

Participants in Program H, an intervention for young men in Rio de Janeiro, Brazil, that aims to reduce HIV risk behaviors by promoting gender equity.



INSTITUTO PROMUNDO

INVOLVING YOUNG MEN IN HIV PREVENTION PROGRAMS

Operations research on gender-based approaches in Brazil, Tanzania, and India

On December 1, 2004, thousands of people around the world—from Prime Ministers to AIDS activists—participated in a variety of activities to commemorate World AIDS Day. What was clear from the speeches, discussions, candle-lit marches, and media events is that progress to slow the AIDS epidemic among women and girls—the theme of this year’s World AIDS Day—cannot be accomplished without interventions that address gender inequality and that involve men and boys.

Calls to action highlighting the critical role men play in women’s vulnerability

to HIV infection and women’s reproductive health are not new. Since the 1994 International Conference on Population and Development held in Cairo, Egypt, policymakers and those on the frontlines of the AIDS epidemic have increasingly endorsed improving men’s access to programs and health services as a way to protect both men and their partners from HIV and other sexually transmitted infections (STIs). But what is new and noteworthy are interventions that encourage men to examine detrimental social norms about manhood, to improve communication with their partners, and to support women’s roles in sexual decision-making.

Young Men and HIV Prevention

Inside:



HIV and Partner Violence
Page 7



“What’s a ‘Real Man’?”
Page 10

The Population Council implements the Horizons Program in collaboration with the International Center for Research on Women, the International HIV/AIDS Alliance, the Program for Appropriate Technology in Health, Tulane University, Family Health International, and Johns Hopkins University.

While program experimentation targeting men has mushroomed in many parts of the world, operations research that examines the feasibility, acceptability, and impact of gender-based approaches has been limited. In response to this gap, the Horizons Program, together with partner organizations, is undertaking important programmatic research among young men in three countries. The research seeks to better understand the linkages between gender norms and HIV risk behaviors, and to determine whether the interventions that are developed using this information make a difference in the lives of young men and their partners. This issue of the Horizons Report describes emerging findings from studies in Brazil, Tanzania (page 7), and India (page 10).

Brazil's Program H

Throughout the world gender norms—societal messages that dictate appropriate or expected behavior for males and females—play an important role in the spread of HIV infection, particularly among young people who are beginning their involvement in intimate relationships. Examples of detrimental gender norms that have emerged from research conducted in many societies are that men should have multiple sexual partners—an important HIV risk factor—and that they should maintain control over the actions of their female partners. Norms that encourage gender inequity in relationships, where males have greater power than females, can lead to sexual coercion and physical violence, circumstances in which women find it impossible to practice HIV-protective behaviors.¹

But support for inequitable gender norms can also have serious repercussions for men. For example, a study conducted in the United States found that young men who support “traditional” notions of manhood (e.g., being dominant, taking risks, not showing emotions) were more likely to use drugs, be violent, and practice unsafe sex.²

Given the entrenchment of sociocultural norms and values, how can programs create greater support among young men for gender equity in relationships in contexts where men are expected to be dominant? And if programs are successful in changing attitudes about gender roles, will this have any effect on HIV risk and prevention behaviors?



In Brazil, Instituto PROMUNDO, a nongovernmental organization based in Rio de Janeiro, and the Horizons Program, with support from USAID, SSL International, the John D. and Catherine T. MacArthur Foundation, and John Snow Brazil, have undertaken an operations research study to answer these questions. This study is evaluating the impact of Program H (referring to *homens*, or men in Portuguese), a new, multi-

Young men participating in a facilitated group education session.

Support for inequitable gender norms can have serious repercussions for men.

faceted intervention that aims to change how young men think and act with regard to their interpersonal relationships.

Findings from the study indicate that group discussions that encourage critical reflection about the costs of traditional manhood and a media campaign that models gender equitable behaviors can help young men adopt more positive attitudes and behaviors that protect themselves and their partners from HIV infection.

Program Components

Program H consists of two main components. The first, a field-tested curriculum, was developed in 1999 by Instituto PROMUNDO, in collaboration with three other Latin American NGOs: Ecos and Instituto PAPAI in Brazil, and Salud y Género in Mexico. The curriculum, to be used by facilitators with groups of young men, includes a 20-minute cartoon video and 70 participatory group activities, each with a focus on gender and organized under five

themes: Sexuality and Reproductive Health, Fatherhood and Caregiving, From Violence to Peaceful Coexistence, Reasons and Emotions (including communication skills, substance abuse, and mental health), and Preventing and Living with HIV/AIDS.

