

The truth about ...

men, boys and Sex

Gender-transformative policies and programmes

"I talk to my customers and give them condoms. When they ask 'What for?', I tell them 'Don't you know this is the style of the New Man? Real men use condoms. They keep you safe and make you last longer.'"

Taxi driver, 26, Can Tho district, Vietnam

Contents

Foreword from the Director-General, International Planned Parenthood Federation	2
Foreword from the Ministry of Foreign Affairs, Japan	3
1 Men and gender transformation: setting the scene	4
2 Working with men and boys: reasons and rationale	6
3 Meeting men's needs: services and supplies	9
4 The truth about ...	
... young men and boys	14
... married men	18
... men who have sex with men	22
... men who inject drugs	26
... male and transgender sex workers	30
... men and boys living with HIV	34
5 Finding out more: resources and reports	38
Endnotes	44

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Foreword

from the Director-General, International Planned Parenthood Federation

Over the last 25 years, much has been learned about HIV – its properties, its management and its tendency towards the path of least resistance in communities already facing poverty and prejudice. Globally, that line runs through some of the world's least powerful communities: the poorest, most disadvantaged, stigmatized and under-developed groups, whose members carry an increasingly disproportionate share of the world's HIV burden.

In many countries, young women are three times more likely to be HIV positive than young men while in other regions of the world men are at the forefront of the epidemic.¹ With this dynamic nature of HIV, it is imperative that every response is characterized by its ability to be increasingly relevant and meaningful. However, irrespective of the country or region, approaches that actively seek to transform gender norms and inequality need to find a stronger foundation in the work of sexual and reproductive health and HIV programmes. The essence of these programmes must empower young women and girls and provide supportive legislative frameworks. But concurrently they should ensure that men and boys – with different behaviours and sexual orientations – can find the avenues to transform their lives as individuals, partners, husbands, fathers, sons and brothers. *Sexual Rights; An IPPF Declaration* underlines this approach and identifies the rights of everyone to sexual autonomy, non-discrimination and choice.

The IPPF Japan Trust Fund for HIV/AIDS was established in 2000 to strengthen and build the capacity of IPPF Member Associations and enable them to carry out effective, innovative and comprehensive HIV programmes. A key part of their distinctive nature is that they are based on the specific needs of individual countries and localities. As a key signatory to *The Code of Good Practice for NGOs Responding to HIV/AIDS*, IPPF promotes this needs and rights-based approach that has linked HIV and sexual and reproductive health and rights responses and has focused on the realities of people's lives – the lives of men and women who are particularly vulnerable to or at risk of HIV.

This unique combination of case studies and interviews from six countries in Africa, Asia and Latin America – with the opinion pieces penned by experts in their field – serves as a reminder that progress on the rights of women and girls is intimately linked to ensuring that men and boys are equal partners in this dialogue. The truth about safeguarding the sexual and reproductive health of women and girls necessitates that men and boys are actively encouraged to protect their own health. For it is in ways like this – demonstrated so concretely throughout this publication – that we can begin to make our largest gains.

And, in turn, we can work towards a world where gender has little or no effect on the course of this most human of epidemics.

Dr Gill Greer

Director-General, International Planned Parenthood Federation

Foreword

from the Ministry of Foreign Affairs, Japan

This year marks the 15th anniversary of the establishment of the International Conference on Population and Development (ICPD) in 1994. Those who were born in the same year as ICPD have become 15 years old, and it is our pleasure to introduce this timely publication under the theme of *The Truth about Men, Boys and Sex*.

Last year, the Government of Japan hosted two major international conferences: the fourth Tokyo International Conference on African Development (TICAD IV) and the G8 Hokkaido Toyako Summit. In both events, Japan played a key role in leading the international community to formulate new global development strategies. At the TICAD IV, we discussed various issues especially health challenges that Africa is currently facing. At the G8 Hokkaido Toyako Summit, the Government of Japan became a driving force for the establishment of the Toyako Framework for Action on Global Health. Japan also advocated the importance of taking comprehensive measures including reproductive health.

In addition, Japan has been following up TICAD IV and the G8 Hokkaido Toyako Summit in order to maintain the momentum that gathered toward these meetings. For example, in working with partners in the private sector, we organized an international conference on 'Global Actions for Health System Strengthening' last November as a G8 Summit follow-up.

In addressing these issues, it is beneficial to take the concept of human security into account. Human security aims to protect people from critical and pervasive threats to human lives, livelihoods and dignity, and to empower people so that they can fully realize their rich potential. Based on the concept of human security, the Government of Japan will address infectious disease control and health system strengthening in a participatory and comprehensive manner in cooperation with a range of key stakeholders including governments, international organizations, private sector, academia, non-governmental organizations and civil society such as the International Planned Parenthood Federation (IPPF).

Since its launch in 2000, the IPPF Japan Trust Fund for HIV/AIDS has supported many success stories both in Asia and Africa. The Fund facilitates partnerships between the Government of Japan and IPPF's network at the grassroots level, and aims to tackle HIV/AIDS challenges as well as to address developing countries' population issues from the perspective of reproductive health.

This publication illustrates what IPPF and its Member Associations have achieved through their energetic activities. I hope this publication will be read not only by those who are already interested in population and reproductive health but also by those who are not so familiar with these issues. I also hope that the publication will enhance public understanding of global HIV/AIDS challenges and will contribute to practitioners' efforts.

Atsushi Ueno

Director, Global Issues Cooperation Division, International Cooperation Bureau, Ministry of Foreign Affairs

Human security
aims to protect
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their rich potential.

1 Men and gender transformation: setting the scene

Gender-transformative programmes aim to change gender norms and promote relationships between men and women that are fair and just.

Men, boys and sex

Most men think about sex several times a day. Across the globe, on any given day, sexual intercourse happens 120 million times.² In Nicaragua, one in three men first had sex before the age of 15, compared to one in 20 men in Ethiopia.³ By the age of 24, one in three sexually active people in the USA will have contracted a sexually transmitted infection (STI). In Japan, 35 per cent of people have sex weekly, compared to 71 per cent in Mexico.⁴ The country boasting the most amount of time actually spent on sexual intercourse is Brazil at 30 minutes. The quickest sexual intercourse in the world is in Thailand, where it generally lasts 10 minutes.⁵ In the UK, 6.1 per cent of men reported that they had had a homosexual experience⁶ and in the USA 2.8 per cent of men identified themselves as gay or bisexual.⁷ Worldwide, 15.3 million men are living with HIV.⁸

As this snapshot of facts and figures shows, men and boys have different sexual desires, behaviour and experiences. A wide range of different programmes and policies are therefore needed to respond effectively to their different sexual health needs. The evidence indicates that male involvement in effective and innovative sexual and reproductive health and HIV programmes is critical; for their own sake, for their partners and families, and for changing gender stereotypes of how men and women should act.

The historical context

The importance of addressing women's and men's sexual and reproductive health issues is gaining momentum, both at policy and programme levels. Over the years, conventional approaches to family planning have broadened

out to include wider issues of sexual and reproductive health, and now HIV. With this also came the recognition of the influence that gender, power relations, men and other family members have on women's sexual and reproductive health. The 1994 International Conference on Population and Development was instrumental in raising awareness of the role of men. The Programme of Action adopted at this conference stated, in paragraph 4.25, that: *"The objective is to [...] enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles."*

However, the Programme of Action still only addressed male involvement as a way of meeting the needs of women and girls. For a variety of reasons, few sexual and reproductive health and HIV policies and programmes have explicitly addressed men and boys in their own right. Many sexual and reproductive health service providers that have traditionally served women of reproductive age may find it challenging to reach out to men and boys and provide services that especially address male sexual health. But there are clear signs that this is changing and the health-seeking behaviour of men and boys is increasingly being promoted in sexual and reproductive health services. Furthermore, the HIV epidemic highlights the need to take male involvement to the next level and engage men and boys in transforming gender.

Transforming gender

The age of AIDS carries in its wake a renewed and belated recognition of the particular vulnerability of young women and girls. Inherent in this understanding are patriarchal structures, unsupportive legislation, and social,

religious and cultural norms. Confronting and changing preconceived notions of what it means to be a man or a woman, a husband or a wife, is one of the most pressing challenges. Yet all too often strategies that proactively engage men and boys to become better lovers, partners and fathers are the forgotten element. Gender-transformative programmes address this challenge, by changing gender roles and promoting relationships between men and women that are fair and just in the distribution of benefits and responsibilities.

During the past year, both the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria have developed gender strategies that will help to shape their global responses to the HIV epidemic. While this is encouraging, the fact that they have developed separate, but hopefully linked, strategies for 'women and girls' and for 'sexual minorities' is cause for alarm. Quite rightfully, a 'gender argument' has often been used to establish and enhance women's participation and rights. But 'gender' is not just about women and girls. It refers to social constructions of expected male and female behaviour that affect everyone regardless of their sex, sexual orientation, behaviour or HIV status. In the context of HIV and sexual and reproductive health, gender-transformative programming must work with men and boys as equal partners in sexual and reproductive health services. By design and necessity, these efforts must be linked to collective strategies that support women and girls. The five key principles of gender-transformative programming are listed on the right.

Focus of this publication

This publication aims to inspire and assist programme developers, project managers and sexual and reproductive health service providers to create comprehensive gender-transformative programmes, with a key focus on men and boys. It draws on the lessons learned from IPPF's work in general and the Japan Trust Fund specifically.

This introductory section sets the scene for the different needs of men and boys, and starts to explore the key principles for transforming gender strategies.

The second section – **Working with men and boys: reasons and rationale** – explains why it is important to involve men and boys in effective and innovative sexual and reproductive health and HIV programmes.

The third section – **Meeting men's needs: services and supplies** – highlights key issues related to male sexual and reproductive health and essential services for men and boys.

Drawing on contributions from a number of international experts and agencies, the fourth section – **The truth about...** – concentrates on exploring the truth behind some of the priority issues and interventions for different groups of men and boys. This section also highlights case studies, including selected Japan Trust Fund projects, and interviews to act as a platform for discussion and inspiration.

The concluding section – **Finding out more: resources and reports** – describes a range of illustrative and practical guidance, toolkits, policies and training manuals that are available to help strengthen, expand and transform your organization's work on men, boys and sexual health.

Five key principles of gender-transformative programming are to:

1. **build** equitable⁹ social norms and structures
2. **advance** individual gender-equitable behaviour
3. **transform** gender roles
4. **create** more gender-equitable relationships
5. **advocate** for policy and legislative change to support equitable social systems

2 Working with men and boys: reasons and rationale

It is not possible to halt and reverse the HIV epidemic or achieve universal access to sexual and reproductive health, without reaching and involving men and boys.

Understanding the context: sexual and reproductive health and HIV

Sexual and reproductive ill health and HIV continue to present some of the most challenging global health problems. In 2007, 33 million people were living with HIV; half of those were male.¹⁰ In the same year, 2.7 million people – 45 per cent of whom were between the ages of 15 and 24 years – became newly infected with HIV.¹¹ The statistics for STIs are just as alarming; the World Health Organization estimates that one million new cases occur every single day.¹²

Developing countries are hardest hit by these infections. STIs and their complications are among the top five reasons why adults in developing countries seek health care.¹³ And the vast majority of new HIV infections, AIDS-related deaths and people living with HIV continue to be in the global South. Sub-Saharan Africa bears the brunt of both epidemics – with 20.3 million people living with HIV in 2007,¹⁴ and an STI prevalence rate of 11.9 per cent¹⁵ – followed by South and South East Asia (with 4.1 million people and 5 per cent respectively), and Latin America and the Caribbean (with 1.9 million people and 7.1 per cent respectively).

Infection rates do not only differ across countries and regions – they also differ between the sexes. Over the past 10 years, the proportion of women living with HIV has increased in many regions, including in sub-Saharan Africa where nearly 60 per cent of all people living with HIV are now female.¹⁶ This has slowly resulted in a greater recognition of women's vulnerabilities, and a more gender-transformative response to HIV.

