# Working with men for HIV prevention and care

Joint United Nations Programme on HIV/AIDS

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KEY MATERIAL

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UNAIDS BEST PRACTICE COLLECTION

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Geneva, Switzerland

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# Foreword

Throughout the 20-year course of the epidemic of HIV/AIDS, those working to reduce the number of new infections have increasingly acknowledged the impact of gender relations, as well as other power relationships and inequalities, on HIV transmission. It has been extensively documented that women worldwide—especially those in the developing world—are less likely than men to be able to control whether, when and how sex takes place. Indeed, much of the work to halt the epidemic has focused on women and girls. Only recently have programmers and local workers started to focus on working more directly with men and boys.

Engaging men as partners is a critical component in AIDS prevention and care as, in many contexts, men are the decision-makers in matters related to reproductive and sexual health. As reflected in the theme of the World AIDS Campaign of 2000—Men Make a Difference—men's roles and responsibilities in relation to the health of their female partners have a significant bearing on the course of the epidemic. The work of UNAIDS in this field has three broad objectives:

- motivating men and women to talk more openly about sex, sexuality, drug use and HIV/AIDS;
- encouraging men to take greater care of themselves, their partners and families; and
- promoting programmes that respond to the needs of both men and women.

It is important that work with men and boys should not seek to replace work with women and girls, but rather complement it. Parallel programmes for men and boys are crucial in ensuring that men protect not only their own health but also the health of their families. By working in partnership with men, rather than apportioning blame, it is hoped that men can finally begin to be seen as part of the solution rather than part of a problem.

Twelve projects were selected because they demonstrated such a perspective and represented a diverse range of interventions with men. It was believed that an analysis of their strategies and lessons learned would generate common ground on men's needs, associated with HIV/AIDS and their general health, and would provide insights into effective approaches for working with men.

These projects are:

- **Project Papai**, which works with young men in Recife, Brazil, to promote participation in health, education and child-rearing;
- **Adolescent Reproductive Health and Development Programme**, which works with young people in Matabeleland South, Zimbabwe, to promote sexual and reproductive health and increase the availability of youth-friendly services;
- **Filipino Men and Domestic Violence Project** (MENDOV), which aims both to improve understanding of male violence and to reduce it;
- **Men, Sex and AIDS Project** in Botswana, which aims to encourage discussion of issues relevant to reproductive and sexual health among men;

- **Healthy Highways Project in India**, which works to reduce HIV among inter-city truck drivers, their crew and paid sexual partners;
- **Mathare Youth Sports Association AIDS Awareness Programme** in Kenya, which aims to raise awareness about HIV/AIDS among young men and women living in the Mathare slum area of Nairobi;
- **ILPES in Costa Rica**, which has worked with prisoners as well as prison officers to provide a holistic programme of HIV prevention;
- **Amigos Siempre Amigos** (ASA,) which engages in a range of activities designed to reduce HIV infection among men who have sex with men in the Dominican Republic;
- **Project Lambda**, whose work with gay men and others in Colombia has aimed to reduce the incidence of HIV infection and promote human rights;
- **Faith, Hope, Love**, a project that works with injecting drug users in Ukraine to reduce HIV infection, sexually transmitted infections (STIs) and drug-related harm;
- **The AIDS Support Organization** (TASO), whose work in Uganda aims to improve the quality of life for people living with HIV and their families and to reduce the number of new infections; and
- The study of prevalence and incidence of HIV-1 infection among eligible Thai men in the **Royal Thai Army** at Prachuap Khin Khan.

This document has been produced in order to help those working with men, specifically in the field of HIV prevention, as well as more broadly in the areas of improved sexual and reproductive health. It is likely to be of special relevance to:

- those who haven't yet worked with men, but now want to develop a more inclusive approach to HIV prevention and the promotion of sexual health;
- those who want to initiate discussions about existing gender relations or to challenge existing beliefs about masculinity; and
- those who are already working with boys or men on health or other issues, but who now want to include a focus on HIV and sexual health.

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# BACKGROUND

## Working with men

In the World AIDS Campaign document, *Men make a difference: objectives and ideas for action*, five main reasons for working with men and boys were referred to as the rationale for men's participation in AIDS prevention and care:

1. Men's health is important but receives inadequate attention; in most settings, men are less likely to seek health care than women.
2. Men's behaviour puts them at risk of HIV; while men are less likely to seek health care, conversely they are more likely to put their health at risk. In relation to HIV and AIDS, men are more likely than women to have multiple sexual partners and inject drugs. Among men, knowledge about STIs tends to be poor and many such infections may go undiagnosed and untreated, increasing the risk of HIV transmission. Use of alcohol and other substances may also make men more likely to engage in unsafe sex.
3. Men's behaviour puts women at risk of HIV; HIV is more easily transmitted from men to women than vice versa. In addition, HIV-positive injecting drug users, who are mostly male, can transmit the virus to both their injecting and sexual partners.
4. Unprotected sex endangers both men and women. While most sex between men is covert, surveys from across the world suggest that up to a sixth of all men report having had sex with another man. Many men who have had sex with men also have sex with women. Hostility towards men who have sex with other men has resulted in inadequate programme development in many countries.
5. Men need to give greater consideration to AIDS as it affects the family; fathers and future fathers need to consider the impact of their sexual behaviour on their families. Men must also be encouraged to take a more active role in caring for family members with HIV or AIDS and planning for the future of their children if they know themselves to be HIV-positive.

It has been recognized for some time that gender relations clearly affect health outcomes. In relation to sexual health, the effects of power relationships between the sexes are evident both in the special vulnerability of women to HIV, and in men's attitudes towards risk. While policies and programmes that seek to address gender inequalities are now widely seen as important in helping to prevent HIV, a substantial number of programmes have worked solely or predominantly with women. Many programmes, for example, have been designed to help empower women in sexual relationships and negotiate more effectively with men. However, it is now becoming clear that women cannot protect their sexual health without the support of their male partners. Efforts among women to increase knowledge, raise awareness and develop new skills related to HIV, are unlikely to have an impact on the course of the epidemic as long as men still determine whether or not the women they have sex with can, in reality, protect themselves.

In recent years, there has been a shift from a 'women in development' (WID) approach to a 'gender and development' (GAD) approach in international sexual health work, including HIV prevention. This reflects growing recognition of the importance of relationships between men and women for an understanding of sexual and reproductive health issues. All too often, however, men continue to appear as background figures in the development, reproductive and sexual health literature. Where they figure at all, they tend to be represented as irresponsible, aggressive and difficult to work with. Despite several decades of work, men tend to be seen as important only with regard to their female partner's health and use of services.

Many organizations, however, are making serious attempts to promote a more inclusive approach. This conceptual shift is partly the result of growing awareness that men's rights and health are important too. It is also increasingly clear that women cannot change prevailing gender relations without the support of male partners. However, there is still much to be done to include men as full partners in work aimed at enhancing sexual health, including HIV prevention and care, and there are still many uncertainties about how best to approach work with men and boys.

## Some key concepts

In preparing for work with men and boys, we need to begin with an understanding of gender and, more particularly, the role played by masculinity in sexual and reproductive health. Until recently, there was only limited literature on the images and ideologies of masculinity that predispose individuals to sexual risk, but the last few years have seen a flurry of interest in this important field. Thanks to a growing international literature on masculinities and sexual health, we are now in a position to begin to understand gender relations more fully.