The second component is a lifestyle social marketing campaign to reinforce the themes and messages from the group activities with young men and to promote changes in social norms about masculinity and relationships on a community level. Developed in 2001 by Instituto PROMUNDO, John Snow Brazil, and SSL International (makers of Durex condoms), the campaign uses radio spots, billboards, posters, picture cards, and dances to communicate that it is “cool and hip” to be a more “gender-equitable” man. The campaign encourages young men to reflect upon how they act as men and encourages them to respect their partners, to avoid using violence against women, and to take precautions to avoid HIV and other STIs. The campaign slogan, “Hora H,” or “In the Heat of the Moment,” was coined by young men who frequently heard their peers say, “Everybody knows that you should use a condom, but in the heat of the moment”

Poster used in lifestyle social marketing campaign. “Talk. Respect. Care. Attitude makes a difference.”



Study Design

To assess program impact, the researchers recruited 780 young men, 14 to 25 years old, to participate in the study. The young men were recruited from local schools and community organizations in three similar low-income communities, or *favelas*, characterized by high levels of violence and drug trafficking. On average, the men in the sample were 17 years old and most had not completed primary school.

Study participants in two of the communities were exposed to different combinations of activities. In Bangu, adult male facilitators used the curriculum to conduct two-hour interactive group sessions once a week over a six-month period with the recruited young men in the community. Bangu was also the site where the lifestyle social marketing campaign was implemented. In a second community, Maré, only interpersonal group sessions were conducted.

A third community, Morro dos Macacos, did not receive any activities during the first six months of the study period and thus served as a control. This helped the researchers determine whether any changes detected among the young men in the other two communities were likely due to the interventions or to other factors or events.

In each community the young men recruited for the study were surveyed prior to the start of any activity (baseline) and after the intervention activities had been ongoing for six months. Young men in the two intervention sites also completed surveys after one year. To complement the survey data, the researchers conducted individual in-depth interviews with a subsample of young men and their sexual partners to ascertain their views about the interventions and the impact on their relationships.

Follow-up rates for this longitudinal study were good in the intervention sites: 85 percent of respondents recruited at baseline in Bangu and 76 percent in Maré completed follow-up surveys at one year. In the control community, Morro dos Macacos, the follow-up rate was less—66 percent at six months—reflecting a commonly observed phenomenon of a dip in response rates in sites where there is no intervention.

Other study limitations aside from the relatively lower response rate in the control

group include the lack of biological markers (e.g., prevalence of STIs) to corroborate reported data, such as condom use and STI symptoms, and that the young men in each community were self-selected rather than being chosen at random.

The GEM Scale

Each survey used an innovative series of questions to find out respondents' views about appropriate roles and behavior for men and women. The Gender Equitable Men or GEM Scale was developed using findings from qualitative and quantitative research with men in Rio de Janeiro and from a review of publications on studies about men and gender roles. The resulting scale used in the study consists of 17 items and is designed to measure the extent to which respondents support traditional notions about men's and women's characteristics and behaviors related to HIV and pregnancy prevention, violence, sexual relationships, domestic chores and caregiving, and homosexuality (see sidebar).

"The scale quantitatively measures changes in support for prevailing gender norms," explained Dr. Julie Pulerwitz of Horizons/PATH, one of the study's principal investigators. "These data, when combined with qualitative information, can give researchers a good idea whether norms about gender roles are shifting within a community or sub-population, such as young men."

In addition to sociodemographic information, the surveys also collected data from respondents about their level of HIV-related risk by asking about STI symptoms, condom use, and number of sexual partners.

Risky Behaviors

The researchers analyzed behavioral data from respondents at baseline to determine the extent to which respondents were at risk of HIV prior to the implementation of the interventions.

They found that across all three study sites, the young men typically engage in a number of risky sexual behaviors. More than 70 percent of respondents were sexually experienced, with an average age of 13 for sexual initiation. Almost one-third (30 percent) of sexually experienced youth had more than one sexual partner in the previous month. Twenty-five percent of respon-

The Gender Equitable Men Scale

Drawing on qualitative research with young men in Rio de Janeiro and on an extensive literature review, the GEM Scale was developed and tested with a community-based sample of 749 men aged 15 to 60 in Rio de Janeiro. The 17-item subscale of "traditional" norms was deemed reliable (at baseline, alpha > .78), and was used as the gender norms measure in the intervention study with young men. Respondents were asked whether they agreed, partially agreed, or disagreed with each statement.

