

PROMOTING GENDER-EQUITY AMONG YOUNG BRAZILIAN MEN AS AN HIV PREVENTION STRATEGY

RESEARCH SUMMARY

Gender-focused interventions, including group education and a lifestyle social marketing campaign, were found to decrease young men's support for inequitable gender norms and their risk of HIV/STIs. The findings provide empirical evidence that a behavior change intervention focused on promoting gender equity among young men is associated with improvements in HIV/STI risk outcomes.



INSTITUTO PROMUNDO

Participants in Program H, an intervention for young men in Rio de Janeiro, discuss the costs of traditional norms of manhood.

There is growing evidence that social norms that promote unequal gender roles increase both young men's and young women's risk of HIV/STIs and partner violence. These norms include support for men to have multiple partners and to maintain control over the behavior of their female partners. Thus, changing gender norms (i.e., societal messages that dictate what is appropriate or expected behavior for males and females) is increasingly recognized as an important strategy to prevent the spread of HIV infection (Barker 2000; Mane and Aggleton 2001; Weiss, Whelan, and Rao Gupta 2000).

Few interventions to promote gender-equitable norms and behaviors among young men have been systematically implemented or evaluated, and relatively little is known about how best to measure changes in gender norms and their effect on HIV/STI protective and risk behaviors. To address these gaps, the Horizons Program and Instituto Promundo, with support from USAID/PEPFAR, SSL International, the John D. and Catherine T. MacArthur Foundation, and JohnSnowBrasil, examined the effectiveness of interventions designed to improve young men's attitudes toward gender-equitable norms and to reduce HIV/STI risk.

To read more about this study, go to the full report, <http://www.popcouncil.org/pdfs/horizons/brgendernorms.pdf>

Methodology

Set in Rio de Janeiro, this quasi-experimental study compared the impact of different combinations of program activities implemented in three different but fairly homogeneous low-income communities, or *favelas*: Bangu, Maré, and Morro dos Macacos (MM). A group of young men aged 14 to 25 was followed over time in each community. The study focused on young men since they potentially have more flexible views about gender than older men, and because they are beginning their sexual lives and the development of intimate partnerships. The sample included both in-school and out-of-school youth recruited from local schools and community-based organizations.

Sociodemographic characteristics of the young men were similar in the three sites at baseline ($n = 780$). The mean age of the young men was 17, and about 40 percent had completed primary school or “basic” education. Less than a third of the respondents were working. The young men self-identified as black, mixed race, or white, with the largest proportion indicating that they were black (37 to 46 percent, depending on the site).

One intervention component was interactive group education sessions for young men led by adult male facilitators. The other was a community-wide campaign to promote condom use, using gender-equitable messages that also reinforced those promoted in the group education sessions. One arm of the study, based in Maré, focused only on group education, while the second arm, based in Bangu, included a combination of both interventions. The third community, Morro dos Macacos, served as the control site and received a delayed intervention.

To assess program impact, the researchers developed and validated the Gender-Equitable Men (GEM) Scale with a representative household

Horizons conducts global operations research to improve HIV/AIDS prevention, care, and support programs. Horizons is implemented by the Population Council in partnership with the International Center for Research on Women (ICRW), PATH, the International HIV/AIDS Alliance, Tulane University, Family Health International, and Johns Hopkins University.

sample of 742 men aged 15 to 60, including 223 young men aged 15 to 24, in Rio de Janeiro in 2001-2 (Pulerwitz and Barker, under review). The GEM Scale, which measures attitudes toward gender norms, includes items in five keys areas: (1) violence, (2) sexuality and sexual relationships, (3) reproductive health and disease prevention, (4) domestic chores and childcare, and (5) homophobia and relationships with other men.

After factor analyses and other psychometric tests, 24 items were selected to constitute the GEM Scale, 17 of which made up the “inequitable” gender norms subscale, addressing norms that have been considered more “traditional,” and 7 items which comprised the “equitable” subscale. In the current intervention study, the 17-item inequitable gender norms subscale was deemed most reliable ($\alpha = .78$) and to have the most variability in responses, and was used as the gender norms measure (See Box 1 for examples of items).

Participants were asked whether they agreed, partially agreed, or disagreed with each statement. Respondents also provided information on HIV-related risk and prevention factors, including STI symptoms, condom use, number of sexual partners, and intimate partner violence, as well as on sociodemographic characteristics.