It is worth bearing in mind some of the most important concepts about masculinities when undertaking work with boys and men, as follows:

- **Men's behaviour is constrained by traditional expectations about gender**: While men have been widely portrayed in research and other literature as irresponsible and selfish, we are now beginning to understand that men's actions, just like those of women, are constrained by traditional and widely held beliefs and expectations about appropriate and inappropriate forms of behaviour. This is certainly not to excuse the actions of men who abuse others, are violent or rape. Nor is it to deny the fact that men reap benefits from unequal gender relations. However, it must be recognized that prevailing gender relations and dominant models of masculinity exert a powerful effect on men and their actions.
- **Dominant models of masculinity place both men and women at greater risk of HIV infection**: While it is important not to reinforce stereotypes that portray men as universally uncaring and self-centred, it should be acknowledged that all over the world men are under pressure to conform to ideologies that emphasize sexual prowess and encourage them to have multiple sexual partners and exercise authority over women, younger people and those who are considered weaker.

Traditional images of masculinity sometimes encourage men to force unwilling partners into sex, reject condom use and view drinking and some forms of drug-taking as a confirmation of their manhood.

- **There are many different kinds of masculinity**: Until relatively recently, we have tended to think of men's and women's behaviours in terms of 'sex roles'. Within psychology, for example, there has been much emphasis on the so-called male sex role, and how boys were socialized into this. Such early research has been heavily criticized for its failure to recognize that there are many different kinds of masculinity that vary cross-culturally in relation to social class, ethnicity, sexuality and age. In fact, the term 'masculinities' might be more appropriate than 'masculinity' in this respect, since there is more than one way of becoming and being a man.

- **Masculinities change over time**: Masculinities are perhaps best understood as a plurality of possible behaviours that they are variable across culture, context and time. They are also collective, in that they are sustained and enacted not only by individuals but also by groups and institutions (for example, through workplace cultures, sports cultures and military cultures). They are actively constructed through social interaction, and they are dynamic.

  This more sophisticated understanding of masculinities can be very helpful in terms of HIV prevention. If masculinities are multiple, for example, then some models may be more useful than others in promoting greater gender equality and improved sexual health. If masculinities are actively constructed, then it may be possible to create more gender-equitable versions of them. Finally, if masculinities are dynamic, then shifts away from the less helpful versions of masculinity that emphasize dominance and aggression may be possible over time.

- **Masculinites are tied to hierarchy and power relations**: Masculinities are tied to hierarchy and power relations. Within any given culture or society, there are dominant and more subordinate forms of masculinity. For example, the masculinity of sports heroes and businessmen may be valued more highly than that of ballet dancers and hairdressers. Class, race and sexuality (among other variables) interact with gender so that not all masculinities are equal. In making sense of gender, therefore, it is important to examine gender relations not only between men and women, but also between men and other men. Doing so tells us much about the contested nature of masculinity as well as its capacity for change over time.

In Rio de Janeiro, Brazil, recent research has revealed that, while the majority of young men interviewed in low-income areas tended towards the usual model of machismo, a minority showed higher levels of gender equity in their interactions with young women. Researchers identified a number of factors associated with this more gender-equitable behaviour, even in the highly inequitable context of the *favela* (shanty town) neighbourhood. Young men demonstrating characteristics of gender equity had a number of experiences in common. These included having reflected on the costs of traditional versions of masculinity, having witnessed first hand the consequences of violence in the home or the abandonment of their mother, and having been exposed to positive male models in their own fathers, step-fathers or uncles. Work of this kind has important implications for programme design. The challenge for those working in HIV prevention and care lies in identifying and reinforcing the kinds of oppositional and alternative masculinities that lead to greater equality in gender relations, and are associated with lower levels of HIV-related risk.

Work with boys and men does, however, present a number of challenges, the most important of which is to ensure that efforts to prevent the transmission of HIV do not further reinforce gender inequalities or serve to disadvantage girls and women living in developing countries. In work with both younger and older men, it is usually the dominant forms of masculinity that need to be challenged, but this should never be at the expense of parallel complementary work with women and girls.

# The issues

The 12 projects discussed in this document offer a diverse range of contexts for working with men. An analysis of their various approaches and lessons learned raises a number of issues that local work within similar settings may need to address in order to be effective. These projects are presented as short case studies.

It must be noted that not all of the projects described were explicitly concerned with prevention and care in relation to HIV infection. This is because benefits can be achieved in a variety of ways—both directly through work focusing on these concerns, and more indirectly through interventions that modify relevant contextual factors.

In the Philippines (Box 3), for example, local work was primarily concerned with reducing incidents of domestic violence. Such violence and its determinants can predispose individuals towards HIV-related risk. Other projects had a number of aims, not all of which were directly concerned with promoting improved sexual health. For example, harm minimization was seen as important among people who inject drugs in Ukraine (Box 11). Other projects included HIV prevention and/or care as one component of several activities. In Kenya, for example, improving the conditions in slum areas and building self-esteem among poor young people were primary goals, with HIV prevention and a focus on gender issues being of lesser concern (Box 6). However, all the projects described here share certain commonalities that include experience working with groups of men, and a concern to include men in issues from which they have been excluded in the past.

The projects have been classified under four themes. These reflect areas of key concern when working with men, which are:

- the importance of addressing prevalent notions of femininity and masculinity in work to promote HIV prevention and care;
- the value of encouraging men to talk more openly and honestly about sex and relationships;
- the importance of undertaking work in 'difficult' environments—for example, prisons; and
- the importance of undertaking specialist work with men who may be at heightened risk, including men who have sex with other men.

## Theme 1: Working with prevalent notions of masculinity and femininity

Among the many masculinities and femininities that exist within a given culture, there are always dominant or 'hegemonic' versions. Dominant masculinities are influential because men who do not or cannot conform to them often find themselves discriminated against. Men who do not live up to their ideals may be seen as effeminate, weak or immature.

Notwithstanding the powerful influence of gender, cultures, expectations and beliefs, masculinity can and does change over time. In some developed countries (e.g. in Northern Europe), for example, many men now take a more active role in child-rearing and enjoy more equitable partnerships with women than they did in the past. In less developed countries, too, there is some evidence that men are becoming more involved in spheres previously reserved almost exclusively for women. A recent study of new fathers in Jamaica found that many were significantly involved in domestic activities, including shopping, cooking and cleaning.

In projects working with men, therefore, dominant masculinities must be challenged and alternative versions must be presented as more helpful in terms of both gender equity and sexual health. There are several ways of encouraging alternative versions of masculinity, to varying degrees and through different means, as demonstrated by the following projects:

### Including men in arenas they have traditionally been excluded from

**Project Papai** (Daddy) in Recife, Brazil, (Box 1) noted that, in this context, masculinity is often associated with violence and the abuse of power, while child-rearing and nurturing are seen as women's responsibilities. Looking after oneself is seen as something for girls and women, not for men. Such images and expectations have been reinforced through the routine exclusion of men from debates about reproduction and sexuality. Little attention, for example, has been given to the figure of the father, particularly the adolescent father, while, for at least two decades, the adolescent mother has been of major concern to activists and others working locally in the field of reproduction and human rights.

Prior to the Project Papai's work, local men had little visibility in institutions dealing with sexual health or reproduction. This served to reinforce the view that child-rearing and health are concerns only for women, and makes it hard to involve men. The Papai Project has developed a range of educational resources, print materials and media output aimed at adolescent fathers. All give greater visibility to the role of men. This work has included the use of what has become a high-profile mascot, namely a puppet over three metres tall representing a young man carrying his child in a baby-sling. The puppet is regularly visible at a variety of events including carnivals and festivals, on Father's Day and at school celebrations, and has received extensive media attention.

Individual work with young, unmarried fathers has also been particularly successful; project workers have initiated one-on-one interventions with young men while they await the birth of their child at the hospital. These interventions have proved particularly successful and fewer of these young men have gone on to father more children than might otherwise have been expected.