Items from the GEM Scale

- Men are always ready to have sex.
- Women who carry condoms on them are "easy."
- I would never have a gay friend.
- Changing diapers, giving the kids a bath, and feeding the kids are the mother's responsibility.
- I would be outraged if my wife asked me to use a condom.
- A woman should tolerate violence in order to keep her family together.
- There are times when a woman deserves to be beaten.

dents reported at least one STI symptom (e.g., penile discharge, pain during urination, etc.) during the three months prior to the survey. About ten percent of the young men reported ever being physically violent with their current

The campaign encourages young men to reflect upon how they act as men and to respect their partners.

or most recent regular partner. Fewer than 10 percent had ever taken an HIV test.

Less Support for Traditional Norms
Analysis of the data indicates that the group intervention alone and in combination with the social marketing campaign had a positive impact on young men's attitudes about gender roles.

In both intervention sites, young men were less likely to support traditional gender norms as measured by overall GEM scale scores at the six-month follow-up survey compared to baseline figures, and the differences were statistically significant. In the control community, no significant improvement in the GEM scale scores was detected for the same time period. Moreover, the positive changes were maintained at the one-year follow-up in both intervention sites.

“For many young men, the workshops were the first time they had the opportunity to discuss in depth the costs of being a man in our society,” said Marcio Segundo of Instituto PROMUNDO and the study’s research coordinator. “The activities are very creative and participatory and have helped young men think critically about issues that affect their lives, such as sex, HIV, relationships, violence, drugs, and fatherhood.”

In-depth interviews with participants echoed this observation. Many young men highlighted how the group sessions helped them question traditional views about manhood and made them more sensitive about women’s needs. According to one young man, “I learned to talk more with my girlfriend. Now I worry more about her... it’s important to know what the other person wants, listen to them. Before [the workshops], I just worried about myself.”

Reduced Risk

The researchers found improvements in key HIV-related outcomes among the intervention groups, while the control group showed either smaller improvements or changes in the wrong direction. For example, condom use at last sex with a primary partner increased over a one-year period in both intervention sites; however it decreased slightly in the control group at the six-month follow up (see figure 1). Reported prevalence of one or more STI symptoms decreased among all groups; however the reductions were statistically significant between baseline and six months only in Bangu, the site of the combined intervention, and between baseline and one year in Bangu and Maré, the other intervention site (see figure 2).

The interventions did not seem to have an effect on condom use with casual partners, perhaps because levels were already high at baseline. There was also little impact on number of sexual partners, although there was a downward trend among the intervention groups, whereas a slightly greater proportion of respondents in the control group reported multiple partners in the previous month.

Gender Matters

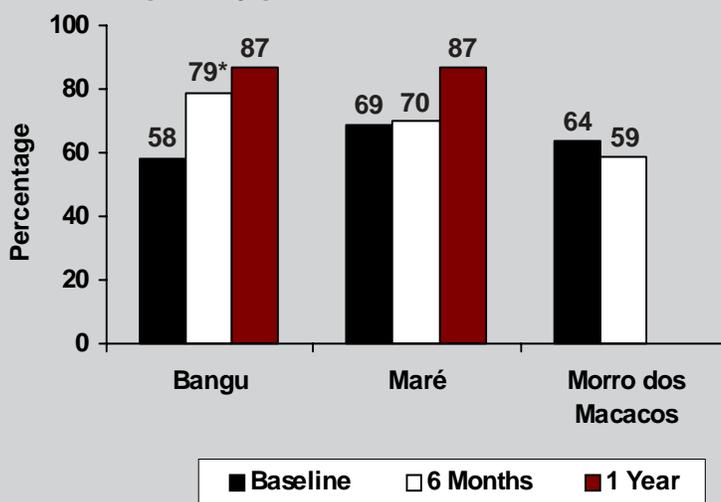
The study also sought to find out whether attitudes about gender influence young men’s risk of HIV and whether Program H, an intervention that focuses on gender dynamics, could reduce their risk.

To answer these questions, the researchers first examined the association between support of traditional gender norms and HIV risk variables at baseline. They found that indeed there is a relationship. For example, young men who scored in the lowest third of the GEM scale (less support for traditional norms) were significantly less likely to report STI symptoms than those who scored in the highest third (greater support for traditional norms).

“For those young men who buy into rigid views about manhood,” explained Dr. Gary Barker, director of PROMUNDO and co-principal investigator on the study, “we found that they have a higher level of HIV risk.”