Surveys were administered to a cohort in each site prior to any intervention activities ($n = 258$ in Bangu, $n = 250$ in Maré, and $n = 272$ in Morro dos Macacos), after the intervention had been ongoing for six months ($n = 230$ in Bangu, $n = 212$ in Maré, and $n = 180$ in Morro dos Macacos), and again after one year ($n = 217$ in Bangu and $n = 190$ in Maré). After six months, the young men in Morro dos Macacos received a less intensive version of the group education to ensure that all participants in the study benefited to some extent from the intervention.

Box 1 Examples of 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 that a woman deserves to be beaten.
- It is a woman’s responsibility to avoid getting pregnant.
- A man needs other women, even if things with his wife are fine.

In addition, qualitative interviews were conducted with a sub-sample of young men in ongoing primary relationships, as well as with their female partners (n = 6 couples and an additional 6 young men, for a total of 18 people). Facilitators of the group education kept records after each session and participated in regular meetings with study coordinators on their impressions of the sessions. Implementers of the lifestyle social marketing campaign filled out monitoring forms. The costs of implementing the different components of the program were also tracked.

Intervention

The intervention is called Program H (for *homens*: “men” in Portuguese). Program H focuses on helping young men question traditional norms related to manhood and on promoting their ability to discuss and reflect on the “costs” of inequitable gender-related views and the advantages of more gender-equitable behaviors.

Intervention activities included two main components: (1) a field-tested curriculum for group education sessions that includes a manual and an

educational video to promote attitude and behavior change among men, and (2) a lifestyle social marketing campaign to reinforce gender-equitable messages learned in the group education sessions on the community level.¹

Eighteen exercises (plus a 20-minute cartoon video) were conducted with the young men during once-a-week sessions for about two hours each over approximately six months. This totaled about 28 hours. The study team determined that six months was a long enough period for the intervention to have an impact, yet short enough to avoid being a burden on the young men and to be feasible for other organizations to implement the program, if deemed effective, in the future.

The specific activities were selected from the longer curriculum by a Technical Advisory Group. They addressed various themes, all with a gender focus running through them, including reproductive health and the body, gender-based violence, negotiating safer sex, communication and emotional expression, HIV and other STIs, and gender roles in different contexts. Adult men, intended to act as gender-equitable role models for the young men, facilitated the exercises.

For the lifestyle social marketing component, program staff worked with “peer promoters”—young men recruited from the community—to help develop and implement the campaign. The peer promoters identified preferred sources of information and cultural outlets in the community. They also crafted intervention messages about how “cool and hip” it was to be a more “gender-equitable” man that were communicated via radio spots, billboards, posters, postcards, and dances. Condom use and negotiation were presented during the campaign as important elements of a more gender-equitable lifestyle.

¹The group education curriculum was developed in 1999 by four Latin American NGOs, including Salud y Genero, Ecos, and Instituto PAPAI, and the group coordinator, Instituto PROMUNDO, and in collaboration with the International Planned Parenthood Federation/WHR and the Pan American Health Organization. The lifestyle social marketing campaign was developed in 2001 by Instituto Promundo, JohnSnowBrazil, and SSL International (makers of Durex condoms).

Key Findings

Young men in the study reported substantial HIV/STI risk. At baseline, more than 70 percent of the young men were sexually experienced, with sexual initiation taking place at an average age of 13. About 40 percent of the sexually experienced group reported having two or more sexual partners during the last month. Approximately 25 percent of the young men stated that they had experienced STI symptoms during the three months prior to the survey. About 10 percent of the young men indicated that they had been physically or sexually violent against their current or most recent regular partner. Fewer than 10 percent had ever taken an HIV test.

Agreement with inequitable gender norms was associated with greater risk. At baseline, young men who scored higher on the GEM scale (indicating greater support for inequitable gender norms) were significantly more likely to report STI symptoms ($p < .05$), not using contraceptives ($p = .05$), and both physical and sexual violence against a partner ($p < .001$) than respondents with lower GEM scale scores.

Support for inequitable gender norms decreased among intervention participants. A comparison of baseline and six month post-intervention results gathered at the intervention sites revealed that a significantly smaller proportion of respondents supported inequitable gender norms over time ($p < .05$), while a similar change was not found in the control site.

Specifically, at six months, fewer respondents agreed with 10 out of the GEM scale's 17 items in Bangu, and 13 out of 17 items in Maré. In Morro dos Macacos, the control site, there was significant change in support for only one item. Positive changes in the intervention sites were maintained at the one-year follow-up.

