Working with men

World AIDS Day 2000 called on men to 'make a difference' to the HIV epidemic. This edition of AIDS Action looks at the experiences of men around the world who are trying to make this difference in their own lives and in the lives of others. HIV has an impact on men's lives, not just through infection of men themselves and the possible loss of work, health and status, but also through the loss of partners and family members.

HIV projects have been trying to reduce rates of HIV infection by working with men to change their social and sexual behaviour. The challenges of working with men in the context of heterosexual relationships have been raised:

Ghana and Kenya (page 4) highlight the value of working through peer networks—networks of men who are members of the same social or work group. Some groups of men who are not usually involved in public education projects and who face discrimination from others (such as gay men and injecting drug users) have been organising self-help projects—articles from the Philippines and India (page 5) describe the success they have had.

Men's violence has an impact on many women's lives, and can increase women's vulnerability to HIV/AIDS. Articles on page 5 look at male violence, and show how a group of Namibian men are challenging violence against women.

The challenges of working with men in the context of heterosexual relationships have been raised:

HIV projects that focus on working with men can help to change their social and sexual behaviour.

Men need access to health services that meet their particular needs. The Men as Partners (MAP) Initiative (page 7) highlights lessons that have been learned about ways to improve men's access to sexual health services. Other articles challenge service providers to listen to men's concerns and ways of understanding their body and sexuality, and to talk about anal sex.
Making a difference

‘Men drive the [HIV] epidemic’, according to UNAIDS, so it is important to work with men to prevent the spread of HIV.

In many societies, men have power over women in social and sexual situations and relationships. In the past, most HIV prevention and care programmes tried to resolve these inequalities by working to empower women, while recognising women's vulnerability to HIV because of men's behaviour. This has resulted in many creative HIV projects with women. But too little attention has been paid to working with men.

In some societies assumptions about gender roles can make men vulnerable by:

- encouraging men to take sexual risks to prove themselves as 'real men', e.g. by having lots of partners or refusing to use condoms
- discouraging men from using health services or seeking help
- discriminating against men who have sex with other men
- assuming that men do not have sex with other men and therefore not addressing the risks associated with such activity.

We need to focus on changing these gender norms, rather than blaming men themselves.

Working with men to be part of the solution requires that we think about the responsibility that not only individual men, but also that families, communities and societies, share. This could include work on:

Socialisation – by trying to change the harmful messages that both boys and girls get about how to behave as men and women see page 6.

Safe spaces – by helping men to talk about sexuality, their attitudes toward women and the advantages and disadvantages of traditional gender roles.

Self-esteem – by helping men to understand the links between the problems that they cause and those that they face.

Services – by making sexual health services more accessible and appropriate to men, including young men, marginalised groups (such as men who have sex with men and injecting drug users). (See pages 5, 6 and 7).

Solidarity – by organising men to come together to work for changes in gender norms and inequalities that cause problems for both themselves and women (see page 5, Namibian Men for Change).

Structures – by advocating for laws and policies that support equality, prevent discrimination and protect the less powerful (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. To make a difference to the problem of gender norms and inequalities, we all need a vision of a more just society.

Alan Greig, 131 Albion Street #2, Somerville, MA 02143, USA.
E-mail: alangreig@earthlink.net.

‘Good practice guide: Explaining the work’

You may get asked to explain why it is important to work with men. Here are some good reasons.

- In many communities, men are primarily the leaders and decision-makers in their households and communities.
- Men need to recognise their own risk, and their responsibility to protect themselves and others from infection.
- Working with only the female partner in couples can be ineffective, and may expose women to suspicion and violence. Educating men about sexual and reproductive health issues increases their respect for their partner's wishes and can promote joint decision-making.
- Men need new skills to cope where HIV is a threat to their lives. They need skills in living with being HIV positive, coping skills to adjust to new male roles of caring and nurturing, and skills to bring about collective change of traditional practices and customs that accept violence and increase the risk of infection.

Ana D. Greig, 131 Albion Street #2, Somerville, MA 02143, USA.
E-mail: alangreig@earthlink.net.