However, outside of sub-Saharan Africa, the epidemic is still predominantly male. In East Asia, for example, men account for 73 per cent of all adults living with HIV in 2007, while the figure is 71 per cent in Eastern Europe and Central Asia, and 68 per cent in Latin America. Here, the epidemics are concentrated among vulnerable populations, such as men who have sex with men, injecting drug users and sex workers.

Understanding these differences, and knowing about the characteristics of local HIV and STI epidemics, is critical for developing and implementing effective sexual and reproductive health and HIV responses. This understanding and knowledge also forms the basis for understanding why and how to involve men and boys in effective sexual and reproductive health and HIV programmes.

Rationale for working with men and boys

It is not possible to halt and reverse the HIV epidemic (Millennium Development Goal 6),¹⁷ or achieve universal access to sexual and reproductive health (Millennium Development Goal 5),¹⁸ without reaching and involving men and boys in HIV and sexual and reproductive health initiatives. Their involvement – as an essential ingredient of gender-transformative programming – is critical for three key reasons:

1. to improve men's sexual and reproductive health and rights
2. to improve the sexual and reproductive health and rights of women and girls
3. to challenge harmful gender norms and strengthen gender equality¹⁹

Sexual rights are human rights and apply to everyone – irrespective of gender, sex, sexuality or HIV status. Just like women and girls, men and boys also need access to information, commodities, services and support to enable them to protect and improve their health. Reproductive health service providers in particular have often focused on reaching women and girls, and their clinics and services are frequently perceived, and indeed sometimes promoted, as ‘female-only spaces’. Developing services that can better cater for men’s needs, and facilitate their access, will improve the health of men and boys, and send a strong message that men’s sexual and reproductive rights should not be forgotten when addressing sexual and reproductive ill health.

Improving the sexual and reproductive health and health-seeking behaviour of men will have a knock-on effect on the health of others – most notably their (sexual) partners and families. Put simply, men who remain free of HIV and/or STIs won’t be able to pass on unwanted infections to their partners. Because of the social, political and cultural constructs of many societies, men often have significant ‘control’ over the lives of women and girls, including their access to health care, and their sexual and reproductive behaviour. When men take better care of their own sexual and reproductive health, they are also more likely to support their partners in, for example, family planning or the prevention of mother-to-child transmission of HIV. This can have significant health benefits for women and girls.

Gender norms increase both women’s and men’s vulnerability to HIV and sexual and reproductive ill health.

In many societies, women and girls are not supposed to know about sex, and are expected to abstain or be monogamous. This limits their opportunities to get the information and services they need. On the other hand, ‘being a man’ often means acting tough, taking risks, having multiple partners, and consuming alcohol or other substances. Furthermore, norms about masculinity – that dictate what is appropriate or expected male behaviour – often stress the idea that men should be independent and invulnerable, which contributes to an unwillingness to seek help, information or treatment.

Understanding how gender norms and gender inequality affect the way people live, love and relate to others is key to promoting and protecting sexual and reproductive health and managing HIV. According to Gary Barker from the International Center for Research on Women, *“engaging men and boys in SRH [sexual and reproductive health] and HIV programmes should not just be about increased condom use or getting men into the clinic for services.”* Instead, programmes should be gender-transformative. Men and boys should be assisted to understand the impact of their attitudes and behaviour, and the benefits of a more equal society that is based on non-discrimination. This is essential to address the underlying causes of the HIV epidemic and achieving greater impact from interventions. Many men and boys are already changing their attitudes and practices towards sex, relationships, women, their own health, and their role in caring for and supporting children. Their efforts in doing so must continue to be valued, supported and promoted.

Understanding how gender norms and gender inequality affect the way people live, love and relate to others is key to promoting and protecting sexual and reproductive health and managing HIV.

Promoting more gender-equitable, non-violent and engaged concepts of manhood should be at the heart of any sexual and reproductive health or HIV programme that involves men and boys.

What can be done to challenge gender norms?

Gary Barker, International Center for Research on Women and Co-Chair, MenEngage Alliance

Promoting more gender-equitable, non-violent and engaged concepts of manhood should be at the heart of any sexual and reproductive health or HIV programme that involves men and boys. Only when a programme is gender-transformative, and actively seeks to change individual and social perceptions of what it means to be a man or a woman, will the work be effective and sustainable. For example, our work promotes an ethic of care in which men come to recognize their own health (and emotional) vulnerabilities and become more involved in the care of others – whether their partners, their children or other family members. This can be done through group discussions and through community activism and campaigns that include radio soap operas, street theatre, blogs and internet chat rooms, and public service announcements.

The challenge is how to take this to a larger arena and engage large numbers of men and women in discussions about gender and manhood that lead to lasting and large-scale change. One example of how this can be done is the work of the MenEngage Alliance in Brazil (led by the organizations Promundo and Papai). In 2008, the MenEngage Alliance succeeded in engaging the media and the general public in discussions about fatherhood and paternity leave. At that time, women on a payroll were offered four months of paid maternity leave, while fathers received just five days of paid leave after the birth of their child. The MenEngage Alliance was instrumental in getting a Bill introduced – winding its way through Brazil's Congress – to increase paid paternity leave to 30 days.

Even if the Bill were to pass, this would only be the first step. Employers would still need to make the new legislation known – and implement it. And men would still need to be encouraged to use the paid leave and to use that time to be involved in the care of their children – rather than taking on short-term work to supplement family income for example. The important point, however, is that getting the issue on the public agenda, in the media and before Brazil's Congress led to widespread public debate. Irrespective of the outcome, the discussion about how to promote more gender-equitable attitudes and an ethic of care among men (and women) has become more visible. And that, in itself, is a major step forward towards gender transformation.

3 Meeting men's needs: services and supplies

Similarities and differences in men's sexual health issues

There are many issues concerning men's sexual and reproductive health, not all of which are equally important for all men. The prevalence rates of diseases differ, for example, according to place of residence, age, marital status and sexual practices. Furthermore, various groups of men – such as men who have sex with men or men and boys living with HIV – have additional or slightly different sexual and reproductive health issues and needs (these are discussed in section 4 of this publication). Nevertheless, many similarities in sexual and reproductive ill health among men are found throughout the world.

STIs such as gonorrhoea, chlamydia, syphilis, trichomoniasis, herpes, human papilloma virus, hepatitis B and C, and HIV, affect men everywhere. The World Health Organization recently estimated the incidence of curable STIs to be well over 400 million cases per year. This is on top of the tens of millions of men affected by non-sexually transmitted HIV and hepatitis. Figures range from one million new curable STIs per year in Australia and New Zealand to 151 million new cases per year in South and South East Asia.²⁰ With 119 new infections per 1,000 population, however, sub-Saharan Africa has the highest estimated incidence rate.²¹ In general, the prevalence of STIs tends to be higher in urban residents, in unmarried individuals and in young adults.

In addition to these infectious diseases, non-communicable diseases are also common sexual and reproductive health issues among men. These include male cancers (prostate, penile and testicular), urinary tract conditions, and various

sexual dysfunctions such as low sexual desire, erectile dysfunction, premature ejaculation, male infertility and pain during sexual activity. The World Health Organization reports that 605,000 men worldwide are diagnosed with prostate cancer annually,²² while penile cancer accounts for 20–30 per cent of all cancers in men living in Africa, Asia or South America.²³ Furthermore, an estimated 152 million men worldwide suffer from some degree of erectile dysfunction.²⁴ In addition to the physiological challenges that sexual dysfunctions cause, the conditions are also often related to mental disorders such as depression and anxiety, which accounts for a great loss in quality of life among those affected and may contribute to increased violence against women.

Surveillance and reporting

As with women, it is difficult to say how many men are affected by different sexual and reproductive health conditions. There are differences in the terms and case definitions used to describe male sexual and reproductive health conditions across countries and regions. This can cause confusion and leads to inaccurate surveillance of ill health which, in turn, misinforms estimates and health promotion activities. Different countries also use different health professionals to address men's sexual and reproductive health, from general practitioners to urologists and andrologists (those who specialize in the male reproductive system).

Moreover, men may not always seek diagnosis or treatment for sexual and reproductive health conditions due to feelings of shame or – particularly with regard to HIV

Not all sexual and reproductive health issues are equally important for all men, but there are many similarities throughout the world.

Financial constraints, a lack of available treatment or unskilled staff may also mean that illnesses and dysfunctions affecting men's sexual and reproductive health are not adequately diagnosed or treated everywhere.

– fear of rejection by their community or family. Financial constraints, a lack of available treatment or unskilled staff may also mean that illnesses and dysfunctions affecting men's sexual and reproductive health are not adequately diagnosed or treated everywhere. It is therefore of critical importance that screening and diagnosis are scaled up.

Effectively involving men and boys in sexual and reproductive health and HIV programmes generally requires a two-pronged approach: making services and interventions more responsive and attractive to men and boys and changing their health-seeking behaviour.²⁵

Essential sexual and reproductive health services for men

It is of vital importance to ensure that all providers in health care settings are aware of men's sexual and reproductive health issues, offer a wide range of services for diverse populations, and are able to refer patients to related services, such as harm reduction, mental health or social services, as needed. The figure on the right sets out the range of services that primary health care and family planning facilities should provide to actively address men's sexual and reproductive health needs. This is adapted from the description of essential sexual and reproductive health services by the International Conference on Population and Development. The outer circle shows the type of service, while the inner circle illustrates the issues that all these services should address. The arrows give examples of how such services can be delivered.

Essential sexual and reproductive health services for men



Model of good practice

All services should be culturally, gender and age sensitive, confidential, affordable and accessible. They should encourage men to be more caring, equitable and involved in the sexual and reproductive health of their partners and families. To achieve this, services should provide men with opportunities to reflect on and challenge gender and sexuality norms, and support and encourage them to develop relevant skills related to communication, condom use, parenting and caring.

In addition to offering these services, organizations can employ several strategies to attract men and boys into their clinics. These include having male-only clinics or dedicated opening hours for them, and employing male doctors and counsellors. Men are often hesitant to be examined by a woman or share information on intimate behaviour with female service providers. However, being a man does not necessarily equate with being good at working with men and boys. All staff will need to be trained to have a good understanding of the sexual and reproductive health issues and needs of different men, take accurate medical histories, carry out throat swabs and rectal examinations, and have

skills in diagnosing, treating and counselling men with STIs, HIV, hepatitis and non-infectious conditions.

When working with young people or marginalized groups of men, issues of confidentiality and anonymity are especially important. Ways to increase this include offering information over the internet or telephone hotlines and providing services without the requirement to present identification. Stigma and discrimination in the health care setting should be addressed and staff should be empowered to provide non-judgemental services. Furthermore, laws, regulations and policies that hinder the delivery of effective sexual and reproductive health and HIV services for young people and key populations need to be reformed. The application of a robust and sound human rights approach is critical to respond effectively to the epidemic and deal with its impact. From safeguarding the rights of those most vulnerable to HIV infection, through laws and policies to ensure access to essential sexual and reproductive health and social services, it is imperative that responses are evidence-informed. This is not only fair and just, but also produces the most positive public health results.²⁷

Effectively involving men and boys in sexual and reproductive health and HIV programmes requires

1. making services and interventions more attractive to men and boys and
2. changing their health-seeking behaviour.





The truth about ...

Facts and figures

4

The number of countries in South and South East Asia that include HIV education in primary schools. In sub-Saharan Africa the number of countries is 38.²⁸

16

The average age of first intercourse among men in Brazil, Iceland, Kenya, Peru, Portugal and Zambia.²⁹

45

The percentage of new HIV infections worldwide that occur among young people aged 15–24 years.³⁰

60

The percentage of young men and boys aged 15–24 years who do not have accurate and comprehensive knowledge about HIV and how to avoid transmission.³¹

The truth about ...