Project Papai's workers have found that, although it is not always easy to recruit men into programmes, once involved, young men in particular are interested in exploring issues relating to sexuality and reproduction, as well as parenthood. An important lesson learned is that programmes designed to bring about improved reproductive and sexual health by excluding men may inadvertently reinforce traditional roles and dominant versions of both masculinity and femininity. Another lesson is that although men may be difficult to recruit, it is both possible and highly desirable to do so in terms of changing perceptions about traditional roles and spheres of interest.

BOX 1

*Project Papai*

Young Men and Health: Acting in the Field of Reproductive Health

Brazil

The nongovernmental organization (NGO), **Project Papai** , began its Young Men and Health project in January 2000 (although this project builds on previous work carried out in the late 1990s). Activities, funded by the John F. and Catherine D. MacArthur Foundation, aim to encourage young men (especially young fathers) to participate in reproductive health education. Both direct work with young men and indirect work with health professionals and others have taken place in the Várzea district of Recife.

In this cultural context, women are seen as largely responsible for child-rearing, while men often engage in self-destructive lifestyles: there are reported high rates of suicide, homicide, accidents, crime and abuse of drugs and alcohol among men in the locality of the project. Local dominant masculinities are closely linked to aggression, and often translate into violence. However, project workers note that, to date, activists and others concerned with reproductive health and human rights have largely ignored young fathers, focusing more on young mothers.

The project instigates weekly discussion groups of two hours' duration with young men on themes relating to fatherhood. These include: human reproduction, safer sex, parenthood, violence and masculinity. Parallel programmes for professionals are also offered. Group work with young men is supplemented with one-on-one interventions and individual support, as necessary. Efforts to increase awareness of the project's work and to promote positive role models occur within the context of carnivals, in which a large Papai mascot is paraded through the streets of Olinda and Recife.

Although this particular project is in its early stages and formal evaluation has not yet taken place, previous work undertaken by Project Papai with young fathers has led to good links with other NGOs and the State Public Health Department. In work leading up to this project, over 300 professionals and more than 900 young people were reached.

Project workers have commented that, although there are difficulties in attracting men to this subject, after sustained efforts there is now growing interest among both local men and professionals.

### *Taking prevention to men*

Men have traditionally been thought of as hard to reach and difficult to recruit. These perceptions, often borne out by experience in the field, have led to work taking place with those who are more easily accessible—often women and girls. Project workers determined to work with young men for improved sexual health in Matabeleland South in Zimbabwe did, indeed, report that men are far less likely than women to attend public meetings. They found that, in order to access and understand men's needs, it is important to spend time in their usual 'hang-outs'—bars and social clubs, for example. Once up and running, the project (which focuses on developing youth-friendly sexual health services), found that young men were, in fact, more likely to attend the Youth Information Corners established in clinics than were young women. Young men also had a lower drop-out rate than young women in drama groups established to promote sexual health.

### *Developing youth-friendly and male-friendly approaches*

The **Adolescent Reproductive Health and Development** Programme in Matabeleland South, Zimbabwe, (Box 2) has also sought to train health staff in the provision of youth-friendly approaches and developing dedicated services for young men (and women). Prior to the project being set up, young people locally reported not knowing where to go to access information, and local health services had a poor reputation. Young men reported that clinic staff rarely took their needs seriously, could be scathing in their approach, and talked to them in a 'nagging' way. Health staff seemed unaware of the realities of young people's lives or the need for gender sensitivity in the way in which they went about their work. Clearly, such an approach is unlikely to encourage young men to seek treatment for STIs.

Project activities have included 'entry' education, in which sports and drama are used as starting points for further work; peer education activities, in which young people are trained to deliver messages and information using local forms of communication; and the creation of mini-libraries and condom distribution points in Youth Information Corners in health clinics. The project seeks to work within existing gender relations and vernaculars, in the first instance, although, through its activities, it hopes to foster enhanced sexual communication and negotiation between young men and women locally.

This work highlights the importance of training health workers to work both with men and young people. In many developing parts of the world, health care workers are not aware of the needs of men since they have worked largely with women and children. It is important to address this imbalance if men are to become partners in improving sexual and reproductive health.

## BOX 2

*Adolescent Reproductive Health and Development Programme*

Matabeleland South

Zimbabwe

Young people in Matabeleland South are at risk in terms of their sexual health, including HIV/AIDS. The prevalence of HIV is very high in Zimbabwe—estimated conservatively at about 25% and the high number of cases of HIV/AIDS among those aged 20–29 suggests that many young people are infected in their teens. Teenage pregnancies account for about 30% of all conceptions, indicating again that many young people are sexually active during their teenage years. The risk of HIV infection for young people and others is enhanced by poverty (which may encourage some young women to trade sex), and migration (which may separate men and women from their regular partners).

Traditionally, agencies in Matabeleland South have concentrated their efforts on maternal and child health, and men have been somewhat excluded. Similarly, health workers have not been trained to work with young people specifically, and attitudes towards them are often less than friendly.

Following a number of baseline surveys about unintended teenage pregnancy and a regional adolescent health forum for Matebeleland South, the ***Adolescent Reproductive Health and Development Programme*** was launched. The Programme targets young men and women up to 24 years of age and aims both to promote sexual and reproductive health and to increase the availability of youth-friendly services.

In addition to training health workers in the provision of youth-friendly services, the project has established a number of Youth Information Corners—that is, areas in health centres reserved exclusively for young people. Trained peer educators run the youth corners with the assistance of a youth-friendly nurse. The project also provides counselling and treatment of STIs. To date, a total of 26 youth corners have been established. Interestingly, the youth corners have attracted far more boys and young men than young women.

Formative evaluation of the project suggests that men must be targeted as a separate group if they are to become actively involved in HIV-prevention activities. Although they are often perceived as harder to reach than women, in that they do not readily attend public meetings, men are receptive when approached at their own usual 'hangouts'. Importantly, although the support of respected community members is important in order to get projects going, Enkundleni groups (which discuss 'men's business') offer an entry point in this respect.

Young men also like to receive information from peers. Programme experience suggests that men can be receptive to information and services designed to improve sexual health, but must be targeted at a young age.

In the Philippines, work with men has attempted to reduce domestic violence. Workers in the ***Men and Domestic Violence Project (MENDOV)*** (Box 3) point out that, although men are the source of most domestic violence, they are almost always excluded from programmes designed to reduce such violence. In their programme, which did not specifically target men who were known perpetrators of violence, but rather a broader cross-section of men, an involving and non-judgemental approach was taken. This helped sustain men's participation in the programme and bring about some changes in the behaviour of those men who had, in the past, committed acts of domestic violence.

Pride can make men hyper-sensitive to losing face. The local project team therefore found it important to avoid moralizing and finger-pointing. They emphasized instead the importance of developing trust over time. Future programmes should create and support an enabling environment for men's behavioural change. It is highly unlikely that environments of blame would be helpful.

This clearly raises a major dilemma for those concerned with bringing about increased gender equity: it is difficult not to be judgemental when dealing with the most unacceptable aspects of masculinity. However, it is now increasingly recognized that, in order to secure and sustain male involvement, a non-judgemental approach is crucial. Moreover, although change is possible, it takes time and is difficult to secure; put quite simply, there are no 'quick fixes'. In the Philippines, local experience points to the value of gradually introducing new repertoires of behaviour in the field of gender relations. Only in this way can new meanings and new versions of masculinity arise and enhance the possibilities for change.

