOWNLOAD AT: www.measurecommunication.org under Gender, Tools and Publications

The two goals of this guide are: promoting gender equity for its own sake, and using gender equitable approaches to improve sexual and reproductive health outcomes. It is intended as a tool for programme designers and planners, programme managers and policymakers, as well as NGOs and community groups, and can facilitate sharing information, aiding programme design and planning, and advocating for improved sexual and reproductive health programmes and services. The Orientation Guide is made up of seven modules focused on various topics related to men and sexual and reproductive health and an activities folder that contains participatory exercises for each of the five main modules, which are titled:

- men, family planning and reproductive health
- men and STIs/ HIV
- men's role in safe motherhood and family wellbeing
- gender based violence and reproductive health
- involving adolescent boys and young men in reproductive health

TITLE: An Introduction to Promoting Sexual Health for Men who have Sex with Men and Gay Men – A Training Manual
AUTHOR: Naz Foundation India Trust/International HIV/AIDS Alliance
DATE: 2001
PUBLISHER: Naz Foundation India Trust/International HIV/AIDS Alliance
TO ORDER: please e-mail: publications@aidsalliance.org
DOWNLOAD AT: www.aidsalliance.org under Publications and Resources

This manual provides training modules on issues related to the sexuality and sexual health of men who have sex with men (MSM) and gay men. The training is intended for non-governmental organisations (NGOs) and community-based

organisations (CBOs) in South Asia (though it could be adapted to other countries). The manual can be used to train participants who have no prior knowledge on the issues affecting MSM, and gay men. The objective of the training is to give participants a clear understanding of a wide range of issues including those related to sexual health. The manual can also be used to train other NGOs and CBOs to develop services for MSM and gay men or incorporate their issues into existing services.

TITLE: Meeting the Sexual Health Needs of Men who have Sex with Men in Senegal.
AUTHOR: Niang, I; Moreau, A.; Niang, Y.; Diagne, M.; Gomis, D.; Diouf, M.; Seck, K.; Wade, A.; Tapsoba, P.; Castle, C.
DATE: 2002
PUBLISHER: Population Council
TO ORDER: please e-mail: publications@aidsalliance.org
DOWNLOAD AT: www.popcouncil.org/pdfs/horizons/msmsenegal.pdf

Research conducted in many countries has highlighted the vulnerability of men who have sex with men (MSM) to HIV and other sexually transmitted infections (STIs). Yet in Africa, they receive little attention in HIV/AIDS programming and service delivery because of widespread denial and stigmatisation of homosexual behaviour. This report describes research carried out in Dakar, Senegal, to elicit information about the needs, behaviours, knowledge, and attitudes of MSM. Findings are reported on and recommendations made with regard to: the social roles and identities of MSM; the context of sexual encounters; violence, stigma and discrimination towards MSM; risk of HIV and other STIs; health care seeking behaviour for symptoms of STIs.

TITLE: How can men better be included in HIV/AIDS prevention and care?
AUTHOR: UNAIDS (Joint United Nations Programme on HIV/AIDS)
DATE: 2000
PUBLISHER: UNAIDS (Joint United Nations Programme on HIV/AIDS)
TO ORDER: please e-mail: unaids@unaids.org. Available in English, Spanish, French, Portuguese, Russian
DOWNLOAD AT: www.unaids.org/wac/2001/Files/WACmenE.pdf

The 2000 world AIDS campaign focused on men and this document reports on the relevant issues for that campaign. It discusses the reasons why a greater focus on men in HIV/AIDS work is necessary. The paper argues that blaming men will not help; that men's actions, like those of women, are constrained by traditional beliefs and expectations and influenced by divisive cultural beliefs and social norms. Given the urgency of curbing HIV rates, activities that have been successful in addressing men need to be scaled up dramatically. Greater attention must be given to the needs of the millions of men now living with HIV, including support in preventing transmission to others. Men need also to be encouraged and helped to play a much greater part in caring for orphans and sick family members. Finally, even though the outcomes may take years to materialise, it is important to challenge harmful concepts of masculinity, including the way adult men look on risk and sexuality and how boys are socialised to become men. The document looks specifically at the following issues:

- masculinity
- relations with women
- sex between men
- preventing HIV transmission through sex
- men, violence and HIV
- men and substance use
- men's health needs and health-seeking behaviour
- men and families

TITLE: Programming for Male Involvement in Reproductive Health: A Practical Guide for Managers
AUTHOR: Engender Health
DATE: 1997
PUBLISHER: Engender Health
TO ORDER: please e-mail: MAP@engenderhealth.org
 Available in English, Spanish and French
TO DOWNLOAD: N/A

This guide offers helpful advice on how program managers can address critical issues when initiating or improving reproductive health services for men. The guide covers topics such as programme design issues, community outreach and workplace programmes, counselling, integration of sexually transmitted infection (STI) services, and the special needs of adolescents.