A photograph of two young men outdoors. The man in the foreground is wearing a black and white striped shirt and a dark patterned vest, looking towards the camera with a slight smile. The man behind him is wearing a black and white striped shirt and looking off to the side.

young men and boys

Doortje Braeken, International Planned Parenthood Federation

Highlighting change

A man's sexual and reproductive health needs change during his life – but they may well be greatest during adolescence and young adulthood. It is during this time that most men will become sexually active. Yet, it is also a time when they often have little knowledge about their own body and/or the female body, or about sex, reproduction, STIs and HIV.

Young men and boys are often eager to prove their manhood and are heavily influenced by pressure and expectations from their society, including peers, on how to act. Such pressure impacts on sex, relationships, alcohol and recreational drugs, which in turn can increase their involvement in high risk behaviour.

Not all men and boys have the same longings or desires. The opportunities for sexual experimentation – though often less limiting than for young women and girls – also vary across cultures and communities. This results in a tremendous variation of sexual behaviour and experiences.

Highlighting needs

Many young men and boys have questions about sex, masturbation, penis size, nocturnal emissions, premature ejaculation and sexual orientation, but may be reluctant to seek help, out of fear that they will be ridiculed by their peers. When they do access information and services, or commodities

such as condoms, they often face prejudices from adults. Religious and socio-cultural norms often disapprove of – or deny – young people's sexuality. This results in silence or fear, and shame-based approaches to sexuality that are based on rules and prohibited acts, rather than on a positive approach to sexuality.

Highlighting potential

The adolescence period provides a unique opportunity to shape the behaviour and attitudes of young men and boys for life. Young men can be more effectively influenced to understand and follow safer sexual practices, to obtain accurate information on sexual and reproductive health and HIV, and discuss their feelings and concerns.³² Research shows that open and frequent parent-child discussions about sex reduce the likelihood of unprotected sex among adolescents.³³ Furthermore, the right guidance and support can help prepare young men and boys to be healthy, supportive partners in mutually respectful relationships.

Highlighting key interventions

Because of this potential, the following sexual and reproductive health issues are critically important for young men and boys:

- **Building knowledge and skills** to prevent HIV, STIs and unwanted pregnancies, *before* young men and

boys become sexually active. This can be achieved, for example, through comprehensive sexuality education in schools; communication skills and confidence building activities; peer education; information, education and communication materials that are attractive and relevant to young people, including through the internet and mobile phones; and 'edutainment' interventions, which combine entertainment events with education.

- **Developing youth friendly services**, including access to condoms and management of STIs. This can be achieved, for example, by integrating 'youth corners' into clinics; setting aside special opening hours for young people; and training health care providers to offer non-judgemental services.
- **Challenging norms about gender and masculinity**, through group education and 'safe spaces' where participants can reflect on what it means to be a man; campaigns and outreach work that show young men that they *can* change, *how* they can change, and the benefits this will bring; and working with positive role models.
- **Creating understanding and acceptance** of young people's sexuality by the community including, among others, religious leaders, teachers, health care providers and parents.

The adolescence period provides a unique opportunity to shape the behaviour and attitudes of young men and boys for life.

Project file

Ethiopia: addressing the under-served

Project:

Addressing the Under-served
– STI and HIV Prevention
Services for Rural Youth in
the Amhara National Regional
State of Ethiopia

Implementing organization:

Family Guidance Association
of Ethiopia (FGAE)

Location:

Debreworkos and Kemissie,
Amhara National Regional
State, Ethiopia

What are the issues?

In Ethiopia, key factors that increase vulnerability to sexual and reproductive ill health and HIV include poverty, gender inequality, low levels of literacy and education, lack of adequate and safe water, and food insecurity. All these factors are generally more prevalent in rural areas. While there have been gradual gains in gender equality, a deep conservatism pervades gender norms, especially in rural areas. In addition, there are numerous cultural norms and values about young people's sexuality that result in a lack of open communication or expression, limited use of sexual and reproductive health services, and violation of young people's rights.

How did the project tackle these?

To address these problems, FGAE set up youth friendly sexual and reproductive health and HIV services in two rural communities. In both locations, outreach and clinical services were adapted to reach and attract young people. Edutainment activities were particularly targeted at young men and boys, a traditionally hard-to-reach group who were not accessing the services. In addition, the Association facilitated community dialogues and discussions to break the silence about HIV.

Many young men and boys indicated that the intensive outreach and edutainment activities really increased their knowledge on sexual health, STIs and HIV. In particular,

the peer service providers recruited by the project made it easier and less intimidating for young people to ask for information, condoms and contraceptive pills. As one young man said, *"We are now more aware of other sexual practices that give pleasure without intercourse. In this way we can prevent STIs and unwanted pregnancies."* In all, the project distributed over 35,000 condoms and 2,500 packs of contraceptive pills.

The involvement of peer service providers made it easier and less intimidating for young people to ask for information, condoms and contraceptive pills.

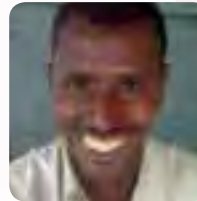
The community dialogues also started to break the silence. The involvement of people living with HIV in these events helped to dispel myths about HIV and address stigma and discrimination. The result was that more people came forward for HIV testing, while those living with HIV felt more confident to take up services from public service providers such as antiretroviral therapy and prevention of mother-to-child transmission.

What are the key messages?

- ✓ **Involve the community:** engaging various stakeholders from the community – including local authorities, religious leaders, parents (both mothers and fathers) and young people – is the key to creating an environment that facilitates young people's access to STI and HIV services and safer sex practices.
- ✓ **Enlist peer service providers:** peer service providers are instrumental in reaching young people with non-judgemental information and services.
- ✓ **Address gender inequality:** involving young men and boys in youth dialogues about gender, relationships and sexual health empowers them to become advocates for more equitable gender norms and helps to strengthen women's empowerment.

The involvement of people living with HIV in community dialogues helped to dispel myths about HIV and address stigma and discrimination.

Meet... Abdu Hassen Reshis



Name:
Abdu Hassen Reshis

Age:
19 years

Residence:
Artuma Fursi
Woreda (near the
city of Kemissie),
Ethiopia

Marital status:
Single

Occupation:
Student and farmer

How would you describe yourself?

I consider myself to be friendly, good-intentioned, caring and good mannered.

If you could be anywhere in the world right now, where would you be and what would you be doing?

Actually, there is nowhere I would rather be than in Ethiopia, as this is my birth place. And the thing I would enjoy most is doing community development work.

When was the last time you laughed out loud, and at what?

I was very happy and laughed out loud when I got tested for HIV a little over a year ago. Knowing I didn't have HIV gave me a sense of relief and excitement.

Which man has had a particularly important influence in your life?

About four years ago, a good friend of mine took me to town and offered to buy me the sexual service of a sex worker as a 'rite of passage' into manhood. I refused the offer and we ended up fighting. This incident was really defining for me as to how I want to live my life. Even though my friend is not alive any more today, he left a lasting influence on my life.

What do you consider to be your greatest achievement in life so far?

For me, attending school and progressing fast to reach the 4th grade is my greatest achievement. It means I no longer have to sign documents with my finger dipped in ink! My education still remains my priority.

How would you react to the statement "Our country would be better off if ruled by a woman"?

I don't see how one's gender makes that person a better or worse ruler. It should not make a difference. Rather than a man versus woman thing, developing our country should be a collective effort. Everyone should be allowed to contribute based on his/her capacity, not one's gender.

What is your wish for the future?

I want to see my country, Ethiopia, be a place where citizens have jobs and earn a living. I want to see Ethiopia be free from outsider support and foreign aid to deliver basic services.

Facts and figures

21 The percentage of HIV positive men in their early 50s in Botswana, against the national prevalence of 25 per cent of 15–49-year-olds.³⁴

36 The percentage of married men in the United States of America who reported having sex two to three times a week.³⁵

53 The percentage of married men aged 25–39 in Gabon who reported having one or more extra-marital partners in the past year; this figure is 36 per cent in the Dominican Republic and 11 per cent in Kazakhstan.³⁶

68 The estimated percentage of men aged 25–54 years in Niger who do not want any children soon or at all, but do not have access to family planning; this figure is 39 per cent in Haiti and 27 per cent in Bangladesh.³⁷

88 The percentage of couples in Peru where both partners report discussing family planning; this figure is 67 per cent in Malawi and 41 per cent in Nepal.³⁸

The truth about ...



married men

Dr Lynn Collins, UNFPA

Highlighting marriage

Most men will get married at some point in their lives, and/or will become fathers. Among men in their 30s, marriage is almost universal. It is generally believed that during marriage, the majority of men will have sex with their partner only. However, extra-marital relationships are not uncommon, either with men, women or both. Women are generally considered to have fewer extramarital relationships. In part, this reflects the double standards about men's and women's fidelity and sexual entitlement, but other factors – such as working away from home for long periods or lengthy period of abstinence after childbirth – also play a role.

Child marriage, usually involving coercion by an older man, includes the expectation of pregnancy. This places child brides in a much more vulnerable position to the risk of HIV as well as other sexual and reproductive health problems such as fistula and violence against women. Child marriage also compromises the child's access to education and other basic rights.

Highlighting fatherhood

By their 40s and early 50s, the vast majority of men are fathers.³⁹ Family planning and caring for children, however, are usually seen as predominantly female responsibilities, and many couples do not discuss family planning. Furthermore, family

planning programmes and services may not always recognize that men can have an unmet need for family planning too. In fact, many men in their 40s and early 50s do not want any more children, although most remain capable of fathering them.⁴⁰

Other important issues for married men and fathers relate to their engagement in maternal, neonatal and child care, and being positive role models for their children on gender equality and non-violence. Men and boys both perpetrate and are subject to gender-based violence. But experience and research corroborates that men and boys do want to be involved in forming mutually satisfying gender-sensitive relationships and acting as responsible, caring and non-violent partners. When men get older, erectile dysfunctions and male cancers become more important.

Highlighting choices

Married men in HIV sero-discordant and concordant relationships face some challenges to lead an active and healthy sexual life, such as long-term practice of safer sex, including condom use, safe fertility and prevention of mother-to-child transmission of HIV. As with any relationship, mutual support and understanding is essential, but also significant is external support through non-judgemental services, including psycho-social support and quality

counselling. With universal access to antiretroviral therapy becoming a reality, fatherhood in a world with HIV is a fulfilling proposition, whether as a biological, adoptive or step-father.

Highlighting key interventions

Sexual and reproductive health and HIV programmes for married men should therefore include a focus on:

- **Family planning and contraceptive use**, for example through building skills for couple communication, negotiation, and safer sex practices, and through providing information about and access to family planning methods, and fertility services.
- **Maternal, neonatal and child care**, by encouraging and supporting men to become involved, for example through stressing the importance of their role as fathers, and building fatherhood skills, including communicating openly and honestly about sexuality with their children and adolescents.
- **Male sexual health and HIV services** related to prevention, diagnosis and treatment of STIs, male cancers, sexual dysfunctions, and HIV and AIDS.
- **Gender-equitable relationships**, including management and prevention of gender-based violence, by redefining norms and values through counselling, peer interaction, legal reform and other means.

By their 40s and early 50s, the vast majority of men are fathers.³⁹ Family planning and caring for children, however, are usually seen as predominantly female responsibilities.

Project file

Vietnam: reaching men at their workplace

Project:

HIV and STI Prevention
among Construction
Workers of the Omon
Thermal Power Plant and
Vulnerable Populations in the
Surrounding Community

Implementing organization:

Viet Nam Family Planning
Association (VINAFFPA)

Location:

Can Tho City, Viet Nam

What are the issues?