It may be especially helpful to start work with men who already want to change or who have begun to make changes. Such men can then offer a model or alternative to other men. Starting early—for example, by working with younger men who may be less firmly entrenched in their ideas and behaviours—may offer opportunities for shifting away from the less helpful aspects of dominant versions of masculinity. However, individual projects by themselves are unlikely to be able to bring about significant changes in gender roles. For sustained change, work needs to take place at a variety of levels and in the context of good multisectional policies to promote gender equality.

BOX 3

*Filipino Men and Domestic Violence Project (MENDOV)*

Davao and Ilo Ilo

Philippines

With funding from the Ford Foundation, the Social Development Research Centre (SDRC) at De La Salle University in Manila was able, in 1998, to launch a project with the dual aim of improving understanding about men's household-based violence and intervening to reduce it. Staff at SDRC had noted that services had become increasingly available to the female victims of domestic violence, but that few services were available to support change in male perpetrators.

Very quickly, project staff realized that many men are '… extra-sensitive about their pride and about losing face in public … [and that] … projects have difficulties in enlisting men's participation because of the latter's perceptions that they would be shamed [or] … castigated'. This realization led to the development of a programme of workshops that were non-judgemental and avoided 'moralizing and finger-pointing'. Instead, the workshops focused on developing skills, including those relating to communication, empathy, emotional awareness and management of anger. One exercise, for example, requires men to examine a case study about a marriage that becomes increasingly violent and to think about the feelings and motivations of both partners.

A wide range of men was recruited for the workshops, including both perpetrators and non-perpetrators of violence against women. Three workshops, offered over a period of five months, provided opportunities for participants to examine and (where necessary) re-evaluate their knowledge, attitudes and beliefs. Skills acquisition for communication and non-violent conflict resolution was integral to the work. For those men requiring it, counselling was also available.

The men involved in the intervention were very receptive to it, and demonstrated changes in knowledge and attitudes over the five-month period of the intervention. Importantly, wives also reported positive changes in men's behaviour after workshop attendance. Men's groups have now been established in Davao and Ilo Ilo. The team has produced a book to support the work of others. The team concluded that work on gender must go hand in hand with work on violence, and that this work could also be integrated with work on sexual health, including HIV prevention.

## Theme 2: Helping men talk about sex and relationships

It is well documented that girls and women in many parts of the world experience difficulties talking openly about sex, even with their partner and husband. However, it is becoming more widely appreciated that men, too, are constrained in talking openly and honestly about sex. For many men, sex is about performance—something not to be talked about but demonstrated through the number of sexual partners they have had. All too often, men's conversations about sex consist of boasting and exaggeration, and may serve to further entrench misunderstandings and myths. Several projects have aimed to help men talk more openly and honestly about sex and to encourage the discussion of HIV/AIDS and sexual health. These projects are described below.

### Opening up discussion with men in their natural environments

***The Men, Sex and AIDS Project*** (Box 4), run by the Botswana National Youth Council (an NGO), was designed to help men talk more openly to each other about sex. Local culture provides little opportunity for serious talk between men about their own sexual experiences but, as the project workers noted, culture is not a static entity. With time and support, men's attitudes and practices do change. The main reasons for targeting men were because they traditionally dominate women in sexual matters and have a responsibility as role models for boys.

Project workers began from the observation that changing sexual behaviour has been largely unsuccessful in circumstances where projects focus solely on women. Outreach work—considered appropriate because of the possibility of reaching men who do not normally contact health services, and because men might feel more ready to talk in their natural environments—therefore began in Gaborone. Working in pairs, eight fieldworkers visited bars, nightclubs and other hangouts. Groups of men, rather than individuals, were approached in order to start a dialogue. By working with groups of men rather than individuals, fieldworkers hoped to reach several people in the same social network, thereby facilitating discussion following the intervention. In this way, fieldworkers were able to stimulate conversations with more than 900 men.

Project workers at the ***Adolescent Reproductive Health and Development Programme***, in Matabeleland South, in Zimbabwe, also reported that men do not come to public meetings as readily as women, and should therefore be targeted in the community locations where they spend their time. These include beer halls, social clubs and churches. The project has developed a range of activities and services designed to improve young people's sexual health and decrease HIV infection. These include not only the Youth Information Corners described earlier, but also community drama groups.

### Opening up discussions with young men

***The Men, Sex and AIDS Project*** also held a series of more formal workshops for men. Here, the project workers found considerable differences in responses between younger and older men. While older men were sometimes reluctant to talk about their feelings, younger men were more excited about the chance to talk openly about issues related to sex and sexual health. Among the issues men wanted to discuss were premature ejaculation, failed erection, how to manage relationships with two or more partners, and women's responses and behaviours. The project team is now looking at the possibility of organizing workshops in the workplace and activities that include both men and women in order to open up a dialogue between the sexes.

BOX 4

*Men, Sex and AIDS Project*

Botswana

With funding from the Norwegian Board of Health and the Botswana Ministry of Health, the Botswana National Youth Council was able to launch its ***Men, Sex and AIDS Project*** in 1997. Aimed at men aged 15–49, this project is designed to encourage men to become more actively involved in discussing issues relating to reproductive and sexual health.

The prevalence of HIV/AIDS is extremely high in Botswana and transmission is facilitated by 1) high mobility among men seeking employment; 2) poverty; and 3) multiple sexual partners. Men do not commonly discuss sexual health issues and many are very set in their ways in terms of how they think about sex and gender. However, men report feeling 'left out' of sexual health matters and many want to get more involved.

Project workers soon realized that successful work with men involves 'taking the project to the client'. Skilled fieldworkers have worked with groups of men in bars, nightclubs and elsewhere. The purpose of this outreach work has been to open up dialogue about sexuality and sexual health among social networks of men, who might then continue to talk about these issues among themselves after the fieldworker leaves. To date, fieldworkers have been able to initiate discussions with almost 1000 men.

In addition to outreach work, formal workshops have also been conducted in both Botswana and Southern Africa (between which many men travel for work). The project has also worked with schools and the armed forces, and has produced a range of educational materials.

The project's work has been well received, and men's committees have been established in various locations. In the future, the project plans to work with the Scout movement and the Ministry of Education in order to gain access to boys and young men and to set up a male sexuality information centre. Importantly, project workers are lobbying other agencies to include male sexuality in their programmes.

## Providing opportunities for men to ask questions and seek advice

In India, as in many other countries, men are subject to conflicting messages about sexual activity and sexual restraint, and there is an overall lack of information about sexual and reproductive health. Talking about sex is taboo in many contexts, sex between men highly stigmatized, and access to good-quality sexual health advice limited, since men may prefer to seek help from unqualified medical practitioners. However, there are widespread anxieties among men about sex, including masturbation and nocturnal emissions.

The ***Healthy Highways Project*** (Box 5) has sought to improve the sexual health of truck drivers (many of whom spend months at a time away from home), their young crew members and paid sexual partners. Notwithstanding local cultural constraints, project workers found that men were willing to talk about sex, when approached, and were able to express their concerns and anxieties. Messages promoting sexual health were reinforced at halt stops along the road, petrol stations, restaurants and elsewhere, which helped create an environment wherein men might be prepared to talk about sex. Between early 1997 and early 2000, the project made 116 000 STI referrals, reached 3.5 million men and distributed 19.8 million condoms—mainly throughout outreach work on the highways and at the places where truckers stop for food and recreation.

Not surprisingly, given that reproductive and sexual health work carried out in the past dealt almost exclusively with women, the NGOs implementing the project reported that their staff members were initially inexperienced in working with men. By using targeted communication in a variety of languages, by promoting realistic role models, and by responding realistically to truck drivers and their needs, the project has had considerable success in reaching large numbers of men with its prevention messages.