For ease of interpretation, GEM Scale scores were also trichotomized into "high equity," "moderate equity," and "low equity." The categories were determined based on the range of possible responses, and distributed equally across the three categories (e.g., the bottom third of possible scores were categorized as "high equity"). At baseline, about half of the young men in each site were categorized as "highly" equitable, and the other half were distributed across the "moderate" and "low" categories. At six months follow-up, responses had significantly shifted in the intervention sites so that the great majority was now categorized as "highly" equitable, while a significant change was not seen in the control group (Figure 1). At one year these positive changes were maintained in Bangu and Maré, the intervention sites (data not shown).



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

During in-depth interviews, young men discussed how the workshops helped them to question their attitudes. One young man said:

...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.

This same young man's girlfriend, in a separate interview, confirmed that he had in fact initiated discussions with her on a number of new topics, and that he had begun to respect when, how, and if she wanted to have sexual relations, and to see that having sex was not the only important part of their relationship.

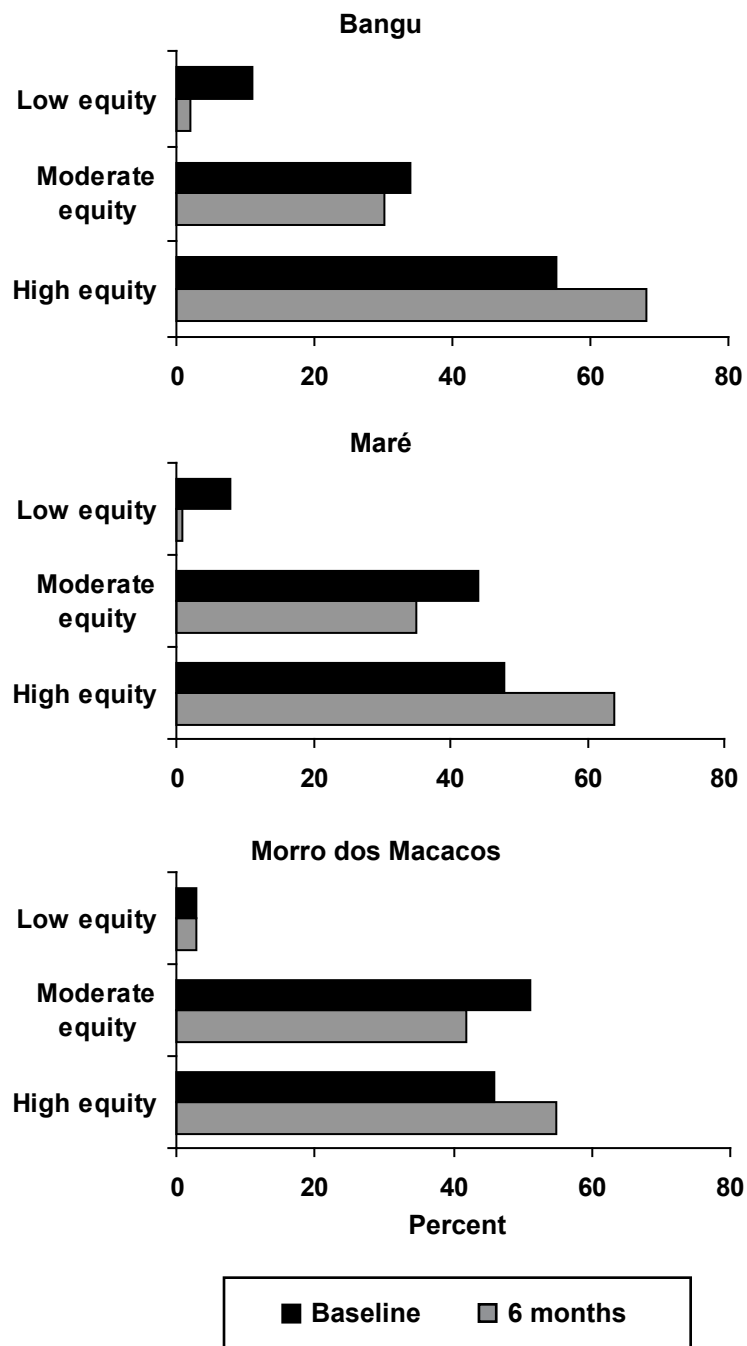
Other young men reported that they changed their general views about women. One young man said:

Before [the workshops] I had sex with a girl, I had an orgasm, and then left her. If I saw her later, it was like I didn't even know her. If she got pregnant or something, I had nothing to do with it. But now, I think before I act...