A similar association between attitudes toward gender norms and HIV risk variables was also found over time. For the group in Bangu (the site of the combined intervention),

Figure 1 Change in condom use at last sex with primary partner



*p < .05, Chi-square test

those who became less supportive of traditional norms were more than four times less likely to report STI symptoms ($p < .05$) at one-year follow up compared to baseline; in Maré, they were more than 8 times less likely to report STI symptoms over the same time period ($p < .05$).

Findings from the in-depth interviews support survey results on the importance of addressing gender norms in HIV programming. Young men spoke about how the group sessions changed how they thought about sex and relationships, which can affect their risk of HIV infection. “Used to be when I went out with a girl, if we didn’t have sex within two weeks of going out, I would leave her. But now [after the workshops], I think differently. I want to construct something [a relationship] with her,” said one respondent.

“Young men don’t learn behaviors in isolation,” said Dr. Barker. “Social norms play an important role, and from the study we learned that individual reflection can help change their views, which is a first step in changing what is appropriate and expected behavior for men.”

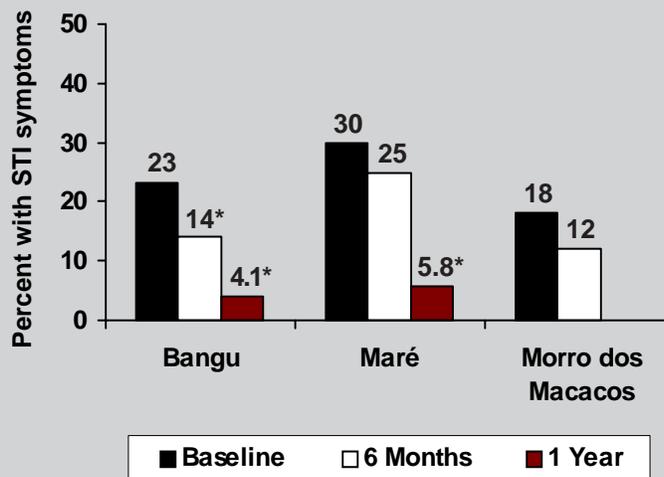
Conclusions and Next Steps

For policymakers and program implementers concerned about gender inequality and HIV prevention among young men, the study’s findings have important implications. First, the gender-based interventions for young men examined in this study were shown to be feasible and acceptable. Second, the interventions fostered diminished support for gender inequitable norms among the young men in the sample. And third, that addressing HIV-related themes from a gender perspective can reduce young men’s level of HIV risk.

The researchers now are conducting further analysis of the data that will provide more information about participation in the group sessions, the key issues raised during the group discussions, and the costs and relative merits of the different intervention combinations. The final report on the study will be available in early 2005.

Instituto PROMUNDO and Program H partners currently are working on developing new manuals and cartoon videos to complement this work. One set focuses on reducing homophobia among heterosexual youth, and

Figure 2 Change in reported STI symptoms



* $p < .05$, Chi-square test

the other focuses on young women’s empowerment, including reflection about gender roles and manhood.

Instituto PROMUNDO also is working with Salud y Género to evaluate Program H in Mexico and with JSI Research and Training Institute to test Program H in the U.S. with Hispanic populations. In addition, Instituto PROMUNDO is working with Horizons and others to adapt Program H in India (see page 10). 

¹Interagency Gender Working Group. 2004. *How to integrate gender into HIV/AIDS programs: Using lessons learned from USAID and partner organizations*. Washington, DC: USAID.

www.prb.org/pdf04/HowToIntegrGendrHIV.pdf

²WHO. 2000. *What about boys? A literature review on the health and development of adolescent boys*. Geneva: WHO

This article was written by Sherry Hutchinson and Ellen Weiss in conjunction with the research team, which includes Dr. Gary Barker and Marcio Segundo of Instituto PROMUNDO, and Dr. Julie Pulerwitz of Horizons/PATH. Information about Program H can be found on Instituto PROMUNDO’s website www.promundo.org.br. For more information about this study, contact Dr. Julie Pulerwitz (jpulerwitz@pcdc.org) or Dr. Gary Barker (g.barker@promundo.org.br). To read more about this study go to www.popcouncil.org/pdfs/horizons/brgndnrmsru.pdf. To receive e-mail notification when reports or summaries about this and other studies become available, sign up at www.popcouncil.org/horizons/signup.html.

PREVENTING HIV AND PARTNER VIOLENCE

Research guides design of peer education and drama components in Tanzania



JESSIE MBWAMBO

Youth actors rehearsing a drama skit on HIV/AIDS in Dar es Salaam, Tanzania.