VINAFFPA was asked to implement an HIV prevention project targeting the construction workers at the Omon Thermal Power Plant. Staff realized quickly that almost 80 per cent of the construction workers come from outside the region. Having left their wives and families behind, and living in workers' barracks near the site, many of these men regularly visit sex workers. However, few of them have ever accessed information, counselling or services on sexual and reproductive health, including HIV prevention. This is an alarming situation given the fact that one in three sex workers in Can Tho district tested HIV positive in 2006.

How did the project tackle these?⁴¹

In order to reach the men with sexual and reproductive health, and HIV information and services, the project uses a three-pronged approach of:

- **Creating an enabling environment** for the men to access information and services, through advocacy with the construction company and local authorities.
- **Providing information** through a drop-in-centre as well as peer educators and events that combine entertainment (such as video or karaoke) with education on sexual health and HIV.
- **Providing services and referrals** through a mobile clinic, including general health check-ups, voluntary counselling and testing, diagnosis and treatment for STIs, and family planning.

VINAFFPA used advocacy meetings to gain support from the construction company and local authorities. A memorandum of understanding was signed with the contractor, which allowed information, education and communication materials and condoms to be distributed at the building site, for peer educators to be trained during paid working hours and for workers to leave their shift 30 minutes early to visit the mobile clinic.

By December 2008, peer educators had reached two-thirds of the construction workers with information, counselling and condoms. And even more were reached through the edutainment events, which are hugely popular among the workers and community alike. This has resulted in increased knowledge and awareness as expressed by a mobile clinic client: *"Before the project most men were too ashamed to get medical care if they had STI symptoms and would self-medicate. But now, we visit the mobile clinic, because the peer educators have told us how important it is to get proper medical care."*

Most men say they like the mobile clinic best – with its easy access, free health services and friendly staff. The fact that the clinic provides general health check-ups as well as sexual and reproductive health services really helps to attract male clients. According to one of the doctors, *"Most men will say they visit because of back pain or stomach aches, but when I ask further, it becomes clear they have also come for HIV information or VCT [voluntary counselling and testing]."*

What are the key messages?

- ✓ **Target men at, or close by, their worksite:** this has proved to be an effective strategy for reaching men with sexual and reproductive health and HIV information and services.
- ✓ **Make formal agreements with key stakeholders:** signing memoranda of understanding with key stakeholders helps to establish their roles and contributions, creating an enabling environment for implementation of the project.
- ✓ **Reinforce messages through different contacts:** contracting peer educators from other professions in close contact with the construction workers (such as bar and restaurant owners and taxi drivers) means that prevention messages are reinforced in the community, where most of the high risk behaviour takes place.
- ✓ **Offer non-sexual and reproductive health services:** men – as well as sex workers and community members – are less hesitant about visiting the drop-in centre and mobile clinic when non-sexual and reproductive health-related services are also on offer.

“The project has made it easier for poor people to access health check-ups and services.”

Construction worker and mobile clinic client

Meet... Pham Van Thanh



Name:
Pham Van Thanh

Age:
40 years

Residence:
Can Tho, Vietnam

Marital status:
Married

Family:
One daughter and one son

Occupation:
Construction worker

How would you describe yourself?

I am out-going, a little amusing, supportive and sporty.

What is your most treasured belonging?

Though they are not possessions as such, I would say my mother and my wife are the most precious to me; because my mother gave life to me and my wife gave life to my children. They are also the ones taking care of me.

When was the last time you laughed out loud, and at what?

That must have been yesterday when I came home from work. My son and my daughter were playing together and when my son saw me, he ran towards me and kept kissing my face and my hands. That made me very happy.

Which man has had a particularly important influence in your life?

My father has had a very important influence on me, but unfortunately he has passed away. He taught me how to be a good man and behave towards other people – like to be kind, work hard and treat others with respect. I can see that my neighbours and colleagues like me, so apparently the lessons worked! I am now teaching my children the same.

How would you react to the statement “A man carrying a condom is clever; a woman carrying a condom is a whore”?

I would not say the woman is a whore, but there is probably some truth in that statement. A woman should not carry around a condom and seduce men with it. Instead it would be better if she just kept the condom in the bedroom. If my wife would carry a condom, I would get very suspicious and ask her “What do you need that for?”

What is your wish for the future?

My wish for the future is to have a stable job and have enough money to keep supporting my family – especially my children as they grow up.

Facts and figures

4

The percentage of total expenditure on HIV prevention in the Asia-Pacific region targeted at men who have sex with men, despite an 18-fold higher risk of HIV infection in this group.⁴²

5–10

The percentage of new HIV infections worldwide per year associated with sex between men.⁴³

14–58

The number of times that men who have sex with men are more likely to be HIV positive than the general population in low HIV prevalence countries; in high prevalence countries, this is nine times more likely.⁴⁴

41

The number of countries that report the existence of laws, regulations or policies that hinder the delivery of effective HIV-related services for men who have sex with men.⁴⁵

43

The percentage of men who have sex with men in Mombasa (Kenya) who tested HIV positive; this figure was 33 per cent in Zambia and 22 per cent in Dakar (Senegal).⁴⁶

The truth about ...



men who have sex with men

Shivananda Khan, Naz Foundation International

Highlighting behaviour

The term 'men who have sex with men' does not reflect the sexuality or the identity of a man. Instead, it simply describes a particular sexual practice that a man engages in, which is not necessarily his only or preferred type of sexual behaviour.

Like men who have sex with women, men who have sex with men include a wide range of men – men of different ages, and different marital and economic status. Many men who have sex with men are married, have girlfriends or have sexual contact with female sex workers. In a survey in Andhra Pradesh, India, 42 per cent of respondents among men who have sex with men were married,⁴⁷ while a sample of 482 men who have sex with men in Beijing found that nearly two-thirds had had sex with a woman (28 per cent of them within the past six months).⁴⁸ This shows that men who have sex with men are not separate from or different to society at large.

Highlighting identities

Men who have sex with men include a wide variety of gender and sexual identities as well. Many men who have sex with men see themselves simply as a 'man', as they engage in the masculine role of penetration, while others may see themselves (or are seen) as 'female' or 'inter-sex'. Furthermore, men who have

sex with men include homosexual men, as well as bisexual and heterosexual men. Sex between males often takes place simply because it is convenient, immediate and available, for example in prisons or among truck drivers. Men who engage in these activities may not think of themselves as homosexual or even a man who has sex with men, and would choose to have sex with a woman in many other situations.

These different behaviours and identities need to be taken into consideration when developing and implementing sexual and reproductive health and HIV services and programmes for men who have sex with men. Treating them as a homogeneous group runs the risk of missing some of the key factors affecting their sexual health.

Highlighting key interventions

That said, all effective HIV and sexual and reproductive health programmes for men who have sex with men must address the following:

- **Health issues related to anal sex,** including diagnosis and treatment of rectal STIs, and promoting use of lubricants with condoms. There is increasing anecdotal evidence that men who have sex with men use female condoms during anal sex, and these should be made available to them, where possible. Other rectal health issues – such as anal fissures, warts

and rectal bleeding – also need to be addressed. Moreover, counselling, information and education materials need to appeal to, and meet the needs of, men who have sex with men.

- **Homophobia, stigma and discrimination, and criminalization of same-sex behaviour** forces the men underground and hinders their access to sexual and reproductive health and HIV information, services and support. This marginalized position in society – not just their engagement in higher-risk behaviour – puts men who have sex with men at increased risk of HIV and STIs. Therefore, alongside service provision, programmes should also address stigma and discrimination, in health care settings and elsewhere; provide psycho-social support; and challenge the legal barriers that increase the vulnerability of men who have sex with men.

Programmes should address stigma and discrimination, in health care settings and elsewhere, provide psycho-social support and challenge the legal barriers that increase the vulnerability of men who have sex with men.

Project file

Venezuela: tackling homophobia among health care providers

Project:

Integrating Sexual Diversity into PLAFAM Policies, Programmes, Organizational Networks and Services

Implementing organization:

Asociación Civil de Planificación Familiar (PLAFAM)

Location:

Caracas, Venezuela

What are the issues?

In Venezuela, stigma and discrimination against lesbian, gay, bisexual, transgender and inter-sex people has had serious public health consequences. In 2006, the country reported that 65 per cent of people living with HIV were men who have sex with men.

By integrating sexual diversity into its policies, programmes and services, PLAFAM decided to send a clear message that lesbian, gay, bisexual, transgender and inter-sex individuals are entitled to equal health education and services. However, the reaction of some of the clinic staff was *"Oh, now they are going to make us treat these people."*

How did the project tackle these?⁴⁹

After conducting a survey among staff to analyze their knowledge, attitudes and practices about sexual diversity, PLAFAM began to run sensitization workshops in collaboration with partner organizations committed to the rights and health of sexual minorities. In 2008, more than 110 board members, programme staff and health care providers participated in the workshops.

The workshops raised awareness of issues related to sexual orientation, gender and sexual identity, and the experiences, needs and rights of lesbian, gay, bisexual, transgender and inter-sex people. Tamara, the transgender activist and lawyer who led the workshops, was particularly successful in broadening people's perspectives. One provider said, *"...Tamara showed us [that] many gay people are very successful in their fields; that changes your way of thinking, your way of looking at people."*

The workshops also built up people's skills and confidence in providing non-stigmatizing services, which are sensitive to the needs and rights of sexually diverse populations. The health care providers unanimously agreed that rather than asking a patient about his or her sexual orientation, it is more valuable to ask about sexual behaviour. Staff felt that *"even if a client is gay or lesbian, they might deny it because they feel their privacy is being invaded"* and that *"... you have to ask about anal sex behaviour when detecting symptoms of HPV [human papilloma virus] or HIV."* In addition, PLAFAM created a working tool – *Institutional Guidelines on Sexual Diversity* – used for reference in its clinics and for patient referral to other lesbian, gay, bisexual, transgender and inter-sex service providers.

The workshops built up people's skills and confidence in providing non-stigmatizing services, sensitive to the needs and rights of sexually diverse populations.

What are the key messages?

- ✓ **Address staff attitudes:** sensitizing staff across all levels of the organization on sexual diversity and the rights of lesbian, gay, bisexual, transgender and inter-sex people is often necessary as a first step to integrating sexual diversity in an organization's policies, programmes and services.
- ✓ **Ensure meaningful involvement:** having members of the lesbian, gay, bisexual, transgender and inter-sex community to lead sensitization workshops increases understanding of their needs and experiences and decreases homophobia.
- ✓ **Build skills:** sensitization exercises need to be complemented with skills building, to encourage staff to put their new attitudes into practice and enable them to provide non-stigmatizing services.
- ✓ **Form partnerships:** strategic partnerships with organizations working on the needs and rights of lesbian, gay, bisexual, transgender and inter-sex people are key to ensuring effective and evidence-based interventions.

“Truthfully, because of the workshop, many things that at least the nurses were saying have really changed. Now they see sexual diversity as something normal.”

Health care provider, Asociación Civil de Planificación Familiar

Meet... Rodrigo Olin



Name:
Rodrigo Olin

Age:
25 years

Residence:
Mexico City, Mexico

Marital status:
Living with partner,
no children

Occupation:
Economist and
activist

How would you describe yourself?

I am smart, brave and fun. And I am a dreamer.

If you could be anywhere in the world right now, where would you be and what would you be doing?

I would love to be in Sydney, Australia. I would probably be an everyday gay guy running my own business with my partner and looking for an AIDS organization to volunteer for.

Which man has had a particularly important influence in your life?

The man who has had an important influence on me is a Mexican poet named Jaime Sabines. I used to read his poetry a lot when I was in high school. The way he describes feelings and emotions is beautiful; I really think he made me see life and its meaning through a different perspective. He used to say “Life is above all, even though it may be hard to stand.”

What do you consider to be your greatest achievement in life so far?

It took a lot of strength to recognize and accept myself as a gay man because of all the homophobia in Mexico. But it motivated me to work on youth and HIV issues as the Executive Director of Ave de Mexico, one of the most important sexual health and HIV organizations in Mexico City.