Greater changes in key HIV/STI outcomes were often found among young men in the combined intervention site. The degree to which key HIV/STI-related outcomes improved between what was measured at baseline and at six-month follow-up was assessed. At both intervention sites, reported STI symptoms decreased, and in Bangu, the combined intervention site, the improvement was statistically significant ($p < .05$). In Morro dos Macacos, the control site, reported symptoms decreased but the difference was not statistically significant (Figure 2).

Findings related to condom use were similar. In both sites, condom use at last sex with a primary partner increased, with a significant improvement seen in Bangu ($p < .05$). In Morro dos Macacos, no significant increase in condom use was found (Figure 3). In all three sites, there was no signifi-

Figure 1 Changes across GEM Scale categories by study site (%)



Note: Differences significant ($p < .001$) in both intervention sites but not in the control site.

cant increase in condom use with casual partners. Results at one-year follow-up in the intervention sites indicate that the improvements in both condom use and reported STI symptoms were maintained or improved further (data not shown).

Less support for inequitable gender norms was associated with reduced HIV/STI risk.

A key objective of this study was to determine whether decreased support for gender-inequitable norms would lead to a change in HIV-related risk. Controlling for age, family income, and education, results from logistic regression analyses for correlated data indicate that improvements in GEM scale scores were associated with changes in reported STI symptoms. Because the same young men were followed over time, and the analysis took into account the longitudinal nature of the sample, it can be concluded that the young men in Bangu and Maré who became less supportive of inequitable gender norms over time were the same young men who did not report an STI symptom at follow-up ($p < .001$).

Qualitative data supported the link between a change in attitudes toward gender norms and a subsequent reduction in risk behavior; in this case, delayed sexual activity. For example, one young man indicated that he now was delaying sex with his girlfriend because of a new and different perspective related to gender and relationships, and that this was brought about due to his participation in the intervention. He said:

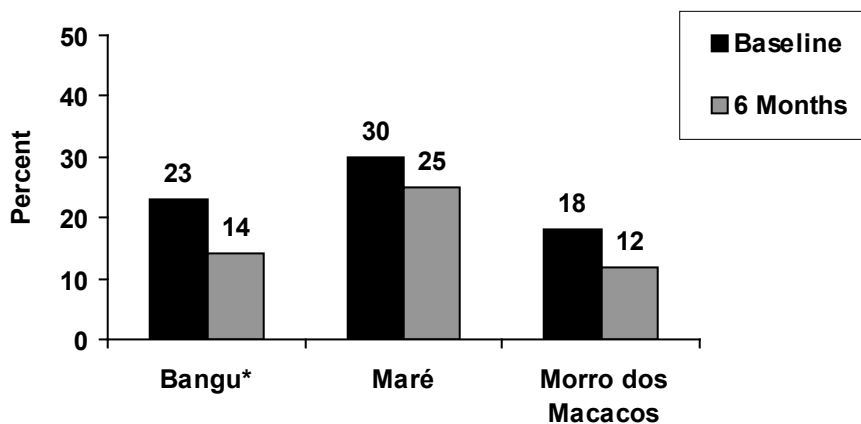
Used to be when I went out with a girl, if we didn't have sex within two weeks of going out, I would leave her. But now [after the workshops], I think differently. I want to construct something [a relationship] with her.

Couple communication about HIV was relatively common. Survey responses indicate that a majority of participants communicated with their primary partners about key HIV/STI-related topics at baseline,

and a similar proportion did so after the intervention period. In the qualitative interviews, some young men reported that they began to discuss new HIV-related topics with their partners, and their partners agreed that a change had taken place. For example, the female partner of one young man said:

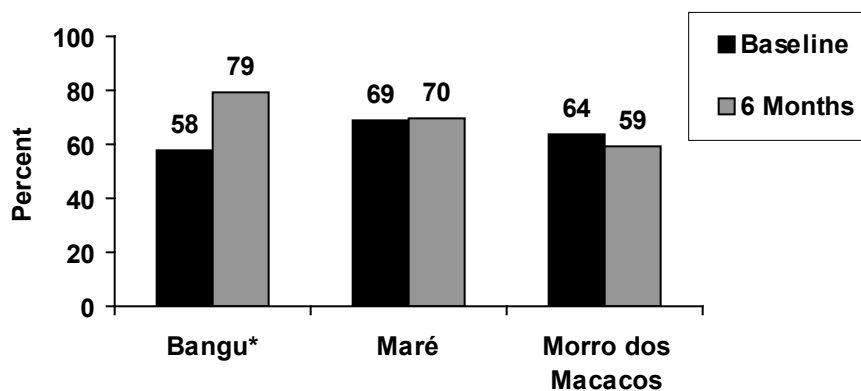
...after the workshop...he even talked about getting a blood test [HIV test] and he said: 'You should get one too' and I said: 'Okay, I'll do it, we'll do it together.'