In 2001, researchers from the Horizons Program and Muhimbili University in Tanzania published a disturbing finding. Among women attending an HIV voluntary counseling and testing (VCT) center in Dar es Salaam, young HIV-positive women (under 30 years old) were 10 times more likely to report physical violence with a current partner than HIV-negative women in the same age group. Their research also revealed that HIV-infected women overall reported significantly more sexual violence in their relationships, a greater number of physically violent partners in their lifetime, and a greater number of physically violent events with their current partner.¹

Unfortunately, such findings are not confined to Tanzania. Researchers working in Rwanda, South Africa, India, and the United States have found similar relationships between women's HIV serostatus and experiences of partner violence.²

These findings raise important questions for programmers and policymakers concerned about controlling the AIDS epidemic among women, particularly young women who are disproportionately affected by the disease compared to young men in countries like Tanzania. What is the pathway by which partner violence and HIV infection operate among couples? What can be done to break the cycle of violence to safeguard both women's and men's health and wellbeing?

These questions are being investigated by the Horizons Program and its partners through another round of research in Tanzania. Researchers from Muhimbili University College of Health Sciences, Johns Hopkins University, and the Horizons Program are conducting a three-year follow-on study in Dar es Salaam, Tanzania to evaluate a community-based intervention for young men that aims to change attitudes and behaviors related to violence and HIV/AIDS.

Study Context

In Tanzania, an estimated 17 percent of females ages 15 to 19 years are infected with HIV, compared to only 8 percent of males. This glaring discrepancy is due to a combination of factors, including social and economic circumstances that limit women's ability to determine when and how sex takes place.

Increasingly, researchers and program implementers are identifying gender as a key determinant of sexual power dynamics, which in turn influences HIV risk. Gender refers to widely shared expectations and norms within a society about appropriate male and female roles and behavior. While specific gender roles differ by culture, males and females across cultures consistently form their belief systems, pattern their behaviors, and initiate intimate relationships during young adulthood. This therefore may be an ideal time to work with youth, particularly males, to challenge unhealthy gender norms about violence and control in sexual relationships, and to mobilize support for HIV-preventive behaviors, such as abstinence, partner reduction, and condom use.

Infidelity, a Trigger for Violence

The new study began in July 2003 with six months of formative research to learn more about violence in sexual relationships among youth. Researchers conducted in-depth interviews with 40 men and 20 women ages 16 to 24, and 14 focus group discussions with similarly aged youth. Informants were recruited from sports grounds, market places, bus depots, and bars.

The vast majority of respondents were single, but almost all of these were currently in an intimate relationship for longer than three months with at least one partner. The majority of men had completed a minimum of seven years of education, while most women had not finished primary school.

Both male and female informants associated violence with infidelity, which is an important risk factor for HIV infection. Most of the young men interviewed had multiple concurrent or serial sexual relationships. Some women also described multiple sexual partnerships, though these reports were far less common than those of the men in the sample.

Men and women described deep mistrust of partners because infidelity is so widespread. “I don’t trust my fellow and he doesn’t trust me.... It’s not easy to trust each other because youth don’t settle down; one may lie to you while he has another woman apart from you,” said an unmarried female respondent.

Men and women described infidelity, real or suspected, as the most frequent trigger for violence in their relationships. “When a woman isn’t faithful there’s a need to use force,” said a married man.

There were also reports of violence by men in response to being accused of infidelity by a female partner. “I was passing on a road. He was with his friend [other partner] and told me not to pass. I insisted and when I passed, I said he was the father of this [pointing to her stomach and referring to her pregnancy]. He attacked and started beating me,” recounted one unmarried woman.

The most common types of violence were hitting, slapping, punching, and kicking. All of the male participants who condoned violence or who reported personal experiences with violence in their relationships also reported that infidelity justifies the use of violence against women. Several young women noted that infidelity is a justification for men’s use of violence against their female partners. Furthermore, men who used physical violence in their relationships were more likely to have forced a partner to have sex against her will.

At the same time, quite a few young men felt that use of violence against women or forced sex under any circumstance could not be justified. “It’s not allowed to make love to a

woman by force. This is against the rights of women. To make love needs the consent of the two people and so it’s not allowed anywhere that a man is allowed to force a woman to make love,” said an unmarried man.

Moreover, several male informants described personal convictions toward faithfulness in their relationships, with concern about HIV/AIDS being a primary motivator for maintaining a monogamous relationship.