BOX 5

*Healthy Highways Project*

India

***The Healthy Highways Project*** was planned and implemented by DfID and the Government of India's National AIDS Control Organization (NACO) and aims to reduce the number of new HIV infections among inter-city truck drivers, their crew and paid sexual partners. Two regional units manage the work, which has been mainly implemented through NGOs, transport companies and transport-related associations.

In 1999, estimates suggested that almost 3.5 million people in India had become infected with HIV. Although there have been no studies of seroprevalence among truck drivers to date, there have been alarming increases in antenatal prevalence in the areas where high concentrations of truck drivers live. There are up to 5 million truck drivers in India, and behavioural surveys and data gathered on rates of STIs do suggest they are at risk of HIV infection. More than 75% of truck drivers surveyed report extra-marital sex, mostly with sex workers (among whom HIV infection is up to 60% in the worst affected areas). Truck driving involves long-term separation from one's spouse and family, dangerous and exhausting work and relatively high earnings. Commercial sexual partners are usually extremely poor and are mobile rather than brothel-based, making them difficult to reach with messages about safer sex. Since condoms are most usually associated with family planning, and truckers view sex with paid partners as 'recreational sex', much sexual activity along the roadside is unprotected.

***The Healthy Highways Project*** offers a wide variety of services and activities to a large number of truck drivers, crew and sex workers. This includes STI care and counselling, condom promotion and distribution, dissemination of educational materials and face-to-face behavioural-change communication. Conventional peer education was not possible because of the mobility of truck drivers. However, training has been given to some of those who come into close contact with truckers. These include petrol pump attendants and *paan* (chewing tobacco) retailers and tea-shop owners.

This is a large-scale project involving over 30 NGOs and 18 transport companies. Beyond the 3.5 million men reached by the project's activities, work has taken place with over 33 000 sex workers, more than 2000 of whom have been treated for STIs.

Men have reacted positively, welcoming services and expressing eagerness to obtain more information. The NGOs working with the men have established excellent networks and links with gatekeepers, but have not always had prior experience of working specifically with men. This is an issue that should be borne in mind when attempting to replicate this kind of work elsewhere.

## Helping young men and women talk together

The ***Mathare Youth Sports Association (MYSA)*** in Nairobi, Kenya, has been working with some of the poorest sections of the community (Box 6). It has brought together a large number of young people through sport—especially soccer. Young people not only participate in the project's work by playing soccer, but they are responsible for running every aspect of ***MYSA***: from coaching and refereeing matches, to project management and fund-raising. The broader aims of the project included raising self-esteem and helping young people living in slums to improve their environment.

In the mid-1990s, a decision was made to extend ***MYSA's*** work to include AIDS prevention. Adult project workers note that, in Kenya, there is a marked absence of effective role models for open communication—about sex or other matters—between men and women. Men and women rarely talk together or even go out together in public, and there is little trust and almost no communication between sexes. By bringing boys and girls together to talk openly about sex and relationships, the project has not only generated greater trust and communication, but also started to challenge traditional relationships between older men and young girls.

**BOX 6**

***Mathare Youth Sports Association AIDS Awareness Programme***

**Kenya**

Begun with private funds, but now also supported by several international donors, ***MYSA*** aims to work with young people living in the Mathare area of Nairobi—one of the largest and poorest urban slums in all of Africa. Most especially, the project targets boys living in single-parent families or families with transient fathers.

***MYSA*** provides opportunities for boys and girls to participate in sports—especially soccer. The aims of the project are broader, however, and include raising self-esteem, helping young people fulfill their potential, and promoting a healthier environment in the slum area through refuse clearance. Over the years, the programme, which is now managed by young people themselves, has developed a number of additional components. The impetus for the AIDS Awareness Programme came from the young ***MYSA*** members themselves after a popular Mathare teenager died from a HIV-related infection.

A range of activities takes place. These include neighbourhood clean-ups, food distribution to younger (sometimes homeless) children, drama clubs, skills-building and HIV/AIDS-related activities in the context of sports. Seventy young people have now received training to be peer educators with the AIDS Awareness Programme. These young people deliver a 10–15-minute talk to players and supporters prior to soccer matches, distribute condoms and make referrals to counselling and health services. Evaluation reveals that over 10 000 young people have received messages about HIV/AIDS through the programme. The project has extended

its work to address broader issues of gender equity and equality by involving young women as well as young men in its activities. There is evidence of changing expectations and relationships between boys and girls (including greater levels of respect) as a result of ***MYSA's*** efforts.

To conclude, project workers in a variety of contexts have observed that men are curious about sex and will begin to talk openly about their concerns after a time. However, environment is important and men may need to be approached initially in their own chosen environments, or involved in activities (such as soccer) that are meaningful to them and desired. Project workers have commented that "You have to let men be themselves", and sometimes this requires putting aside a concern to correct gender inequalities initially, in order to win trust. After years of not talking openly about sex, or only talking about sex in terms of sexual prowess, we cannot expect men to open up instantly. Indeed, introducing the topic of gender relations and inequalities between the sexes may be difficult unless men are able to feel secure first.

## Theme 3: Working in difficult environments

Some settings offer particular challenges for work with men and boys, either because they have traditionally been 'closed' to outside intervention (e.g. prisons and the military) or because of negative societal attitudes towards the men within them (e.g. different communities of men who have sex with men or communities of drug users). Successful work in either of these contexts is likely to require determination and support at policy level, as demonstrated by the following projects.

### Working with the support of policy-makers

In Costa Rica, ***ILPES*** (an NGO) has been able to introduce a Holistic Model for HIV Prevention in prisons to reduce rates of HIV infection and to conduct workshops on drug use and violence (Box 7). In addition to working with prisoners, ***ILPES*** has conducted workshops with prison officers and other staff to raise awareness of HIV/AIDS. Workshops conducted in prison have focused on raising self-esteem and have been participatory in nature. Importantly, the holistic approach focuses not only on issues related to HIV and sexual health, but broader concerns relating to health and well-being, as well as needs determined by the participants themselves. Project workers emphasize the importance of taking time to work with men's attitudes, which are unlikely to change overnight.

***ILPES'*** work with men in prison has been made possible due to the open-minded approach and quick response to the increasing rates of HIV infection in penitentiaries by the Costa Rican Ministry of Justice. Rather than denying that HIV is an issue in prisons, the Ministry has actively facilitated participatory education for men. At least some of the motivation for doing so may be linked to the overall improved standards of behaviour that are evident following participatory and holistic interventions. Project workers emphasize that, when given the chance to work openly, it is possible to see positive results with even the most marginalized populations in prisons.

BOX 7

*A Holistic Model of HIV Prevention for Men in Prison*

ILPES

Costa Rica

***ILPES*** is an NGO that has worked with a variety of groups to reduce HIV infection, including young people, men who have sex with men, homeless people and transsexuals. However, perhaps some of its most challenging work to date has been with men in prisons. Starting in the early 1990s, ***ILPES*** designed a programme for prisoners and prison staff to raise awareness of the transmission and prevention of HIV.

Since 1995, a total of 110 people have been diagnosed with HIV/AIDS in Costa Rican prisons and 16 of these have since died. Prison life in Costa Rica, as in many other parts of the world, is characterized by high levels

of violence and addiction to illegal substances, along with sex between men, some of which is coercive. Many prison inmates are poorly educated and come from low-income backgrounds. Some were already among the most marginalized in society before incarceration. Not surprisingly, prison populations are at high risk of contracting HIV infection and other STIs.