How would you react to the statement “A man carrying a condom is clever; a woman carrying a condom is a whore”?

I think I'd laugh, to maintain a sense of humour. But seriously, I'd really try to get closer to that person and find out why he or she is saying that. Maybe he or she just needs some new and fresh information about condoms.

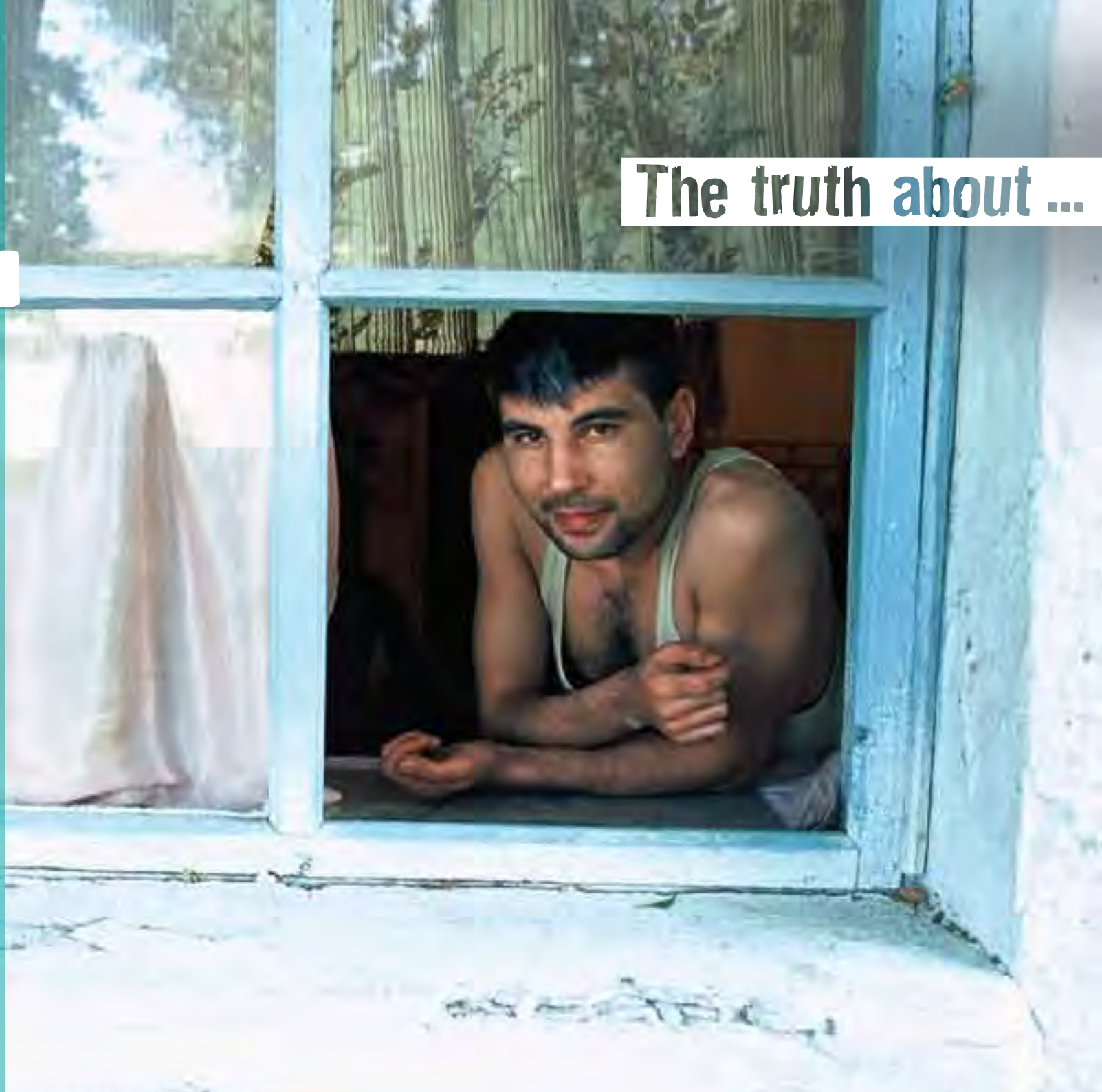
What is your wish for the future?

I wish that the world could achieve a huge leap forward – not only with regard to the economic situation, but also with regard to honesty, quality of life, gender balance, freedom, and no discrimination, especially against gays and people living with HIV.

The truth about ...

Facts and figures

- 20** The percentage of injecting drug users worldwide who are reached with HIV prevention efforts.⁵⁰
- 53** The percentage of injecting drug users who tested HIV positive in Nairobi (Kenya); this figure is 30 per cent in Karachi (Pakistan) and 19 per cent in Uruguay.⁵¹
- 56** The percentage of women who inject drugs and also sell sex in some Chinese cities.⁵²
- 70** The percentage of countries in South and South East Asia reporting laws, regulations or policies that hinder the delivery of effective HIV-related services for injecting drug users.⁵³
- 80** The percentage of all HIV infections in Eastern Europe and Central Asia through injecting drug use.⁵⁴



men who inject drugs

Anke van Dam, AIDS Foundation East-West (AFEW)

Highlighting vulnerability

Unsafe practices associated with injecting drug use – such as sharing needles and syringes – are increasingly important causes of HIV transmission in most countries worldwide. Injecting drugs is also the main way of contracting the hepatitis C virus.

Because the risk of HIV transmission through sharing non-sterile injecting drug equipment is very high, HIV can spread very quickly through a community of injecting drug users. Furthermore, injecting drug users may be engaged in sex work and often face imprisonment for drug possession. Both factors further increase their vulnerability to HIV infection. This is reflected in the statistics. Of the estimated 15.9 million injecting drug users worldwide, 3 million are thought to be HIV positive⁵⁵ – that is almost one in five. In addition, 50–90 per cent of HIV positive injecting drug users are also infected with the hepatitis C virus.⁵⁶

Young men make up a considerable proportion of people who inject drugs. There are both individual and wider societal factors that increase the vulnerability of young people to drug use. The most important factors are peer pressure; lack of family support; lack of personal and social skills; conflicting community values; lack of information; and

poverty, inequalities and hardships. When these factors are present, large populations are likely to be tempted to 'escape' via drugs, if available.⁵⁷

Highlighting marginalization

Injecting drug users are further marginalized because of the high levels of stigma and criminalization associated with drug use. When people fear arrest, for example, they will avoid health centres and other institutions where testing, prevention and treatment may be offered. One way to reach them is through the 'client management services', established by AFEW. These services – often based in non-governmental organizations already working with injecting drug users – offer a comprehensive set of measures effective in addressing HIV in this group.

Highlighting key interventions

Given the specific needs and vulnerabilities of injecting drug users, essential services include:

- **Harm reduction** measures, including information on the risks associated with sharing injecting equipment, exchange points for clean needles and syringes, opiate substitution therapy and basic health care.

- **Prevention of sexual transmission of HIV** through safer sex information, condoms, and diagnosis and treatment of STIs.
- **Prevention and management of hepatitis** through vaccination, diagnosis and treatment.
- **Creating a supportive environment** through training health care providers and law enforcement personnel, advocating for the removal of stigmatizing and coercive measures, and creating safe places and spaces to access information and services – these can be physical (such as drop-in centres and clinics) or virtual (such as telephone hotlines, websites and internet chat rooms).

Of the estimated 15.9 million injecting drug users worldwide, 3 million are thought to be HIV positive – that is almost one in five.

Project file

India: bringing in vulnerable populations from the margins

Project:

Expanding Access to
Information and Services for
Key Populations

Implementing organization:

Family Planning Association
of India (FPAI)

Location:

Kohima Town, Nagaland,
India

What are the issues?

India's HIV epidemic shows high variations across states and regions – with adult HIV prevalence rates in a six states survey in 2007 varying from 0.07 per cent in Uttar Pradesh to 1.13 per cent in Manipur. One thing, however, is consistent across this huge country: vulnerable populations – such as sex workers, injecting drug users and men who have sex with men – are disproportionately affected. In Nagaland, for example, 5 per cent of men who have sex with men tested positive.⁵⁸

How did the project tackle these?

Building on this knowledge – and its previous work with sex workers, injecting drug users and men who have sex with men – FPAI developed a project that aims to reduce high risk behaviour among key populations in four locations. It tries to achieve this by:

- **increasing access to sexual and reproductive health information and services**, through outreach work by peer educators, drop-in centres and static clinics
- **addressing stigma and discrimination**, through facilitating interaction among members of the key populations and the community, and sensitization training for the police, health care providers and community leaders
- **providing vocational training** that aims to empower key populations

One of the project locations is Kohima, where the Association is predominantly targeting injecting drug users. As this is such a difficult group to reach, staff and peer educators were recruited from among the target population. This has been very successful – almost 60 per cent of the project's clients accessed sexual and reproductive health and HIV services for the first time in their lives.

Staff and peer educators recruited from among the injecting drug users were able to reach people who had never accessed sexual and reproductive health and HIV services in their lives.

During their outreach work, peer educators distribute 'access cards' and refer clients to the drop-in centre, where they can access free services, such as voluntary counselling and testing, condoms and lubricants, hepatitis B testing and vaccinations, diagnosis and treatment for STIs, family planning and general health consultations. Staff at the centre were trained to provide non-stigmatizing services and treat clients with respect. As a young injecting drug user explains, *"Staff at the centre always warmly accept me as I am and teach me about HIV and AIDS, hepatitis, sexual and reproductive health issues and STIs."*

Furthermore, a partnership with the Kripa Foundation (India's largest non-governmental organization working on drug dependency and HIV) allows the project to offer a much more comprehensive range of services to its clients and refer them for rehabilitation if requested. *"Though I initially came for the health services,"* says Arthozo, a recovering injecting drug user, *"I also started to attend counselling sessions. These gave me confidence to change my life and FPAI staff referred me to Kripa Foundation rehabilitation centre. Now I am staying clean."*

What are the key messages?

- ✓ **Involve the target population:** recruiting staff and outreach workers from among the sex workers, men who have sex with men and injecting drug users is critical to reach these vulnerable populations and gain their trust.
- ✓ **Facilitate access:** distributing 'access cards' that allow clients to access free sexual and reproductive health and HIV services, and having flexible opening hours for the drop-in centre, enables people to access services more easily and increases the number of clients.
- ✓ **Create a 'safe place':** having a safe place – where people can meet their peers, are treated with respect and receive support – is important when working with marginalized populations.
- ✓ **Develop partnerships:** partnerships with other non-governmental organizations working with key populations can help to identify relevant interventions, expand the range of services the project can offer, and build the capacity of staff and volunteers.

“Staff at the centre always warmly accept me as I am and teach me about HIV and AIDS, hepatitis, sexual and reproductive health issues and STIs.”

Young injecting drug user, Kohima Town

Meet... Jungski Lkr

**Name:**

Jungski Lkr

Age:

33 years

Residence:

Kohima Town,
Nagaland, India

Marital status:

Married, no children

Occupation:

Social worker

How would you describe yourself?

I am friendly, fun loving, creative, supportive, but a bit clumsy at times.

If you could be anywhere in the world right now, where would you be and what would you be doing?

Actually, I would just like to be at home with my wife, and sorting out things and preparing for our future.

When was the last time you laughed out loud, and at what?

A few days back, my wife and I were dreaming out loud of becoming big stars. We were thinking of all the attention we would get and crazy things we would do. That made us laugh.

What do you consider to be your greatest achievement in life so far?

My greatest achievement is my recovery from my drug addiction and making my wife and family happy.

How would you react to the statement “A man carrying a condom is clever; a woman carrying a condom is a whore”?