Communication and Trust

Community norms around gender encourage men to initiate sex while limiting women’s ability to express their own needs and concerns. Informants noted that social norms encourage women to be obedient and fulfill men’s needs. According to one female respondent, “That what he tells you, you do fulfill.” Both women and men also described ideal women as those who are “enduring” and “forgiving”—qualities that may have implications for how women should respond to violence and infidelity.

Despite societal messages that encourage women to be submissive, informants described ways in which women take action in a relationship, such as by communicating sexual interest through body language or a third party. Males and females also spoke of women’s expectations that men provide economic support as part of a sexual relationship. Because of women’s limited opportunities, they often face severe resource

Very few relationships seemed to be built on foundations of communication and trust.

constraints. “When girls need [financial] assistance, they must have sex to get assistance,” said one female respondent.

Informants described a great deal of mistrust that impedes communication. In addition to concerns about fidelity, men and women also mistrust each other with respect to financial expectations. Women expect their male partners to provide them with money and gifts, but they mistrust men because they often make false promises in order to have sex. On the other hand, men mistrust women’s intentions,

concerned that women's primary motivation for the relationship is financial support.

Emotion played little role in the relationships of youth in the sample. Except for those youth who described "true loves," very few relationships seemed to be built on foundations of communication and trust.

The Intervention

The formative research highlights the role that infidelity plays in the lives of young women and men in the sample—both as a risk factor for HIV infection and as a trigger for violence. The research also shows how gender roles limit communication between men and women, and how lack of trust impedes communication.

of Muhimbili University, one of the study's principal investigators. "The drama group then used these life experiences to create the storylines, scripts, and guides to engage the audience in discussions afterwards."

Kimara Peer Educators, a local NGO, is taking the lead on the peer education component. Eight male leaders from the organization have been trained to lead peer support groups of 10 young men each. These young men will attend a series of monthly sessions over one year. The aim of the sessions is to provide young men a safe space to discuss sexual behavior, HIV risk, and conflict resolution. They will be encouraged to attend the interactive drama productions and to talk to their peers about the small groups and the drama themes.

"We envision that young men, after exposure to peer education and the drama productions, will begin to create new norms that support partner fidelity and communication, and that do not condone partner violence," said Dr. Suzanne Maman of Johns Hopkins University, also a principal investigator.

The intervention will be evaluated by measuring attitudes, knowledge, and behaviors among 400 young men ages 16 to 24 in the intervention community at baseline and one year later, and comparing these changes to pre- and post-data from 400 young men in the control community. Results are expected at the end of 2005. 

¹ Maman, S. et al. 2001. "HIV and partner violence: Implications for HIV voluntary counseling and testing programs in Dar es Salaam, Tanzania." *Horizons Final Report*. Washington, DC: Population Council.

² Maman, S. et al. 2000. "The intersections of HIV and violence: Directions for future research and interventions." *Social Science and Medicine*. 50(4):459-78.

The aim of the group sessions is to provide young men a safe space to discuss sexual behaviors, HIV, and conflict resolution.

The intervention currently being implemented aims to create peer and community support for transforming social norms to prevent the spread of HIV. Specifically, the intervention seeks to encourage partner reduction and fidelity, and greater respect, trust, and communication in relationships.

Two comparable communities within Dar es Salaam have been chosen as intervention and control study sites. The intervention consists of community theater and peer education, targeting young men 16 to 24 years old.

Working with 16 male and female youth actors from the University of Dar es Salaam, Department of Fine and Performing Arts, the project team created three skits that are being performed in places where youth congregate, such as recreational areas and markets.

Each skit focuses on one of the three themes that emerged from the formative research and its relationship to HIV/AIDS: infidelity, communication/negotiation, and violence/conflict resolution.

"The drama skits were the result of a long, creative process in which youth discussed the research findings and provided their own personal stories of violence, HIV/AIDS, and gender issues," explained Dr. Jesse Mbwambo

This article was written by Ellen Weiss in conjunction with the research team, which includes Dr. Suzanne Maman and Heidi Lary of Johns Hopkins University, Dr. Jesse Mbwambo of Muhimbili University College of Health Sciences, and Dr. Ann McCauley of Horizons/International Center for Research on Women. For more information about this study, please contact Dr. Suzanne Maman (smaman@jhsph.edu). To receive e-mail notification when reports or summaries about this and other studies become available, sign up at www.popcouncil.org/horizons/signup.html.



Group session on masculinity, part of the Yari-dosti program in Mumbai, India.

CORO, MUMBAI

“WHAT’S A ‘REAL MAN’?”