Through close collaboration with the Ministry of Justice and the General Directorate of Social Adaptation, ***ILPES*** has been able to run a series of workshops in prisons designed to increase knowledge of HIV and its prevention by, for example, increasing condom use and improving self-esteem and sexual communication. The workshops are participative in style and emphasize the individual's power to prevent HIV. Since 1998, ***ILPES*** has also run workshops for prison officers on holistic health, violence and addictions.

Impact evaluation has shown that, after the holistic model was implemented, HIV-related knowledge increased from 17% to 45% and the numbers of men who reported never using condoms dropped from 51% to 36%. So far, around 750 prisoners and officers have participated. The model has since been replicated in four Central American, four South American and four Caribbean countries.

The open-minded attitude displayed by Costa Rica's Ministry of Justice was crucial in ensuring not only the project's success, but also access to the prison inmates. The style of facilitation used by the project has also been important. The project team believes that a holistic approach, which takes account of emotions and engages people actively in their own learning, is more successful than biomedical approaches that emphasize the provision of information and are more didactic in style.

## Working in a context of discrimination and prejudice

In the Dominican Republic, ***Amigo Siempre Amigos*** (ASA) has been working to decrease the risk of HIV infection among men who have sex with men (Box 8). The organization's work has faced a number of special challenges since homosexuality is highly stigmatized in the Dominican Republic. In a culture of homophobia, many men who have sex with men have internalized the prejudice and discrimination from others and have low self-esteem. Although research has shown that the local men are knowledgeable about the transmission and prevention of HIV, condom use is reportedly low.

In an effort to reach a diverse number of men who have sex with men, ***ASA*** has been able to conduct outreach work with men in bars, nightclubs, cinemas and parks. In many of these settings, the active cooperation of gatekeepers (e.g. bar owners) has been central to the project's success.

*ASA* has also facilitated the development of nine self-managed support groups for men who have sex with men, and one support group specifically for men living with HIV/AIDS. Members of these groups are offered a number of workshops focusing on issues such as intimacy and self-esteem; sexuality and safer sex; safer sex, alcohol and drugs; and personal conflicts and their implications for risk reduction. Those participating in the project have reported a 34% increase in condom use over the first two years of the work. Work suggests that men who have sex with men in the Dominican Republic are particularly receptive to messages delivered by their peers and, as a consequence, *ASA* has combined outreach work with peer-led work.

*ASA* is also working with other agencies for improved understanding, and recognition of the human rights of men who have sex with men—a crucially important aspect of the work.

## BOX 8

*Amigos Siempre Amigos (ASA)*

Dominican Republic

USAID and the Academy for Educational Development have funded *ASA's* work for HIV prevention with men who have sex with men throughout the Dominican Republic. The project operates in a culture in which homophobic attitudes are prevalent, and where there are widespread myths and taboos associated with sex between men. Needs assessment has revealed that, while men who have sex with men generally report high levels of HIV-related knowledge, they show low levels of condom use.

*ASA* has provided training through workshops for men who have sex with men but has also undertaken outreach work in bars, clubs, cinemas, parks and shopping malls. In addition, the project team has facilitated the development of self-managed groups to encourage higher self-esteem and safer sex among men who have sex with men, as well as support and care for men living with HIV/AIDS. To date, nine support groups for men who have sex with men have been established, and one exclusively for men living with HIV/AIDS.

Among men participating in the project, a 34% increase in condom use was reported during the first two years. Work has been well received by the participants, who have been particularly receptive to peer education.

Based on their experience, the project team concludes that HIV-related information, education and communication alone are not enough to bring about behavioural change among men who have sex with men in the Dominican Republic. In an atmosphere of entrenched homophobia, parallel work in the field of human rights and activities to raise self-esteem among men who have sex with men is crucial.

## Theme 4: Working with Men at Special Risk

Certain groups of men may be defined as being at special risk of HIV infection. They include workers who are highly mobile and spend long periods away from home, migrant workers separated from their families, the clients of sex workers and STI patients, men serving in the military and men who inject drugs. In addition to the above groups (which are not, of course, mutually exclusive), men who have sex with other men are often at special risk of HIV infection. Based on the work of the projects represented in Bangkok, we are able to illustrate here a number of key points about working with men at special risk.

### Working with men in the military: mobilizing institutional support

Men serving in the military—in common with other men removed from their usual sources of support and wives and girlfriends—are at risk of HIV infection, not least because of their relationships with sex workers, which may involve unprotected sex. In Thailand, the army has worked extensively with new conscripts to provide HIV-related education through a series of workshops (Box 9). Conscripted men are recruited by lottery to the army on an annual basis. The majority come from lower socioeconomic groups and few have received formal education beyond primary level. Those involved in workshops often report a history of multiple sexual partners and frequent visits to sex workers. A few may have injected drugs.

Workshop-based activities including quizzes, competitions and role-plays introduce young men to a wide range of HIV-related issues. Workshops are usually conducted out of uniform to help men talk more openly about their thoughts and experiences. The support of senior army officers has been crucial in successfully carrying out the work. In fact, officers and others—the chaplain, for example—have been directly involved in delivering messages about HIV, safer sex and safer drug use. This has meant that all the authority figures the conscripts are exposed to have reinforced the same messages about sexual health. Indeed, in working in institutions, whether this be the army or prisons, for example, it is important to secure support throughout the hierarchy, and to sensitize people working in different capacities and at different levels.

**BOX 9**

***Participatory Education about Drugs and AIDS***

**Thailand**

In 1995, the Armed Force's Research Institute of Medical Sciences initiated a project designed to determine both the prevalence and incidence of HIV among conscripts, with the goal of developing a programme of HIV prevention for them.

Many new conscripts come from lower socioeconomic backgrounds in rural areas. Most have received no formal education beyond primary level. All are removed from their usual sources of familial support and regular sexual partners. Paying for sex is usual practice for many of the conscripts.

Those recruited into the programme of HIV prevention were found to be at particular risk of HIV infection because of a history of injecting drug use, a history of more than five sexual partners, or recent visits to sex workers.

As well as research activities, including voluntary HIV testing, a multi-faceted behavioural intervention was launched. This included exhibitions, large group sessions for conscripts led by experts, work with smaller groups focusing on risks, condom use, alcohol and drugs, and peer-led work. The active involvement of army chaplains, medical officers, squad leaders and non-formal teachers provided reinforcement for the effects of the behavioural interventions. Those participating in the programme have reported a reduction in risky behaviour, including increased condom use, especially with sex workers.

Additionally, work has been undertaken to raise awareness of HIV/AIDS among decision-makers and policy-makers within the hierarchy of the army.

## Working to reduce HIV infection among men who have sex with men: sensitizing the community culture and improving public policy

Until recently, there have been few programmes in developing countries designed to promote the sexual health of men who have sex with men (although see the work of **ASA**, described above). Part of the reason for this is the widespread denial of male-to-male sex.

In Colombia, the NGO ***Lambda*** (League for the Fight Against AIDS), has worked not only for HIV prevention among gay men but, additionally and importantly, to sensitize the general population, health workers, teachers and community leaders to HIV, homosexuality and discrimination (Box 10). Colombia is a highly homophobic society characterized by strong notions of machismo. **Lambda's** initial work involved a mapping of meeting places, the characterization of different populations of men who have sex with men, training workshops and one-on-one and peer counselling. Health professionals and others were also offered training on HIV and issues relating to sexuality. Project workers comment that it is important in working with men who have sex with men to recognize that they are not a homogenous group, but rather that there are many different types of gay men and men who have sex with men. These men may have diverse definitions of themselves and their behaviours. Thus it is important to know your target group well and to design messages and other work that is appropriate to their specific needs.