TITLE: New Paradigms of Male Participation in Sexual and Reproductive Health: Symposium Report
AUTHOR: Engender Health
DATE: 1998
PUBLISHER: Engender Health
TO ORDER: please e-mail: MAP@engenderhealth.org
 Available in English and Spanish
TO DOWNLOAD: N/A

This publication reports on the symposium held in Oaxaca, Mexico in October 1998. Over 100 participants from the Americas discussed topics such as the different forms of masculinity, sexuality, fatherhood, violence, and HIV/STI prevention and their impact on male involvement in sexual and reproductive health.

TITLE: New Paradigms of Male Participation in Sexual and Reproductive Health: Literature Review
AUTHOR: Engender Health
DATE: 1998
PUBLISHER: Engender Health
TO ORDER: please e-mail: MAP@engenderhealth.org
 Available in English and Spanish
TO DOWNLOAD: N/A

A review of the programmatic and academic literature from the Americas region on the many issues that surround male participation in sexual and reproductive health. Major topics covered include masculinity, sexuality, fatherhood, violence, and HIV/STI prevention.

TITLE: New Paradigms of Male Participation in Sexual and Reproductive Health: Five Case Studies
AUTHOR: Engender Health
DATE: 1998
PUBLISHER: Engender Health
TO ORDER: please e-mail: MAP@engenderhealth.org
 Available in English and Spanish
TO DOWNLOAD: N/A

Five case studies of innovative programs in the Americas that are working to involve men constructively in sexual and reproductive health.

TITLE: Young Men and HIV – culture, poverty and sexual risk
AUTHOR: Thomas Scalway (additional text by Tim Frasca, Jimmy Esparza and Sandhya Srinivasan)
DATE: 2001
PUBLISHER: Panos Report No 41, Panos Institute, UNAIDS
TO ORDER: contact: unaids@unaids.org
DOWNLOAD AT: www.panos.org.uk/resources/ under reports and HIV/AIDS

Research by the London-based Panos Institute argues that young men's needs and their roles in the epidemic are still poorly understood and given little attention in HIV/AIDS programming. If they are to be included as key partners in responses to HIV, then their views must be heard to ensure that interventions are appropriate to them. Programmes should educate about HIV/AIDS while empathising with the diversity of young men's needs and appreciating the challenges they face.

TITLE: Report of a conference focusing on current issues of men, masculinity and HIV/AIDS
AUTHOR: VSO Regional AIDS Initiative of Southern Africa (RAISA)
DATE: 2003
PUBLISHER: VSO (Voluntary Service Overseas)
TO ORDER: vsobooks@vso.org.uk
DOWNLOAD AT: www.vso.org.uk/raisa/

This document reports on a conference held in Africa to address issues around men and HIV/AIDS. Its rationale was that 20 years into the pandemic, the bulk of studies and interventions have centred on women and girls. According to the report, many interventions fail because they do not take into account the identity constructions of the men who interact with women and girls as partners, husbands, fathers, teachers and so forth. The report describes the issues and experience of participants, covering many subjects and describing the experience of cutting edge projects working with men. The report is divided into three sections covering the three days of the conference, which focused on: day one, enlisting men; day two, sexuality and the boy child; and day three, culture stigma and violence.

TITLE: Gendering prevention practices: a practical guide to working with gender in sexual safety and HIV/AIDS awareness education: Manual for HIV prevention educators to address gender

AUTHOR: Lewis, J.

DATE: 2003

PUBLISHER: Nordic Institute for Women's Studies and Gender Research (NIKK)

TO ORDER: please e-mail: nikk@nikk.uio.no

DOWNLOAD AT: www.nikk.uio.no/forskningsprosjekt/livingfortomorrow/

This manual is based on an action research project that explored gender relations in HIV education in Estonia. It contains practical resources for those looking to take a gendered approach in HIV awareness raising activities with young people. The manual aims to provide some concrete suggestions for activities that can allow and encourage people to enter the debates about gender issues, examine the gender system in their own society and connect the gender issues they identify to key challenges of sexual transmission of HIV. It provides exercises around eight themes for working in groups as well as practical suggestions of how to run workshops.