India study examines perceptions of masculinity as entry point for addressing HIV

In India, knowledge about HIV/AIDS is low, and few people see themselves as vulnerable to infection. Yet it is estimated that 4.6 million people are infected with HIV, making India the country with the second highest number of infected people in the world.

A key factor contributing to new HIV cases in India is societal norms that keep women’s status low in the home and community and foster men’s greater control over resources and decision-making. This includes decisions that affect sexual behavior and HIV risk, such as whether to be monogamous or use a condom.

Both women and men pay a price for norms that encourage gender inequitable relationships and men’s risk-taking behavior. In a study conducted among Indian men, those who reported extramarital sex were six times more likely to report wife abuse—an extreme manifestation of gender inequity and male power. The study also found a strong relationship between men’s self-reports of STI symptoms—an important risk factor for HIV infection—and their perpetration of partner violence.¹

In India, as in other countries, norms that influence how young males are socialized to become men are particularly relevant to HIV prevention efforts. But is it possible to change these deeply rooted social norms to foster support for gender equitable relationships among young men, who already yield greater power than young women and who stand to gain more as they enter into marriage? And if so, to what extent would this protect them and their partners from HIV infection?

Horizons and the Indian NGO Committee for Resource Organization (CORO), with funding from USAID and the European Commission, explored these questions, similar to those in the Brazil study (see page 2), through a series of research and program activities.

The research began with a qualitative investigation about how young men construct their gender identities. This information informed the development of a group-based intervention that has been piloted in three large slum communities in Mumbai (Bombay). Using exercises and materials that were adapted from

Brazil's Program H, the India program aims to change negative aspects of masculinity and reduce risky sexual behavior among young men.

Construction of Masculinity

The study began in the three Mumbai communities with interviews of 22 male key informants, including NGO representatives, doctors, and community leaders, to examine their perceptions of young men's attitudes and behaviors related to masculinity and HIV/AIDS. Based on leads from the key informants, the interviewers, who came from the study communities, interviewed 23 young men, aged 16 to 24, about their views and experiences. The findings draw on both sets of interviews.

When asked about masculinity, respondents described physical and social attributes of a "real man," or *asli mard* in Hindi. Overall, a real man was described as handsome, strong, and one who takes care of family members. He also is courageous and confident and commands respect. According to one young man, "[A real man] is a person who takes on any calamity, is not afraid of anybody."

Being dominant and aggressive were other qualities associated with being a real man. Respondents often highlighted physical and verbal abuse as important proof of masculinity. The types of violence respondents associated with masculinity were carried out against wives, girlfriends, and men, either individually or as part of a group. As one respondent noted, "Real men lead and win fights and quarrels."

Data from the interviews indicate that notions of masculinity often are linked to sexual health and performance. According to the young men, a real man is sexually powerful and

to sexual performance that they feared would undermine their masculinity. These concerns focused on penis size, semen quality, and early ejaculation.

Respondents described a variety of sexually aggressive behaviors directed at girls, women, and occasionally at men perceived to be feminine, that they and their peers engaged in to prove their masculinity. These ranged from sexual harassment to verbal sexual coercion to forced sex. According to one respondent, "...unless a woman cries while having sex, your masculinity is not proven."

While most men ridiculed homosexual men, some, after regular contact with the interviewers, narrated their own homosexual experiences. Often a homosexual encounter was their first sexual experience. For a few, their sexual relationships with men continued, even after marriage. Some justified their homosexual activity as an expression of masculinity because they penetrated their partner rather than being penetrated. In their narratives of male-to-male oral and anal sex, condoms were rarely used.

On the other hand, condom use was common with sex workers. However, respondents did not see condoms as appropriate with girlfriends, unless the women are perceived to have multiple partners. But they did not see their own behavior as a reason to use condoms with their female partners.

From Research to Intervention

Peers and those slightly older than the young men were found to be major sources of information and influence on matters relating to masculinity and sexuality. Consequently, young men from the community were selected to serve as peer leaders in the pilot intervention. With members of CORO and Horizons, they participated in a week-long workshop to adapt Brazil's Program H activities for the Indian context. In all, 20 activities/exercises were adapted that reflect the findings from the formative research.

The exercises are the centerpiece of the *Yari-dosti* program that is being piloted with 106 men over a four-month period. *Yari-dosti* is a local term meaning friendship or bonding between male friends. The men range in age from 15 to 28 years (mean age of 21 years), and almost all of them are single.