At the policy level, **Lambda** has also been involved in the development of national strategy planning for HIV prevention. Project staff believe that policy-orientated work with government and other agencies is crucial for long-term success, both because interdisciplinary work achieves better results, and because such activity helps to give a project a more credible public image. As in several other projects, work with young people is seen as key to changing attitudes, and work in schools and universities is considered particularly important in reducing homophobia. The project workers emphasize that, when working with and for men who have sex with men for the prevention of HIV, the need to campaign for non-discriminatory policies is very important.

BOX 10

*Lambda (League for the Fight Against AIDS)*

Colombia

In early 1993, **Lambda** began project work with men who have sex with men and men who identify themselves as gay, in order to reduce levels of HIV infection, to provide support and care for people living with HIV and AIDS, and to promote the human rights of gay and other homosexually active men.

Colombia is an environment characterized by machismo, homophobia and discrimination against gay and other homosexually active men. There is a high prevalence of HIV among men who have sex with men (approximately 20% in Bogotá). Additionally and importantly, there are high levels of unemployment, civil unrest and drug trafficking, all of which facilitate HIV transmission.

A series of qualitative and quantitative research exercises has been undertaken with men who have sex with men, and with gay men. Meeting places have been mapped and workshops held on issues such as human rights, self-esteem, sexual identity and safer sex. Over the years, more than 2000 men have been reached through these workshops. One-on-one, pair and group counselling is also provided for men, as necessary. A series of workshops has been held with professionals on HIV and more than 1000 have now received training.

While undertaking direct work with gay and other homosexually active men, and with health workers, the project team sees advocacy and sensitization of community leaders, politicians and others as a central part of their work. Importantly, **Lambda** has been involved in the development of the national strategy for HIV prevention. The project team perceives integrated work with governmental organizations to be crucial to success, and essential in order to project a serious image to others. Project workers remain active in efforts to challenge homophobia, and see work with young people as essential in order to do this.

## Working with injecting drug users: integrating sexual health education with harm reduction

People who inject drugs may be at risk of HIV infection if they share needles and equipment, and most injecting drug users are male. Work in Ukraine, where policies relating to drug use have traditionally been highly repressive, has been facilitated by the positive response of the government to the epidemic. In the face of a growing epidemic of HIV/AIDS among injecting drug users and their partners, the government has adopted a policy of harm minimization. This policy has enabled the NGO **Faith, Hope, Love** (Box 11) to open two drop-in centres and a mobile unit where clients can access a range of services. These include sexual health and other health provisions, counselling and advice and, importantly, opportunities to exchange injecting equipment. The project also trains peer educators, whose work is reported as being well received by injecting drug users in Ukraine, and undertakes advocacy work.

BOX 11

*Faith, Hope, Love*

*Support for Prevention Activities among Injecting Drug Users*

Ukraine

The NGO **Faith, Hope, Love** is working with UNAIDS to reduce HIV/STIs and drug-related harm among injecting drug users in Ukraine. Additionally and importantly, they are also working to promote non-discriminatory practices and attitudes towards both injecting drug users and people living with AIDS, and to establish dialogue with policy-makers.

Until the mid 1990s, Ukraine was still a low-HIV-prevalence country, but there has since been a rapid increase in new HIV infections, most especially among injecting drug users who are now estimated to constitute between 75% and 90% of all cases. The majority of injecting drug users are young—i.e. aged between 16 and 26 years of age.

Largely because of a shift in government policy towards harm reduction among injecting drug users to halt the spread of AIDS, **Faith, Hope, Love** has been able to develop a comprehensive programme of work. They have opened two clinics and one mobile unit, where they provide a range of facilities including equipment exchange and access to health and legal services. They also provide training for people who inject drugs, volunteers, experts and peer educators on effective HIV prevention. Materials relating to HIV transmission and harm-reduction techniques are also developed and distributed. The project team meets regularly with policy-makers and public-opinion leaders. Peer education has proved particularly popular with their clients. The team also notes the importance of confidentiality and providing a less repressive environment for injecting drug users.

# Conclusions

The projects described here offer examples of successful work with men in a variety of contexts. While some of them have actively sought to transform gender roles and relationships, others have simply aimed to help boys and men talk more openly about sex, sexuality and HIV/AIDS. While some have highlighted opportunities for work in difficult circumstances, others have shown what can be achieved with especially vulnerable groups of men. Regardless of the approach adopted, or the focus of the work, all projects raise important questions about masculinity and what it is to be a man. A number of conclusions can be arrived at:

1. Images and understanding of masculinity vary across contexts and over time. Given the right conditions, many men are happy to talk realistically and openly about sex—particularly when they are freed from the fear of scorn or censure. In such circumstances, many men may also want to find out more about HIV and sexually transmitted infections. Such conversation, and the issues it raises, lays the foundations for change.

2. In perhaps all countries, young men have particular concerns and questions about sexuality and sexual health and may welcome opportunities to talk about these issues in the right kind of supportive environment. This kind of discussion can be the precursor to a subsequent more in-depth examination of existing gender values and norms. It can lead to men becoming more sensitive to the ways in which dominant forms of masculinity create and reinforce risk, as well as opportunities for change.

3. In addition to the need for more open discussion about sex, there is a need for increased opportunities for discussion of the links between alcohol, drug use and HIV and AIDS. In many societies, it is culturally acceptable for men to use alcohol and illegal drugs, sometimes to excess. This, in turn, can lead to increased risk of unsafe sex and, in some cases, increased violence towards others. Education about alcohol and its effects, efforts to promote sensible drinking, and access to drug-treatment programmes, condoms, exchanges for injecting equipment, counselling and other health services, together with outreach and peer education programmes, can reduce the risk of HIV infection among both men and women.

4. There is an urgent need to encourage broader discussion of male-to-male sex, especially in countries where gay or homosexual communities are rare or non-existent. Hostility towards men who have sex with men and, in some cases, outright denial of the existence of male-to-male sex, has led to inadequate HIV prevention measures in many parts of the world. In contexts where homosexual relationships are highly stigmatized or even criminalized, open discussion can initially be difficult. However, finding ways in which to open up these discussions is important, especially in places like prisons where male-to-male sex may be frequent but is rarely acknowledged by the authorities.

5. Male violence drives the epidemic of HIV in a number of ways. In the most extreme cases, it does so through rape and sexual violence towards women and children. However, the threat of violence—either physical or mental—may make it hard for both female and male partners to express their views, limiting sexual

communication and negotiation. Steps need to be taken to help men re-think the dominant models of masculinity in which violence and the display of physical strength figure so centrally. Alternative masculinities, in which sensitivity to others and the care and support of others are more prominent, need to be supported.

6. In perhaps the majority of cultures, men are expected to dominate women and younger people; are believed not to be able to control their sexual desires; are expected to be possessive and jealous; and are expected to be strong. The physical and psychological costs of this are enormous. Men in the USA, for example, suffer more severe chronic conditions, have higher death rates for all 15 leading causes of death, and die nearly seven years earlier than women. A similar pattern prevails in other parts of the world. Steps need to be urgently taken to remedy this situation, not just to provide women with safer and better-quality lives, but for the well-being of men themselves.

7. Adult men react badly to being attacked, victimized and blamed. In this respect, they are perhaps little different from others. One of the central tenets of effective health promotion emphasizes the importance of participation and involvement. Men need to be involved in HIV prevention and care if it is to make a difference in their lives. Yet, all too often in the past, their interests, motivation and needs have been marginalized or ignored. And there are some who would see efforts to promote men's health as less of a priority than work with women. This kind of attitude, in which the needs of individual men are seen as unimportant because of what men 'as a whole' supposedly do, is short-sighted and dangerous.