Website: www.actionaid.org
Men in the military

Changing the attitudes of men in the military can be an important step in improving sexual health.

Many men serve in the military, or are involved in armed combat, at some time in their lives. Sex plays an important role in military life. It can be used to demonstrate manhood, assert power and control over others, terrorise civilian populations or to experience pleasure. Many men in the military are away from home for long periods of time and may have sex with sex workers, but sex between men in the military is also more common than many people think. Helping men in the military to abstain from or practise safer sex must be an important goal of HIV prevention efforts.

Cambodia

Resisting peer pressure

Indradevi Association began HIV/AIDS outreach and prevention activities with sex workers in Phnom Penh and Kandal province in 1994. But as Uy Nguon Chan Sothy, project co-ordinator, points out: 'In terms of women's health problems, IDA recognised that women get health problems like HIV/AIDS from men - that's why we expanded our projects to men as well.'

Indradevi Association carried out participatory assessments with the police and the military to help in the design and review of their project. These revealed the extent of the problem. One airforce sergeant reported that: 'Both single and married men are at risk. There are a lot of night-clubs around the base. Usually when the military have been paid, they need to spend this money to relax, to reduce the tension. The only thing they can do is go to the night-clubs, and when they drink a bit and see beautiful girls and then they sleep with girls and this kind of thing can make them get a disease.'

At first, Indradevi Association ran small group education sessions on HIV and other sexually transmitted infections (STIs) with selected members of the target groups (two sessions with each group) and developed educational materials to support these. A project review in 1998 found that knowledge of basic facts about HIV had increased. But the problem of peer pressure remained. Many military personnel reported pressure to conform with what other soldiers expected them to do, knowing that this increased their risk of HIV infection, but feeling unable to resist it.

Indradevi Association redesigned their strategy. They focused on promoting STI treatment-seeking behaviour and building men's skills and motivation to use condoms. Group discussions gave men the opportunity to discuss the effects of the sexual 'culture' of the military, which celebrates men's need for and right to sexual satisfaction. Role play was used to develop skills in resisting peer pressure and changing assumptions about how men should behave. Now, Indradevi Association also works with the wives of military personnel.

When Indradevi Association reviewed the project they found that:
- support for the project from senior military officers was critical
- giving men the chance to talk in groups met a real need to share, to get accurate information about HIV and STIs, to get questions answered and to explore options to reduce risk
- men's attitudes towards using condoms had become much more positive
- there was an apparent increase in STD treatment seeking behaviour
- attitudes towards people living with HIV and AIDS had become more positive

Working with men in the military to change attitudes can reduce their risk of HIV infection.

‘Good practice guide: Explaining the work’
Here are some tips for developing educational and outreach messages for men.

- Target specific needs and circumstances.
- Don't assume that all men share the same attitudes and problems.
- Don't reinforce gender stereotypes that celebrate men's sexual power over women. Promote equality between women and men by offering men a vision of alternative roles and responsibilities.
- Encourage men to talk about their sexual concerns, desires and questions. Don't assume that men are knowledgeable about sex or will be reluctant to talk.

- the wives of airforce personnel were beginning to understand their vulnerability to HIV and STD infection. Saoum Sophana, a trainer with the project, reported that: 'I have heard with my own ears some of the women say that if the husband does not agree to use condoms, they will say "No condom, no sex".'

For more information about the Indradevi Association's work contact Ms. Pok Panhavichet, Khmer HIV/AIDS NGO Alliance (KHANA), PO Box 2311, Phnom Penh 3, Cambodia. Tel/fax: +855 23 214049. E-mail: khana@bigpond.com.kh

This article is based on work commissioned by the International HIV/AIDS Alliance.
Peer networks

Peer networks can reach men with HIV prevention messages and encourage them to use testing, counselling and care services.

Men may feel more comfortable discussing sexual issues with their peers.