The peer leaders worked with young men as allies to encourage changes in attitudes and behaviors.

therefore able to satisfy women and produce children, particularly male children. Sexual potency is seen as an important way for men to establish superiority and control over women.

But the young men in the study had many anatomical and physiological concerns related

The group sessions include exercises that address gender, masculinity, and sexuality; gender based-violence; and HIV/AIDS, among other topics. The sessions allow young men to express their ideas about masculinity and their role in society, especially when it comes to relationships and interactions with women. The peer leaders work with young men as allies to encourage changes in gender-related attitudes and risk-reduction behavior through reflection about the costs of harmful aspects of masculinity and about the gains from mutually satisfying, loving, and respectful relationships. Young men also discuss and rehearse positive attitudes and behaviors.

The pilot program is being evaluated through a pre- and post-test research design that uses surveys and in-depth interviews with the young men and their partners to determine changes over time. The Gender Equitable Men (GEM) Scale, adapted for India, is being used to assess changes in gender-related attitudes (see page 3).

Initial results show that nearly 90 percent of the young men participated in all the group sessions. Also data from qualitative interviews with peer leaders and participants suggest that there has been a shift in their behaviors, including less harassment and domination of women, and improved attitudes about relationships. "I always used to think that girls want sex...now I realize that there is more to a relationship," said one young man.

As a follow up to the pilot, a larger operations research study is about to be launched, with major support from the MacArthur Foundation. The study will test the impact of the group intervention on young men's HIV- and gender-related attitudes and behaviors, involving hundreds of young men in three new sites in India. The collaboration involves Instituto PROMUNDO in Brazil, CORO, *Vishwas Sanskruti Kala Kendra (VSKK)*, an Indian youth organization, Population Council India, and Horizons. Also SSL International, the makers of Durex condoms, is supporting the development of a community-based, lifestyle social marketing campaign to create greater support for gender equitable norms and HIV risk-reduction behaviors among young men.

The final report on the pilot study with young men is expected in early 2005. 

¹Martin, S.L. et al. 1999. "Sexual behaviors and reproductive health outcomes." *JAMA* 287(20): 1967-1972.

This article was written by Alison Clarke and Ellen Weiss, in collaboration with the research team, which includes Dr. Ravi Verma and Vaishali Mehendra, Horizons/Population Council and Dr. Julie Pulerwitz, Horizons/PATH. For more information about this study, please contact Dr. Ravi Verma (raviverma@pcindia.org). To receive e-mail notification when reports or summaries about this and other studies become available, sign up at www.popcouncil.org/horizons/signup.html.

HorizonsReport

The *Horizons Report* is a biannual newsletter produced by the Horizons Program, which is dedicated to global operations research on HIV/AIDS prevention, care, and support.

Published in December 2004

Editorial Staff: *Alison Clarke, Sherry Hutchinson, and Ellen Weiss*

Special thanks to Margo Young, ICRW for her help with this issue.

For more information on the Horizons Program, or to be included on our mailing list, please contact us at:
Horizons Program
Communications Unit
4301 Connecticut Ave. NW, Suite 280
Washington, DC 20008 USA
Tel: 202-237-9400
Fax: 202-237-8410
E-mail: horizons@pcdc.org
www.popcouncil.org/horizons

Horizons Program, Population Council offices

SOUTH AFRICA
P.O. Box 411744
Craighall 2024, Johannesburg
Tel: 27-11-325-0518
csearle@pcjoburg.org.za

KENYA
General Accident House
Ralph Bunche Road
P.O. Box 17643
Nairobi 00500
Tel: 254-2-713-480/1/2/3
allstaff@pcnairobi.org

INDIA
53 Lodi Estate, 3rd Floor
New Delhi 110003
Tel: 91-11-469-9747/8
horizons@pcindia.com

THAILAND
P.O. Box 138, Pratunam
Bangkok 10409
Tel: 66-2-251-4766/7066
pcbkk@popcouncil.th.com

ISSN: 1539-5103

Population Council

The Population Council is an international, nonprofit, nongovernmental institution that seeks to improve the well-being and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources. The Council conducts biomedical, social science, and public health research and helps build research capacities in developing countries. Established in 1952, the Council is governed by an international board of trustees.

Copyright © 2004 The Population Council Inc.

This publications was made possible through support provided by the Office of HIV/AIDS, U.S. Agency for International Development (USAID), under the terms of HRN-A-00-97-00012-00. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID.



This document may be reproduced in whole or in part without permission of the Population Council provided full source citation is given and the reproduction is not for commercial purposes.