8. Throughout the world, by far the majority of men care passionately about their families and their children. They work hard in unpleasant and sometimes dangerous conditions to be a good father, good husband and responsible partner. This must never be forgotten. Yet, just like women, men are enmeshed in prevailing gender relations. They are subjected to complex forces of class, age and patriarchy that naturalize inequalities and injustices, and make it seem 'reasonable' (when it is not) for men to dominate and control. Challenging these forces is difficult but requires the efforts of both women and men. It also involves breaking down categories within masculinity that equate effeminacy with lack of worth, and make it difficult for men to be open about same-sex behaviours and desires.

9. If there is one key message to be taken from the projects described here, it is that work on these issues needs to begin early. Good-quality education about sex, sexuality, relationships and health should ideally take place before young people become sexually active. The life skills essential for questioning divisive social stereotypes (of women's and men's roles, for example), for communicating effectively with members of the opposite sex, for saying what you want and sticking to it, and for changing the way the world is, need to be learned early. Such skills can be learned in schools or in a range of others contexts.

Overall, there is clear evidence from a number of projects that interventions with both young and older men can have dramatic effects, particularly when 'blaming' is avoided. In military and prison settings, among men meeting in bars, nightclubs and in the community, and through other forms of outreach, work can take place to raise questions about men's attitudes, roles, relationships and behaviours. While there are no quick fixes, such activities sow the seeds for change and break the silence that surrounds much of what men think and do.

# Recommended action

## A. With respect to policy

1. Work with even the most marginalized groups of men can be successful in a supportive policy context. The support of national authorities is therefore crucial in facilitating HIV prevention and involving men more fully in activities that contribute to this.

2. National authorities should consider how best to promote and support work with younger men. Successful projects have reinforced the importance of beginning work for improved sexual health and greater gender equity with young men, who appear to be more receptive, on the whole, than older men.

3. Local projects have emphasized the importance of promoting the human rights of men who have sex with men and other discriminated-against groups. Individual projects alone cannot hope to enforce human rights; they require the support of international agencies, national governments and other relevant agencies.

4. Work to secure lasting attitudinal and behavioural change is likely to be a medium-to-long-term activity. Because of this, short-term projects and short funding cycles are unlikely to be conducive to success. National authorities, donors and funding agencies need to be realistic in the goals they set themselves for work with men, and the resources they make available.

5. At the policy level, there needs to be stronger support for the monitoring and evaluation of local work to promote men's involvement in HIV prevention and care. Without this, there is the risk of failing to learn from work that has been carried out.

## B. In relation to programming for prevention and care

1. Cultural diversity and local realities need to be acknowledged in programme design and implementation. Projects should aim to begin with the needs and experiences of men locally, rather than importing into the situation outsider views and perspectives.

2. In order to de-stigmatize programmes and make them more acceptable to men, it may be better to link discussion of issues relating to HIV and AIDS to other, more everyday activities and concerns such as gambling, alcohol and drug use, 'partying' and so on. Programme designers must be prepared to take projects to the men who need them.

3. Efforts need to be made to reconstruct awareness of what it means to be a 'modern man'. Healthy and acceptable masculine behaviour with regard to HIV and AIDS need to be identified locally, and reinforced. There is most probably no one universal goal to which all projects might aspire.

4. Acceptable and responsible masculinities of the kind likely to contribute effectively to HIV prevention and care may vary from society to society, and from community to community within a society. The mass media has an important role to play in disseminating positive images of responsible and caring masculinity.

5. Successful programmes to promote men's enhanced involvement in HIV prevention and care can sometimes be developed from work in other contexts. The 'Indianization' of earlier work along the trucking highways of Africa represents a case in point, as does work in Latin America to protect the human rights of gay and other homosexually active men. Wherever possible, work with men should be integrated into existing programmes of work on reproductive and sexual health. Too often in the past, this has either not taken place or has been offered as some kind of 'add-on' to work with women.

6. There is an urgent need to work with health professionals and others so as to re-orient existing forms of provision so that they are more men-sensitive and men-friendly.

7. The evaluation of both successful and unsuccessful programmes needs to be made a higher priority. Funders and programme developers should seek to ensure that an evaluation component is clearly present in future work. Without this, we run the risk of failing to learn from past programmes of activity.

8. It is essential to continue to search for new ways of promoting gender equity. The challenge of how best to enlist male support for shifting existing power relations, and for empowering women, remains.

## C. With respect to project implementation

1. There is clear advantage in taking HIV-related interventions to where men are, and in tailoring the activities provided so that they are appropriate to the relevant context.

2. Local cultural forms (e.g. traditional forms of sex education for men, or groups to discuss 'men's business') have perhaps been under-utilized in the past, and there is room for scaling up activity of this kind.

3. Greater attention should be given to identifying and utilizing what might be described as 'critical moments' for education and change. These may include moments signaling individual and community readiness to look closely at the consequences of masculinity for men and women.

4. Efforts should be made to identify contexts in which large numbers of men can be reached at relatively little cost. This may include work with the police and armed forces, in prisons, industrial settings and mining communities, with football and sports associations, and with national parents' unions, among others.

5. The mass media has an important role to play in shaping public expectations and attitudes. Telenovelas, serials and other forms of popular programming can more actively be used to create and reinforce new cultural norms and expectations about men and masculinity.

6. The opportunities offered by newer forms of communication, such as the Internet, should be exploited, where appropriate. These may offer opportunities for reaching relatively large numbers of younger men.

7. There is a great deal that projects and activities can learn from each other. 'Horizontal cooperation' between projects, in relation to design, implementation and evaluation, is therefore to be strongly encouraged.

8. Evaluation of work to promote men's greater involvement in HIV prevention and care needs to be given higher priority. Pilot projects require careful monitoring and evaluation if their achievements are to be learned from, and if successful work is to be brought to scale.

# Focus for the future

Despite the relative newness of the field, much has been learned about how to work effectively with men for HIV prevention and care. The challenge now lies in scaling up and adapting this work so as to reach larger numbers of men, as well as in undertaking the kinds of evaluation that will tell us what can and cannot be achieved by different styles of work.

In the medium to long term, important questions remain to be answered about how far the actions described here can, by themselves, bring about and sustain responsible sexual and drug-taking behaviour. What, too, is likely to be their impact on gender and sexual inequalities? Old prejudices and divisions cannot be swept away overnight, and multi-leveled work incorporating supportive policy and environmental components seems likely to produce the most beneficial medium-to-long-term outcomes.

A focus on men and masculinity—long called for by those anxious about the burden of responsibility too often placed upon women—makes for a welcome change. It highlights the need to take gender seriously if we are to make headway against the epidemic. And it signals, too, our desire for partnership with all affected individuals and communities. We need men as allies and active participants in HIV prevention and care. Anything less will never be enough.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together seven UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

UNAIDS both mobilizes the responses to the epidemic of its seven cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV on all fronts: medical, public health, social, economic, cultural, political and human rights. UNAIDS works with a broad range of partners—governmental and NGO, business, scientific and lay—to share knowledge, skills and best practice across boundaries.

Produced with environment-friendly materials

Engaging men as partners is a critical component in AIDS prevention. This document has been produced in order to help those working with men, specifically in the field of HIV prevention, as well as more broadly in the areas of improved sexual and reproductive health. It is likely to be of special relevance to:

- those who haven't yet worked with men, but now want to develop a more inclusive approach to HIV prevention and the promotion of sexual health;
- those who want to initiate discussions about existing gender relations or to challenge existing beliefs about masculinity; and
- those who are already working with boys or men on health or other issues, but who now want to include a focus on HIV and sexual health.

Joint United Nations Programme on HIV/AIDS
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