Police as peer educators

Police and other security forces can be particularly vulnerable to HIV and Ghana’s Police Service is no exception. Police officers can be on service away from home for up to a year. Even when they are living at home with their families, police officers’ night patrol duties and off-duty social lives provide many opportunities for high-risk sexual behaviour. This behaviour is linked to the power that police officers have, both because of their gender (being men in a situation of gender inequality) and because of their job (having authority over people). According to Dr Asiama, Chief Superintendent of Police, ‘Some police may bargain with sex workers for free sex in return for not charging them with prostitution.’

The Ghana Police Service AIDS control programme started in 1998. It focuses on research into behaviour and HIV prevalence in the police force; improved services for treating STIs; and activities to encourage behaviour change. Initial research showed that basic knowledge of AIDS was high, but most police did not feel that AIDS was a problem. Many of them had more than one sexual partner, did not use condoms and did not seek treatment for STIs. The project began by:
- developing and distributing information on STIs and HIV/AIDS
- conducting peer education with recruits and lower ranks of police
- advocating with police leaders and in-service training for middle rank and senior police officers
- promoting safer sexual behaviour in particular condom use among police.

Peer education is the most successful aspect of the project. As well as much higher levels of awareness of HIV/AIDS among the police, police educators have reported that more police now use condoms and seek medical treatment for STIs.

Dr Godfried Asiama, Chief Superintendent of Police, Ghana Police Service AIDS Control Programme, PO Box CT 2893, Accra, Ghana. E-mail: asiama@gmail.com

Education and advocacy

Men can also play an important role in associations run by people living with HIV/AIDS and in education and advocacy about HIV/AIDS.

In 1990, Rowlands Lenya from Kenya, who was diagnosed HIV-positive in the mid-1980s, attended conferences for people with HIV in Spain, France, India and the UK. In India, he spoke publicly about living with HIV and asked the authorities to stop harrassing people who were HIV-positive.

On returning to Kenya, Lenya set up the Association of People with AIDS in Kenya (TAPWAK) with 14 other people who were living with HIV/AIDS. The organisation aims to support people with HIV through trained and experienced counsellors and to advocate for people with HIV to reduce stigma and discrimination.

To encourage a change in people’s attitudes TAPWAK visits schools, colleges, communities and churches and holds public awareness days twice a year. TAPWAK believes that educating people about HIV and helping them understand that although someone looks healthy they may still have HIV are important factors in reducing the spread of HIV.

For more information contact: TAPWAK, PO Box 69186, Nairobi, Kenya.

The ideal man

HIV is still rarely talked about openly. This exercise can be used in a group discussion with men.

Discuss with the group the main characteristics of the ‘ideal man’ in their community. Remember that age, class, race, urban/rural location and so on may mean there is more than one ideal. Ask the men to create images using photos, symbols, drawings and sayings from poems and songs.

Discuss the images:
- What do these ideal images tell us about social norms and pressures on men?
- How do these norms and pressures affect sexual health?
- What does the gap between these ideal images and real life mean (do people fail to live up to the image? refuse to live up to the image)?
- How do the gaps between the ideal and reality affect sexual health?
- Which aspects of these ideal images should be changed in order to improve men’s sexual health?
Many men and boys belong to social groups that are often marginalised by society, e.g., men who have sex with men, injecting drug users, street children, male migrants and male sex workers. As many societies do not officially recognise these groups or their needs, they often have little or no access to HIV prevention or care services, including treatment for STDs. At the same time, their behaviour, their low social status and social discrimination can make them particularly at risk of HIV infection, so that they have been hit particularly hard by the HIV pandemic. In response, communities of men are setting up their own groups to meet the challenges of HIV.

Taking responsibility
A recent UNDP report (see page 8) on sexual violence and the HIV epidemic shows that men's violence against women and girls is widespread. At least 10-15 per cent of all women in the world report having been forced by men to have sex—many when they were less than 15 years old.

Less is known about sexual violence against men and boys, but most of this violence is carried out by other boys or men. Male on male violence is usually targeted at marginalised groups of men and boys, such as men who have sex with men, or who have low social status, such as street boys. It is more common in all-male institutions, such as prisons and the military, and in conflict situations.
Working with young men can change attitudes and improve their sexual health.