I disagree with both parts. A man carrying a condom isn't necessarily clever or intelligent. It just means that he knows about the risk of getting infected by HIV and STIs. The same goes for the woman. She isn't necessarily a whore, as carrying a condom is a sign of her being aware of condom use for HIV prevention and unwanted pregnancy.

What is your wish for the future?

My wish for the future is to stay clean and sober from any intoxicating things, and to become a trustworthy husband and also a good, disciplined and loving father.

Facts and figures

19

The median age at which male and transgender sex workers began sex work in Lima (Peru).⁵⁹

21

The percentage of countries that report having anti-discrimination laws that protect the rights of sex workers.⁶⁰

40

The number of times male sex workers in Pakistan are more likely to be HIV positive than the general population.⁶¹

48

The percentage of male sex workers who have sex with men, who took part in a Brazilian study, who reported being physically abused; among men who have sex with men not engaged in sex work this was 15 per cent.⁶²

52

The percentage of male sex workers in Indonesia, reported to have accessed voluntary counselling and testing in the past 12 months – double that reported by female sex workers.⁶³

The truth about ...



male and transgender sex workers

Cheryl Overs, Paulo Longo Research Initiative

Highlighting diversity

As with men who have sex with men, men who sell sex are not a homogeneous group. Some men predominantly sell sex to men, and therefore have similar needs to men who have sex with men (see page 23), while others sell mostly to women and some sell to both. Their client base does not necessarily reflect the sexual preferences of the male sex worker – who may be straight, gay or bisexual. Furthermore, some male sex workers are transgender. Others may be migrants, homeless or drug users. All these characteristics create particular, but interlinked, health and social needs.

Highlighting rights

One thing that is common, however, is that male and transgender sex workers often face multiple layers of stigma – related to sex between men, sex work, gender identity and, in some cases, HIV – and are highly marginalized. These social norms have often led to moralistic or punitive approaches to sex work that aim to reduce or eliminate sex work, rather than meeting the sexual and reproductive health and HIV needs of sex workers.

All our experience of providing sexual and reproductive health and HIV services to sex workers tells us that these services work

best as part of a rights-based, multisectoral approach that delivers basic welfare needs, facilitates access to services, and helps all sex workers live free of discrimination and violence.

Highlighting key interventions

Priority interventions for male and transgender sex workers include:

- **Building the knowledge base and capacity** of male sex workers and their clients on correct and consistent condom use and non-penetrative safer sex to prevent STIs, HIV and unwanted pregnancies (the latter is often a concern for male sex workers with their female clients and partners).
- **Providing primary health care and rights-based sexual and reproductive health and HIV services**, through outreach work and mobile clinics. Special services that should be considered for male sex workers include access to condoms and lubrication, diagnosis and treatment of rectal and oral STIs, and counselling and medical support for transgenders who take hormones or seek sex reassignment surgery.
- **Addressing stigma and discrimination**, including through advocacy on the rights of sex workers, legal reform, working with the

perpetrators of discrimination and violence, psycho-social support and legal redress.

- **Ensuring sex workers' participation** in developing, implementing and monitoring sexual and reproductive health and HIV programmes.

Lack of financial resources may be a barrier to reaching male sex workers, but stigma is often the greater obstacle. Sensitizing project staff (from the project coordinator to the receptionists at the clinics) on the rights and needs of male and transgender sex workers usually needs to be the first step to implementing effective and rights-based programmes for these groups. Staff should also have the skills and facilities to take accurate medical histories, conduct rectal examinations and throat swabs, and give specialized advice and counselling.

Lack of financial resources may be a barrier to reaching male sex workers, but stigma is often the greater obstacle.

Project file **Global: advocating for evidence-based approaches to HIV and sex work**

Project:

Advocacy on the 'Guidance Note on HIV and Sex Work'

Implementing organization:
Network of Sex Work Projects (NSWP)

Location:
Global

What are the issues?

Through policy and guidance notes, the United Nations influences the way that HIV prevention, treatment and care are delivered in most countries. This is particularly true for countries receiving grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria. UNFPA has been designated as the lead UN agency on HIV and sex work, and it developed a framework for a UN-wide approach to tackling HIV related to the sex industry. Many sex worker health and rights advocates were critical of the UNFPA approach, because it recommended shifting resources away from proven HIV prevention and care interventions, towards experimental approaches focused on reducing demand for and supply of commercial sex. Sex workers have argued that these measures will reduce opportunities for them and their clients to actually protect themselves. So when UNAIDS decided to develop a *Guidance Note on HIV and Sex Work*, sex workers wanted to make sure that their concerns would be addressed.

How did the project tackle these?

Sex workers are frequently not consulted on issues that affect them, and tokenistic involvement has dominated many agendas. But this time it would be different! Initially, UNAIDS took great pains to hold a participatory consultation in 2006, with the goal of contributing to a UNAIDS *Guidance Note on HIV and Sex Work*. When asked, sex workers clearly stated that they wanted better working conditions, not rehabilitation, and evidence-based interventions to reduce HIV, including access to condoms, diagnosis and treatment of STIs, peer education and empowerment. However, when the draft Guidance Note was circulated in April 2007, it focused on reducing sex work rather than on reducing HIV within sex work, which is at odds with a public health and

rights-based approach. There was also criticism that male and transgender sex work was overlooked and lubricant was even omitted as a prevention commodity. Furthermore, the Guidance Note added confusion by conflating sex work with trafficking and by drawing simplistic connections with women's poverty.

To counter this situation, the NSWP developed a broad-based advocacy approach that involved the mobilization of key partners and the presentation of their dissatisfaction with the proposed Guidance Note at the UNAIDS 20th Programme Coordinating Board in April 2007. In this way, sex workers also expressed grave concerns that this document would influence resource allocation away from HIV prevention and care towards the less tangible areas of poverty alleviation, girls' education, migrant rights and human trafficking concerns. Although these are all important development goals, there is weak evidence that such measures, including microcredit, reduce sex workers' vulnerability to HIV. As such, they should not be paid for by budgets meant to provide HIV prevention and care to sex workers.

As a result of the effective advocacy efforts by the NSWP, the UNAIDS Programme Coordinating Board rejected the original Guidance Note. The NSWP subsequently convened a global working group that submitted evidence-based guidance to UNAIDS (available online at www.nswp.org/safety/unaids-response/). This revised guidance focuses on reducing HIV transmission in the sex workplace by creating an enabling environment for sex workers, promoting condom use and non-penetrative sexual activity, and addressing sex work as work rather than a social problem.

What are the key messages?

- ✓ **Evidence-informed interventions:** HIV prevention initiatives for sex workers must be undertaken from a human rights perspective, evidence-informed and not driven by politics or moral judgements; inclusive of sex workers' leadership and participation; and culturally appropriate.
- ✓ **Build strategic partnerships and alliances:** successful advocacy initiatives depend on the size, strength and scope of the alliances that are formed.
- ✓ **Leadership by those at the forefront of the epidemic:** the active engagement and leadership by both the female and male sex work community was an essential component of the success of this advocacy initiative. The most effective programmes, recognized as best practice, include sex workers at every level of programming, and are founded on the idea of sex worker empowerment.

The revised guidance focuses on **reducing HIV transmission** in the sex workplace by creating an **enabling environment** for sex workers, promoting condom use and non-penetrative sexual activity, and **addressing sex work as work** rather than a **social problem**.

Meet... Jeet Das

Name:
Jeet Das

Age:
18 years

Residence:
Kolkata, India

Marital status:
Single

Occupation:
Student and sex worker

How would you describe yourself?

I am good, honest, respectful, religious and hardworking.

If you could be anywhere in the world right now, where would you be and what would you be doing?

I would be in London where gay marriages are accepted and where one does not face discrimination from family and friends and nobody has to commit suicide because of being gay. I would go around making lots of friends and be able to meet men.

What is your most treasured possession?

My most treasured possession is my cell phone. It allows me to communicate with people I care for and has all the numbers of the people I like.

What do you consider to be your greatest achievement in life so far?

My biggest achievement was walking the catwalk at a fashion show, organized for the transgender community, and winning amongst so many people the title of 'Best hair'.

Which man has had a particularly important influence in your life?

It is not a man who has had the greatest influence on my life, but my mother. She has cared and loved me for who I am and has even defended me against other members of the family and neighbours. She sometimes calls me her 'younger daughter'; what that means to me is difficult to describe in words.

How would you react to the statement "Our country would be better off if ruled by a woman"?

Maybe... However, women are already faced with threats, and I feel that having a woman as the head of state would endanger her security and therefore inhibit her functioning.

What is your wish for the future?

I want to work hard and become a successful model. I also wish to be involved with a non-governmental organization, preferably FPA India, and create awareness about HIV and AIDS.

Facts and figures

9

The number of times a young man in Eastern Europe and Central Asia is more likely to be HIV positive than his female peers.⁶⁴

**15.3
million**

The number of men and boys aged 15 years and older living with HIV worldwide.⁶⁵

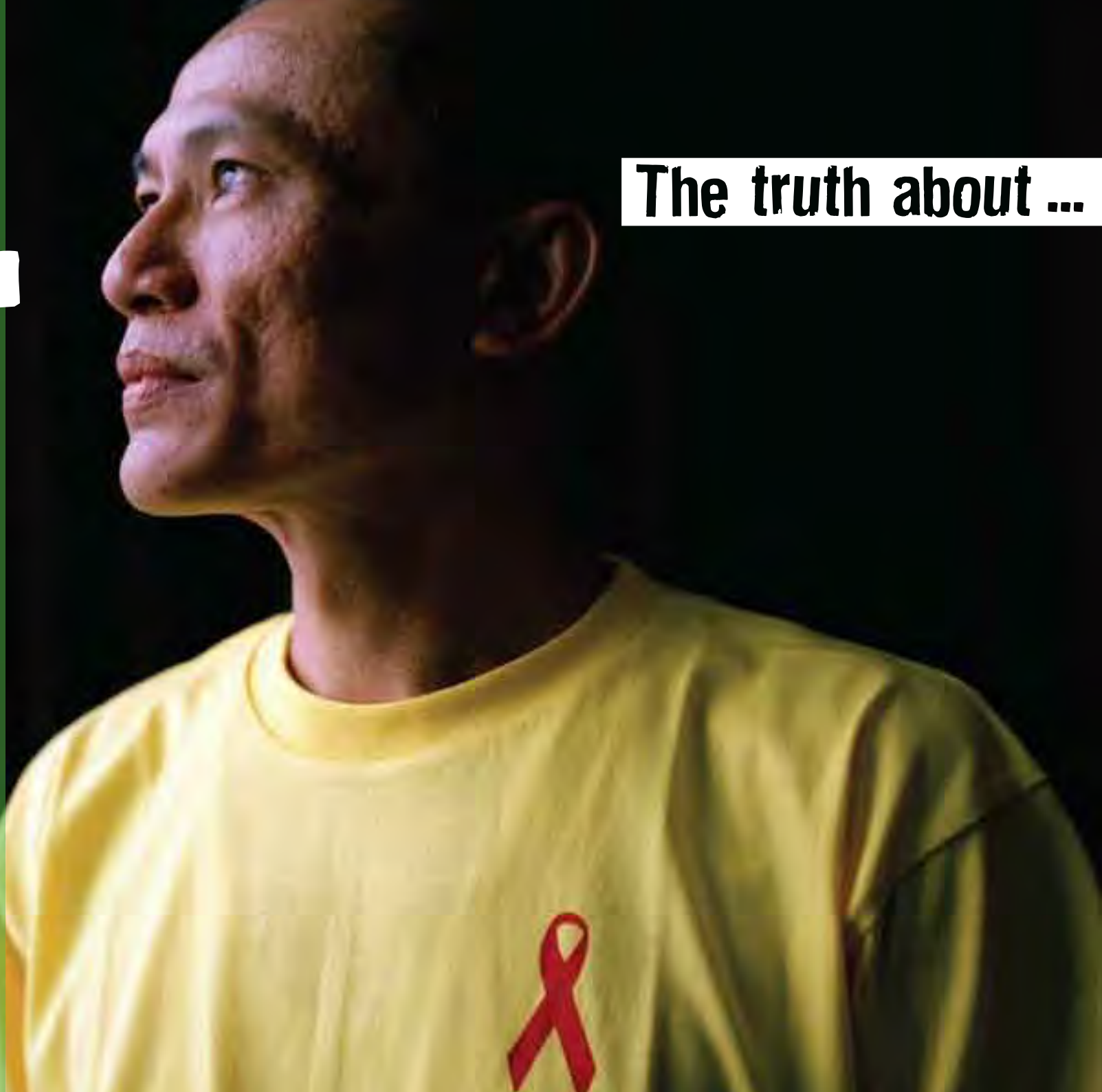
39

The percentage of men living with HIV receiving antiretroviral therapy in sub-Saharan Africa, while they represent 43 per cent of all people (men and women) in need.⁶⁶