TITLE: Regional consultation on HIV/AIDS prevention, care and support programmes in Latin America and the Caribbean for men who have sex with men

AUTHOR: UNAIDS (Joint United Nations Programme on HIV/AIDS)

DATE: 1999

PUBLISHER: UNAIDS (Joint United Nations Programme on HIV/AIDS)

TO ORDER: please e-mail: unaids@unaids.org
Available in English and Spanish

DOWNLOAD AT: www.unaids.org/publications/documents/care/

Lessons learned from MSM programmes have shown that the vulnerability of this group is reduced where political leaders and other key players in society accept the existence of male-to-male sex and its relevance to HIV/AIDS programming. This document reports on the regional consultation on HIV/AIDS prevention, care and support programmes in Latin America and the Caribbean for men who have sex with men, held in Bogotá, Colombia. The consultation, the first of its kind in the region, aimed to:

- analyse existing approaches to this group at the regional level
- review and recommend policies and concrete actions in support of activities with MSM in the region
- revise a draft manual on prevention with MSM.

The document describes the workshop proceedings and reports on all recommendations to government NGOs and international agencies.

TITLE: Break the silence: talk about AIDS: Using football to communicate with young men in Africa about HIV/AIDS
AUTHOR: Awasum, D.; Sienche, C.; Obwaka, E.
DATE: 2001
PUBLISHER: Center for Communication Programs (JHU/CCP), Johns Hopkins University
TO ORDER: please visit: www.jhuccp.org/cgi-bin/orders/orderform.cgi
DOWNLOAD AT: www.jhuccp.org/pubs/sp/20/

This paper describes an HIV/AIDS prevention campaign that aimed to reach young men through football. The paper describes the strategy and message positioning of the campaign, which used football imagery and vocabulary to talk about HIV/AIDS. It outlines the processes and tools used at every stage of the communications campaign in some detail. The authors discuss their impact evaluation and end by making recommendations for successful messages and strategies in communicating HIV/AIDS prevention.

TITLE: It Takes Two: Partnering with Men in Reproductive and Sexual Health
AUTHOR: UNFPA
DATE: 2003
PUBLISHER: UNFPA
TO ORDER: please e-mail: chapoteau@unfpa.org
DOWNLOAD AT: www.unfpa.org/publicationsd/index.cfm

This publication is intended to help plan national programmes, develop strategies and projects, review progress made, and assess the soundness of strategic plans. It illustrates how one can increase men's involvement in reproductive health issues through research, advocacy, behaviour change communication and education, policy dialogues and well-tailored and innovative reproductive health services. 'It Takes Two' starts by defining partnering with men and providing a rationale for this approach from the standpoint of the International Conference on Population and Development (ICPD). A framework for selecting essential elements of such a programme is then described. Examples are provided of ways in which UNFPA has supported a partnering approach, followed by a summary of lessons learned.

TITLE: Combat AIDS: HIV and the World's Armed Forces
AUTHOR: Martin Foreman
DATE: 2002
PUBLISHER: PANOS Institute
TO ORDER: please e-mail: linaf@panoslondon.org.uk
DOWNLOAD AT: N/A

The report highlights several obstacles to tackling HIV among soldiers. These include inadequate funding, a fear of breaches of confidentiality, a risk-taking culture and restricted access to information. The report goes on to outline what is currently happening at the international level where the importance of HIV prevention programmes for the military is now high on the agenda. It also pulls together current thinking on the best prevention and care programmes.

TITLE: Men Aren't From Mars: Unlearning Machismo in Nicaragua
AUTHOR: Patrick Welsh
DATE: 2001
PUBLISHER: Catholic Institute for International Relations
TO ORDER: please e-mail: pwelsh@ibw.com.ni
DOWNLOAD AT: N/A

This report documents a pioneering programme by the NGO CANTERA (Center for Communication and Popular Education) in Nicaragua. Through training courses on masculinity and gender, CANTERA encourages men (particularly young gang members) to examine, question and change traditional male values and behaviour. The approach uses popular education methods and techniques, including personal history and experiences, games, debates and film to examine and unlearn society's rules and expectations about being a man.

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