Working with young men about sexual health is becoming increasingly important.

Working with young men has not been a priority for HIV/AIDS programmes because women (especially young women) are more vulnerable to HIV and among men the older men are more likely to be infected with HIV. However, working with young men is becoming increasingly important because they often have less access to information and services than older people, have less economic power and can be at heightened risk of sexual exploitation. Young men may also regard sexual activity with multiple partners as symbolising adulthood and enhanced status. Educating young men about HIV can not only reduce their personal risk of exposure to HIV, but also reduce their capacity to spread the virus to young women.

Why work with young men?

Exposure to HIV – In general, men have more sexual partners than women and in many developing countries young men have more partners than older men. Also, young men are more likely to be sexually abused than older men. In some countries, young men are also more likely to inject drugs than other groups and a high proportion of male sex workers are young.

Future influence – Young men form a large part of the world’s population and will play a key role in the future of the HIV epidemic both in terms of infection and, because of current gender inequalities, in terms of leading the provision of care and prevention.

Perception of risk – Many young men, especially in sub-Saharan Africa, do not think they are at great risk from HIV. The older men get, the more likely they are to perceive themselves as at risk.

Negative attitudes – Young men often have negative attitudes towards women. Young men’s relationships with women can be exploitative, involve money for sex or false promises. In sub-Saharan Africa giving gifts in return for sex is common. In addition, when young men find out that they have an STD they are less likely to share their status with their partners than young women. Young men may also subject their partners (and other women) to violence.

Knowledge of HIV/AIDS – In some areas young men are less likely to understand about HIV and the way it is spread than older men. Young men may also be reluctant to access medical services for treating STDs because of a lack of knowledge or fear of stigma or punishment.

However, working with young men can be rewarding. Young men are still learning about their bodies, relationships, responsibilities and sexuality and are therefore more open to having their attitudes changed than older men who have already formed opinions and attitudes. Some young men may still be at school or attend youth groups, which can provide the setting for sharing information about HIV/AIDS. Peer education can also be a very useful tool in working with young men (see box).

With thanks to Tom Scalway, Panos Institute, 9 White Lion Street, London, N I 9PD, UK.
E-mail:Toms@panoslondon.org.uk
Improving sexual health services

It is important to ensure that sexual health services are easily accessible to and appropriate to the needs of men.

Bangladesh

Safer rest and recreation

Aricha Ghat in Bangladesh is a transit point for the country’s 70,000 truck drivers. Opposite Aricha is Daulotdia, which has the largest brothel in Bangladesh. Hasab asked a local NGO, Cedar to develop sexual health services for truck drivers passing through Aricha Ghat. Cedar worked with truckers, sex workers and other people in the local community to assess the local situation and the truckers’ needs. On the basis of this assessment, Cedar developed a project, which includes:

- a recreation centre for truckers, where truckers can have a shower, watch videos, read newspapers or just meet and talk.
- clinical STI services within the centre, because there are no local STI services and truckers find it difficult to use referral services because they are always on the move.
- a community education programme, which uses a range of tools, including traditional songs, to communicate information about STIs and encourage the truckers to visit the recreation centre.

Cedar has learned several important lessons, including:

- even with a mobile male population, it is important and possible to build-up a relationship and encourage regular check-ups and treatment for STIs
- a project needs to develop to meet a community’s needs. For example, Cedar is now trying to find ways to provide STI services for the female partners of the truckers.

Contact Habiba Tasneem, HIV/AIDS/STD Alliance – Bangladesh, 4/1 Iqbal Road, Mohammadpur, Dhaka 1209, Bangladesh, Tel: +880 2 812 3021. Fax: +880 2 812 2786. E-mail: hasab@bdmail.net

India

What men worry about

In Orissa State, India, a study has found that men’s sexual health concerns include a range of symptoms. Many of these are not indicative of sexual transmission, but relate to worries about ‘semen loss’.