49.6

The percentage of men living with HIV in Tanzania who reported experiencing stigma and discrimination in the previous 12 months.⁶⁷

The truth about ...



men and boys living with HIV

Gil Levy and Kevin Moody, Global Network of People Living with HIV

Highlighting needs and access

Men and boys living with HIV generally have similar sexual and reproductive health needs to those of HIV negative people. Nevertheless, some issues are different or unique. People living with HIV are more vulnerable to contracting STIs, for example, and these increase the risk of onward transmission and can also hasten disease progression. Men and boys living with HIV also have specific needs connected to antiretroviral treatment, care and support. Because HIV is still seen as a weakness in many parts of the world, men are often hesitant to come forward for HIV testing, treatment and care. As a result, women now have greater access to antiretroviral treatment than men in most regions of the world. Men and boys living with HIV may also need support to deal with notions of manhood and fatherhood and to find safe ways to disclose their status in the face of stigma and discrimination.

Highlighting rights

As a result of stigma, the reproductive rights of people living with HIV are often violated. Being HIV positive, however, does not change the right to have a family and men living with HIV should be aware of and have access to services

that enable them to father children as safely as possible. Research suggests that the risk of HIV transmission is minimized when the HIV positive partner has an undetectable viral load and no other STIs. But the worrying trend of criminalizing HIV transmission in a number of countries may mean that people can be prosecuted for having unprotected sex – even if HIV has not been transmitted. This violates people's rights and deters them from coming forward for testing, treatment and care or disclosing their status. More research is needed to establish how best to support men and boys living with HIV in settings where HIV transmission is criminalized.

Highlighting key interventions

To address these issues, a key intervention for men and boys living with HIV includes 'positive prevention'. This entails a set of actions and services to help people living with HIV to protect their sexual health, delay HIV disease progression and work with their partners to avoid passing on the virus, including:

- individual health promotion
- prevention, diagnosis and treatment of STIs
- treatment of opportunistic infections
- support to HIV sero-discordant couples

In addition, effective sexual and reproductive health and HIV programmes for men and boys living with HIV also include:

- **Antiretroviral therapy and related services** such as CD4 counts.
- **Information on family planning** and how to lower the risk of transmission during conception.
- **Psycho-social support** for men and boys to come to terms with their status, notions of manhood and fatherhood.
- **Support to decide if, when, how and to whom to disclose** their HIV status. This is particularly important for young men and boys living with HIV, as they may not yet be in a long-term relationship.
- **Interventions to reduce stigma and discrimination** against people living with HIV and to decriminalize HIV transmission.

A key intervention for men and boys living with HIV includes 'positive prevention'. This entails a set of actions and services to help people living with HIV to protect their sexual health, delay HIV disease progression and work with their partners to avoid passing on the virus.

Project file

Uganda: expanding services for men and boys living with HIV

Project:

Balancing the Scale: Reaching Out to Young People Living with HIV/AIDS with Care and Support Services

Implementing organization:
Reproductive Health Uganda (RHU)

Location:
Iganga District, Uganda

What are the issues?

In 2004–05, RHU increased its efforts to scale up HIV prevention and voluntary counselling and testing services for young people – mostly young men – involved in transient trades. HIV prevalence rates turned out to be much higher than expected, at 18 per cent compared to the national rate of 6.4 per cent. However, the project had not made arrangements to provide services along the full continuum of care for those who tested HIV positive, or to address HIV-related stigma and discrimination in the community.

How did the project tackle these?

To counter this situation, RHU developed the project 'Balancing the scale' that aimed to continue providing voluntary counselling and testing, integrate care and support services for young people living with HIV, and reduce HIV-related stigma and discrimination in the community.

RHU established a referral system with a government hospital and treatment centre in order to link the young people living with HIV with antiretroviral therapy services when needed. Because these facilities were 50km away, staff also continued to follow up clients themselves – providing support and facilitating regular CD4 counts, which were taken to the treatment centre.

Through the use of radio shows, drama performances, post-test clubs and community mobilization, the project has created more openness in the community about HIV and AIDS. As one nurse noted, *"Before the project, people were afraid of testing, but now they come in large numbers and*

are more open about their HIV status." This was confirmed by the young people living with HIV, who felt that they are increasingly recognized and respected in the community. For the young men, in particular, the income-generating activities offered through the project made a big difference. *"We are expected to contribute to our families' income,"* said a member of the post-test club. *"Now that we can, it has improved our position."*

Through the use of radio shows, drama performances, post-test clubs and community mobilization, the project has created more openness in the community about HIV and AIDS.

Because of the more supportive environment, and the follow-up services offered, many more people started accessing sexual and reproductive health and HIV services. The number of clients went up by 400 per cent over two years. The proportion of male clients also increased – from 36 per cent to 45 per cent. This was mostly achieved through targeted outreach work and the use of edutainment to attract the interest of young men.

What are the key messages?

- ✓ **Set up referral systems** for antiretroviral therapy and CD4 counts: where clinics cannot provide the full continuum of care for people living with HIV, formalizing referral systems can help facilitate access.
- ✓ **Reimburse indirect treatment costs:** when antiretroviral therapy services are located far away, reimbursing travel costs improves access and treatment adherence, although it raises budgetary questions.
- ✓ **Offer income-generating activities:** supporting people living with HIV with income-generating activities proved to be a big incentive and, in particular, encouraged young men to become involved in the project.

Because of the **more supportive environment**, and the follow-up services offered, **many more people** started **accessing** sexual and reproductive health and HIV services.

Meet... Buwaso Sowedi



Name:
Buwaso Sowedi

Age:
24 years

Residence:
Iganga Town, Uganda

Marital status:
Single and living alone

Occupation:
Sales assistant in a second-hand shoe shop

How would you describe yourself?

I am a hardworking and friendly person and a big football fan. I like playing pool, but hate people who despise, stigmatize and discriminate others.

When was the last time you laughed out loud, and at what?

The last time I laughed so hard tears were rolling down my face was when we went for an outreach event and we were performing an educational drama on sexual prevention of HIV. My friend made so many jokes during the play that both the people who gathered and the drama actors burst out into laughter.

Which man has had a particularly important influence in your life?

That is my paternal uncle – the step-brother to my late father. He took me in after my father died and made sure I went back to school – paying for my school fees up to Primary Seven. When he could no longer afford my school fees, he brought me to town and left me with a friend with whom I stayed and started my own life. Together with this friend, we would make and sell Chapatti, to get money for school fees. With this money, and occasional assistance from my uncle, I paid for my high school education.

What do you consider to be your greatest achievement in life so far?

My greatest achievement is that I have managed to live longer with HIV. When I was diagnosed with HIV in 2004, I thought I was going to die any moment! Especially because I had no one to care for me and I had no proper food or access to medical care. But staff at RHU's Iganga Branch have given me the strength to live positively and enjoy a long life just like anyone else. So far, I have managed to stay healthy... I am not on antiretrovirals and I have not been falling sick.

How would you react to the statement "Looking after the household is a woman's job"?

Hmm, this used to be true. Women were left to take care of the children and family. But nowadays, both men and women can work and take care of the family as a joint responsibility.

What is your wish for the future?

My greatest wish is to become a doctor, so that I can treat and take care of people as well as pass information to them. Doctors can teach people in their own ways and they get a lot of respect.

5 Finding out more: resources and reports

The Code of Good Practice for NGOs Responding to HIV/AIDS has identified engaging men and boys as an integral part of reducing the spread and global impact of HIV and AIDS.

Essential elements of work on men, boys and sex

The Code of Good Practice for NGOs Responding to HIV/AIDS – which sets out the key principles, practice and evidence-base required for successful responses to HIV – has identified engaging men and boys as an integral part of reducing the spread and global impact of HIV and AIDS. While the scope of the Code does not provide detailed programming responses for the diversity of the epidemics worldwide, it does highlight the need for increased attention to be given to “the gender dimensions of HIV and AIDS. HIV is not only driven by gender inequity – it entrenches it.”⁶⁸

Key elements that support any organization’s work – directly or indirectly – on men, boys and sex should be founded on a combination of the following essential elements:

- ✓ a **policy** that demonstrates organizational commitment
- ✓ an **advocacy strategy** that addresses key issues to support men and boys
- ✓ the **provision of services** tailored to meet people’s sexual and reproductive health needs and desires

IPPF’s policy on *Men and Sexual and Reproductive Health* sets out our commitment to working with men and boys as clients, partners and agents of change. This applies to males of all sexual orientations, including men who have sex with men (homosexual, bisexual and transgender) and regardless of HIV status. The policy offers guidance to volunteers and staff within the organization on how to develop and expand IPPF’s work with men and boys in the following areas:

- **Men’s role in promoting gender equity in health**, to empower men and boys to address underlying power and gender imbalances, and their effects on health.
- **Reaching boys and young men**, to address their specific vulnerabilities and needs, and foster healthy sexual health attitudes and behaviours from an early age.
- **Men as partners in the prevention of HIV and other sexually transmitted infections**, to tackle the root causes of the HIV epidemic and support the needs of men living with HIV.
- **Men as partners in the provision of safe abortion services**, to offer specific information and education for men on supporting women’s access to safe abortion services.
- **Men as partners in improving access to services**, to reduce barriers and increase access to information, education and high quality family planning services for everyone.
- **Men as fathers**, to explore the role of men in sharing family responsibilities and safe motherhood and antenatal care.
- **Men as partners in eliminating gender-based violence**, to support men’s anti-violence activism.
- **Men’s sexual and reproductive health needs and rights**, to respond specifically to the sexual health and reproductive needs and concerns of men and boys.

To read the policy, please visit: www.ippf.org/en/What-we-do/Access/Engaging+men+and+boys+in+SRHR+and+HIVAIDS.htm

The NGO Code of Good Practice also offers a 'self-assessment checklist on men, boys and HIV', which supports non-governmental organizations to consider how effectively they are working with men and boys in their HIV programmes and policies.

This self-assessment checklist provides a series of questions based on established good practice when engaging men and boys in the response to HIV and AIDS, and addressing their specific HIV prevention, treatment, care and support needs. It helps organizations to develop an action plan to strengthen their work in this area.

The self-assessment checklist contains the following elements:

- **Organizational Principles:** this section looks at whether an organization is meaningfully involving men and boys within its mission and management, programme design, monitoring and evaluation, research and advocacy activities.
- **Prevention and Vulnerability Reduction:** this section aims to help organizations address the specific HIV prevention needs of men and boys, and ensure that this group supports the prevention needs of others.
- **Access to Services:** this section focuses on men's access to HIV testing, treatment, care and support services.
- **Impact Mitigation and Coping Support:** this section looks at how an organization can support men and boys, particularly those living with HIV, to become advocates to mitigate the impact of HIV and AIDS on other men, women and children.