Figure 2 Changes in reported STI symptoms in the past 3 months by study site (%)



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

Figure 3 Changes in condom use at last sex with a primary partner by study site (%)



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

Process Findings and Lessons Learned

The GEM Scale is a useful and sensitive tool for measuring attitudes toward gender norms. The GEM Scale was developed based on a literature review and findings from qualitative research with young men in the community. Psychometric analyses indicated that the GEM Scale holds together well, and that scale items are sensitive to change over time. For this study, the 17-item gender-inequitable subscale was deemed most reliable and to have the most variability in responses. These findings are likely due to the fact that the participants were self-selected and perhaps more gender-equitable at baseline than the young men included in the original, representative household sample. In subsequent studies, the full GEM Scale or the inequitable subscale could be used, depending upon the characteristics of the study population.

Intervention facilitators should have strong group facilitation skills. Each of the facilitators had prior experience working with groups of young people from low-income communities on gender and health issues. It was fundamental that the facilitators have substantial skills in leading group discussions particularly in terms of how to encourage young men not accustomed to talking about emotions and values. Also, many of the topics raised in the sessions led to heated discussions and conflict between participants. It was important that facilitators were trained and equipped to handle these conflicts.

Recruiting and retaining older youth proved difficult. In general, it was more difficult to recruit older youth, principally those aged 20 to 24, since they were either working or searching for

Box 2 Cost analysis


The total costs of the two interventions were captured, including start-up costs such as training of facilitators and implementation costs such as conducting workshops. The total costs in Bangu—combining group education and lifestyle social marketing campaign—and Maré—group education alone—were USD\$35,856.87 and USD\$21,060.28, respectively. The cost per youth reached was USD\$138.98 for Bangu and USD\$84.24 for Maré. Therefore, it cost almost twice as much to reach the young men in the combined program. However, this analysis does not take into account the many other young men and community members that were reached by the social marketing campaign, and the reach was likely greater than what this analysis conveys. Regarding the cost of the group education component, the cost per hour of group education was only USD\$4.96 for Bangu and USD\$3.01 for Maré. For groups that are unable to incur all of the group education costs, a less intensive intervention with fewer sessions may be appropriate.

work. In addition the older participants attended the sessions less consistently than did the younger participants. On the other hand, the older youth often displayed more involvement and interest in the session topics, likely because they had more experience with intimate relationships. About a third of participants attended all or the majority of the sessions. Overall, the young men did not drop out permanently, but instead missed sessions for a variety of reasons, the most common being work-related.

Participants appreciated having “male-only” spaces to discuss sensitive issues. Facilitators perceived that it was quite important for these young men to participate in “male-only” groups, or safe spaces, to openly address key topics and their concerns about health, sexuality, and STIs and HIV. The young men appreciated the opportunity “to be here among men and to be able to talk” and to acquire new information about sexual-ity and reproduction—such as a woman's fertile period—that they hadn't understood previously.

Conclusions

Study findings indicate that addressing inequitable gender norms, particularly those that define masculinity, is an important element of an HIV prevention strategy for young men. The findings also suggest that group education interventions can successfully influence young men's attitudes toward gender roles and lead to healthier relationships. In addition the findings provide empirical evidence that a behavior change intervention focused on combating inequitable gender norms is associated with improvements in HIV/STI risk outcomes.

The study and intervention reported here has inspired ongoing adaptations in other countries. The Horizons Program, in collaboration with local partners and Instituto PROMUNDO, has funded and led the adaptation and replication of the GEM Scale, as well as the adaptation and piloting of the group education intervention in Mumbai, India. The MacArthur Foundation is now funding a full-scale evaluation of the intervention in India, and a pilot in Mexico. The team also plans to engage both young men and young women simultaneously in addressing gender dynamics and HIV risk. A similar, "empowerment"-focused intervention for young women has been developed, and activities with young women will be evaluated as part of the intervention study in India. 

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For more information on Program H, contact Gary Barker (barkerpromundo@aol.com) or go to www.promundo.org.br

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