These concerns need to be taken into account in designing and providing sexual health services that are relevant for men. Information about the ‘facts of sex life’ may need to be integrated into HIV/AIDS health promotion. It is important to relate ‘western’ understandings of the body, sexuality and health to local concepts. Programmes which pay attention to those other aspects of men’s sexual health concerns are more likely to be successful in introducing ideas of safer sex and other HIV prevention messages.

Contact Martine Collumbien, London School of Hygiene and Tropical Medicine, 49-51 Bedford Square, London WC1 3DP. E-mail: martine.collumbien@lshtm.ac.uk

Men as Partners

EngenderHealth’s (formerly AVSC International) global Men As Partners (MAP) initiative seeks to improve men’s involvement in reproductive health decisions and services. Some of the key issues that have emerged include:

**Integrated (for men and women) vs. separate services:** There are advantages and disadvantages to integrating or separating reproductive health services for men. Programme design needs to take account of local gender relations and cultural norms.

**Outreach:** Most men do not seek preventive health care or information, so it is essential to reach out to men. Mobile services and workplace programmes have proved valuable in both rural and urban locations.

**Communication:** Effective communication strategies with those involved in projects (including policy makers and the media) and especially with men themselves are important. Messages need to be relevant, but should not reinforce gender stereotypes.

**Counselling:** Men may need specific counselling services to address particular concerns. Some countries have experimented with couples counselling. But women will continue to need separate counselling, especially when men play the dominant role in decision making.

Contact Manisha Mehta, EngenderHealth, 440 Ninth Avenue, New York NY 10001. Fax: I-212 561 8000. E-mail: mmehhta@engenderhealth.org

Website: www.engenderhealth.org
The right to pleasure

In the name of preventing HIV, the right to pleasure (particularly for poor and marginalised people) gets neglected, making intervention strategies not only biased against them but ineffective in the long run. Pinto is a rickshaw-puller who takes injectable Diprophorin twice a day, before he starts working and after finishing the day's work. This is the only way he can cope with his physical hardships, the daily drudgery and the humiliation of being poor. Thousands of such drug users, mostly in developing countries, are involved in similar practices. There are thousands more who take 'permissible' drugs, such as cigarettes and alcohol, daily. Prevention approaches must be questioned, as there is a tendency for interventions to be shaped by social values that prohibit the right to pleasure, especially for the poor. To understand and contain HIV transmission, the right to pleasure as a basic right must be recognised.

S Jana, 8/2 Bhawan Dutta Lane, Calcutta 700 072, India.
Fax: +91 33 241 6283. E-mail: carehiv@bangla.net

AIDS and Men: taking risks or responsibility? looks at how men's risky sexual behaviour makes them and their sexual partners vulnerable to HIV. Available, price £10, from Zed Books, 7 Cynthia Street, London N1 9jF, UK. Tel: +44 20 7837 4014.
E-mail: sales@zedbooks.demon.co.uk Website: www.zedbooks.demon.co.uk

Choose a future! Issues and options for adolescent boys is a manual to help boys examine the real issues in their lives - family, relationships, conflict, work - and to look at ways of dealing with them. Available, price £25 (50 per cent discount for representatives of NGOs in developing countries), from Centre for Population and Development Activities, 1400 16th Street NW, Suite 100, Washington, DC 20036, US.
Tel: +202 667 1142. Fax: +202 332 4496. E-mail: sales@zedbooks.demon.co.uk

Men's sexual health matters is a handbook for health and community workers who would like to work on issues around sex and sexuality with men. Covers basic facts on reproduction, contraception and safer sex for men, men's concerns about sexual and reproductive health, and strategies for working with men in different settings.

The secrets of working with men is a practical manual for people working with men particularly on gender violence. It introduces a range of ideas and techniques that can be used to open discussions about how men and women relate to each other. Price: £14. Available from: PO Box 8348, Roggebaai 8012, Cape Town, South Africa. Fax: +21 4254295. E-mail: chillimad@hotmail.com

Men and HIV in Malawi, Men and HIV in Zimbabwe, Men and HIV in Zambia and Men and HIV in Swaziland are booklets produced by SAIADS, Panos and UNAIDS. The booklets are based on research and a series of workshops on the topic of men and HIV and provide an overview of the issues.
Booklets are available (free of charge to organisations in developing countries) from: Panos Southern Africa, PO Box 39163, Lusaka, Zambia. Tel: +260 1 290037. Fax: 360 1 293162. Also available on the websites: www.panos.org.uk (booklets on Malawi, Swaziland and Zambia) or www.saiads.org.zw (booklets on Swaziland and Zimbabwe).

Electronic resources
Helping involve men CD-ROM is an essential library on reproductive health. The collection includes full text journal articles, case studies, operational research reports, technical reports and books. Available free from POPLINE Digital Services, Center for Communication Services, Johns Hopkins School of Public Health, 111 Market Place, Suite 3100 Baltimore, Maryland 21202, USA. Fax: +410 659 6266. E-mail: popline@jhuccp.org

Organisations
Civil-Military Alliance
The Civil Military Alliance to combat HIV and AIDS is an organisation that aims to promote inter-sectoral co-operation in preventing HIV/AIDS and other STIs. The Alliance promotes effective health and prevention policies, strategies and training programmes in both civilian populations and the uniformed services (including military, police, peacekeeping forces and the prison sector.) For more information contact Stuart Kingma, Civil-Military Alliance to Combat HIV and AIDS, 20 route de l'hopital, CH-1180 Rolle, Switzerland. Fax: 0021 825 35 86. E-mail: kingma@iprolink.ch

AIDS Action provides a forum for the exchange of information about care and prevention issues concerning AIDS, HIV and sexually transmitted infections.
The international English edition is published four times a year by Healthlink Worldwide in the UK.

ISSN 0953-0096
An electronic text edition is available via SatelLife's computer network, HealthNet.
Contact: hnet@usa.healthnet.org
Together with seven regional editions, AIDS Action has a worldwide circulation of 160,000.

Publishing partners
English Asia-Pacific: HAINE, The Philippines;
English East Africa: KANKO, Kenya;
English Southern Africa: SAFIADS, Zimbabwe;
French: ENDA, Senegal;
Portuguese for Brazil: ABIA, Brazil;
Portuguese for Africa: consultants based at: University Eduardo Mondlane, Mozambique;
Spanish: Cisalndra, Peru.

Commissioning editor Christine Kalume
Editor Lisa Oxlade
Special adviser for this issue Alan Greig

Electronic advisory group
Carandang Dr Arletty Pinel
Dr Mcrae Anderson Dr Ute Kupper
Kathy Attawell Dr Ruby Katabira
Dr Rachel Baggeley Dr Ute Kupper
Teresa Bagasso Philippa Lawson
Dr Nina Castello- Carandang Dr Simon Mphuka
Carandang Dr Arletty Pinel
Nancy Fee Dr Eric van Praag
Susie Foster

Healthlink Worldwide's AIDS and Sexual Health Programme is supported by CAFOC, Christian Aid, DFID/JS, HIVOS, ICCO, Irish Aid, Mfreesor, Norwegian Red Cross, SDA.

Reproducing articles and images
Healthlink Worldwide encourages the reproduction of articles for non-profit uses. Please clearly credit AIDS Action/Healthlink Worldwide as the source and send us a copy of the reprinted article. Permission to reproduce images must be obtained from the photographer/artist or organisation as shown in the credit. Contact details are available from Healthlink Worldwide.

About Healthlink Worldwide
Healthlink Worldwide works to improve the health of poor and vulnerable communities by strengthening the provision, use and impact of information.
Registered charity no. 274260

SUBSCRIPTION DETAILS
Please write with details about your work to:
Healthlink Worldwide
Cityside
40 Adler Street
London E1 1EE, UK
Telephone: +44 20 7539 1570
Fax: +44 20 7539 1580
E-mail subscriptions@healthlink.org.uk
http://www.healthlink.org.uk

Annual subscription charges
£6/£12 Other students
£12/£24 Individuals elsewhere
£24/£48 Institutions elsewhere