The checklist highlights 11 key questions on issues that are fundamental to an effective approach to working with men

and boys in the context of HIV. For more information, please visit www.hivcode.org/

Additional information and resources

This publication was developed to create a broader understanding of the benefits of involving men and boys in sexual and reproductive health and HIV programming as one essential component of a comprehensive gender-transformative approach. While the resources listed are not exhaustive, they have been selected to showcase both the breadth of this field and the necessity of ensuring that available resources remain both up-to-date and relevant. They have been arranged under the following sections:

1. Men's sexual and reproductive health
2. Gender equality and gender-based violence
3. Young men and boys
4. Key populations
5. Useful websites

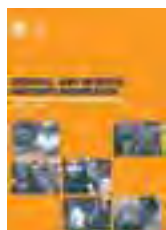
All resources are available in English and other languages where specified.

1. Men's sexual and reproductive health



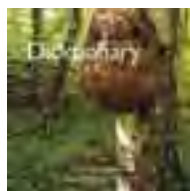
Men's Participation in Sexual and Reproductive Health and Rights: Training Manual, IPPF South Asia Region, 2008, www.ippfsar.org/en/Resources/SARO+publications

This training manual aims to train reproductive health managers and service providers on the need for men's participation in sexual and reproductive health programmes, and to develop and implement gender-transformative programmes.



Medical and Service Delivery Guidelines for Sexual and Reproductive Health Services, third edition, IPPF, 2004, www.ippf.org/en/Resources – also available in Arabic, Bosnian, Bulgarian, French, Polish, Russian and Spanish.

These guidelines are intended to improve the knowledge, skills and confidence of service providers in the delivery of high quality sexual and reproductive health services. Based on a client-rights approach, the guidelines offer evidence-based guidance on a range of sexual and reproductive health issues, including family planning.



Dicktionary: What Every Guy Needs to Know about his Knob, RFSU, 2008, www.rfsu.se/publications__rfsu.asp

This booklet provides knowledge about the male body, focusing on the penis and its sexual functions. The text discusses anatomy, andrology and sexual desire. It is intended for non-scientific readers wishing to learn more about male sexuality.

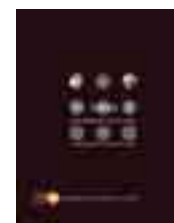
Men's Reproductive Health Curriculum, EngenderHealth, 2008, www.engenderhealth.org/pubs

This three-part curriculum helps develop the skills and sensitivity health care workers need to provide men's reproductive health services. It includes information and exercises to deal with organizational and attitudinal barriers to providing services for men and boys, communication and counselling skills, and how to diagnose and map male reproductive health disorders.



Verdict on a Virus: Public Health, Human Rights and Criminal Law, IPPF/GNP+/ICW, 2008, www.ippf.org/en/Resources – also available in French.

This guide provides answers to 10 key questions about the criminalization of HIV transmission and exposure, and the related health, human rights and legal implications. It can be used to consolidate arguments, support advocacy efforts and catalyze activism.



It Takes 2: Partnering with Men in Reproductive and Sexual Health, UNFPA, 2003, www.unfpa.org/publications – also available in French and Spanish.

This publication offers guidance on effective and gender-sensitive ways to engage men in reproductive and sexual health programmes. It includes examples of successful strategies and programming, lessons learned and a checklist summarizing key points – a useful tool for both designing and evaluating projects.

2. Gender equality and gender-based violence



Sexual Rights: An IPPF Declaration, IPPF, 2008, www.ippf.org/en/Resources – also available in Arabic, French and Spanish.

This declaration is a framework for understanding the application of human rights to sexuality. Sexual and reproductive health organizations can use it as guidance on how to integrate a commitment to respect, protect and advance sexual rights throughout their activities; and to promote sexual health and rights within a framework of non-discrimination.



Make it Matter: 10 Key Advocacy Messages to Prevent HIV in Girls and Young Women, IPPF/UNFPA/Young Positives/Global Coalition on Women and AIDS, 2008, www.ippf.org/en/Resources – also available in French and Spanish.

This guide provides key messages, evidence and actions that can be used to advocate effectively on HIV prevention for girls and young women. It sets out guiding principles – including involving men and boys as equal partners and important agents of change – and offers information and ideas on how to put these into practice around the 10 key messages.

Engaging Men and Boys in Gender Equality and Health: A Global Toolkit for Action, MenEngage Alliance (Promundo, UNFPA, World Health Organization), forthcoming, www.menengage.org

The toolkit presents conceptual and practical information on engaging men and boys in the promotion of gender equity; specifically in sexual and reproductive health, maternal, newborn and child health, fatherhood, HIV prevention, care and support, and prevention of gender-based violence. It also contains information on advocacy, needs assessment, and monitoring and evaluation related to efforts to engage men and boys.



Programming to Address Violence Against Women – Volumes 1 and 2, UNFPA, 2007 and 2009, www.unfpa.org/public/publications

These volumes document best practices in preventing and responding to many forms of violence against women. A total of 18 case studies offer lessons that can help scale up responses. Some of the principles derived from the case studies are summarized in a complementary handbook,

Ending Violence Against Women (www.unfpa.org/publications).



Report Cards on HIV Prevention for Girls and Young Women, IPPF/UNFPA, 2006–2009, www.ippf.org/en/Resources – also available in national languages.

Twenty-five country specific report cards provide background information on the country situation, including legal, policy, health, social and cultural issues, and recommendations aimed at increasing and improving HIV prevention for young women and girls.

3. Young men and boys



Young Men and HIV Prevention: A Toolkit for Action, UNFPA and Promundo, 2007, www.promundo.org.br – also available in Portuguese and Spanish.

This toolkit reinforces the benefits of working with young men and provides conceptual and practical information on how to design, implement and evaluate HIV prevention activities that incorporate a gender-transformative approach. Topics include needs assessments, group educational activities, campaigns, male friendly health services, advocacy, and monitoring and evaluation.



Programme H: Working with Young Men series, Promundo, 2002, www.promundo.org.br – also available in Portuguese and Spanish.

This series consists of five manuals on working with young people in promoting gender equity and addressing masculinity. Each manual addresses a specific theme (such as fatherhood, peaceful coexistence, or preventing and living with HIV), describes group activities



and includes references to organizations working in these areas, videos and websites. Programme H has been adapted by the Population Council for use in India under the title *Yaari Dosti*.

4. Key populations



Sexual Diversity Tool Kit, IPPF Western Hemisphere Region, 2008, www.ippfwhr.org/en/resources – also available in Spanish.

This toolkit can be used to assess an agency's readiness to work with sexually diverse populations. It includes a survey to measure provider and staff attitudes and knowledge about working with

sexually diverse populations, an indicator guide useful for planning service provision or advocacy, and an index used to assess the agency's readiness to work in this area.



Policy and Programming Guide for HIV/AIDS Prevention and Care among Injecting Drug Users and Related Resources, World Health Organization/UNAIDS/United Nations Office on Drugs and Crime, 2005, www.who.int/publications/en

This guide provides an overview of the policy and programme principles that have worked well in responding to the HIV epidemic among injecting drug users. It should be used in conjunction with other resources, such as:

- Training Guide for HIV Prevention Outreach to Injecting Drug Users
- Advocacy Guide for Effective HIV Prevention among Injecting Drug Users
- Rapid Assessment and Response Guide on Injecting Drug Use



Making Sex Work Safe: A Practical Guide for Programme Managers, Policy-makers and Field Workers, Cheryl Overs and Paulo Longo, 1997 (updated 2003), www.nswp.org/pdf/MSWS.PDF

This document brings together experience and knowledge about programmes working to reduce HIV and other STIs among male, female and transgender sex workers. It provides guidance on working with sex workers, their clients and the 'gatekeepers' in the sex industry; developing and monitoring sex work projects; and applying a human rights approach.



Toolkit for Targeted HIV/AIDS Prevention and Care in Sex Work Settings, World Health Organization, 2005, www.who.int/publications/en

This toolkit provides guidance on the development and implementation of effective HIV interventions in diverse sex work settings. It is divided into sections that provide an introduction to the sex work context and basic programming. The toolkit also includes links to documents, manuals, reports and research studies for more in-depth information.



LIVING 2008 – Working Group Statements, LIVING 2008 Partnership, 2009, www.living2008.org – also available in French and Spanish.

During the 12th international conference for people living with HIV – ‘LIVING 2008’ – people living with HIV discussed key issues and developed common positions and strategies. Statements from the working groups – on criminalization; positive prevention; access to treatment, care and support; and sexual and reproductive health and rights – provide excellent overviews of these issues and are valuable resources for informing policy, programmes and advocacy.

Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV: A Guidance Package, EngenderHealth/GNP+/ICW/IPPF/UNAIDS/UNFPA/World Health Organization/Young Positives, forthcoming, www.gnpplus.net – also available in French and Spanish.

This guidance package, developed by people living with HIV, describes the important issues and specific steps that must be taken to support their sexual and reproductive health and rights. It explains what global stakeholders in the areas of health, policy, legislation and advocacy can do to support and advance the sexual and reproductive health of people living with HIV, and why this matters.

5. Useful websites

www.ippf.org – IPPF, for additional resources on a range of related issues, such as HIV prevention for women and girls and comprehensive sexuality education.

www.menengage.org – MenEngage Alliance is a global alliance of non-governmental organizations and UN agencies that seeks to engage boys and men to achieve gender equality. Its website provides a wealth of information and resources on working with men and boys.

www.promundo.org.br – Promundo, for information and resources on gender, sexual and reproductive health, and preventing violence.

www.nfi.net – Naz Foundation International, for information and resources on working with men who have sex with men for HIV prevention, treatment, care and support.

www.afew.org and **www.socburo.org** (Russian) – AIDS Foundation East-West, for information and resources on working with injecting drug users, including through client management programmes.

www.gnpplus.net – the Global Network of People Living with HIV, for information, resources and news on key issues for people living with HIV, including human rights and HIV prevention.

plri.wordpress.com – blog of the Paulo Longo Research Initiative, for information on the research initiative that aims to shape new directions in sex work research and policy.

www.unfpa.org – the United Nations Population Fund, for information and resources on a wide range of issues relating to reproductive health, women’s empowerment, and population and development.

www.who.org – the World Health Organization, for information and resources on a wide range of global health issues, including STIs, hepatitis, HIV and gender-based violence.

Endnotes

- 1 UNAIDS (2008) *2008 Report on the Global AIDS Epidemic*. Geneva: UNAIDS, pp217–232.
- 2 Mackay J (2000) *Atlas of Human Sexual Behaviour*. New York: Penguin Reference Books.
- 3 The Alan Guttmacher Institute (2003) *In Their Own Right; Addressing the Sexual and Reproductive Health Needs of Men Worldwide*. New York: The Alan Guttmacher Institute.
- 4 Durex (2008) *Sexual Wellbeing: Global Survey 07/08*, www.durexworld.com/en-GB/SexualWellbeingSurvey/pages/default.aspx, accessed May 2009.
- 5 Mackay J (2000) *Atlas of Human Sexual Behaviour*. New York: Penguin Reference Books.
- 6 Johnson AM, Wadsworth J, Wellings K, Bradshaw S and Field J (1992) Sexual lifestyles and HIV risk. *Nature* 360(6403): 410–2.
- 7 Mitchell RT et al (1994) *Sex in America: A Definitive Survey*. Boston: Little, Brown.
- 8 UNAIDS (2008) *2008 Report on the Global AIDS Epidemic*. Geneva: UNAIDS, pp32–33.
- 9 Equity is fairness and justice in the distribution of benefits and responsibilities. The concept of gender equity recognizes that women and men have different needs and power and that these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes. From IPPF (2008) *Sexual Rights: An IPPF Declaration*. London: International Planned Parenthood Federation.
- 10 UNAIDS (2008) *2008 Report on the Global AIDS Epidemic*. Geneva: UNAIDS, pp32–33.
- 11 Ibid.
- 12 WHO (2001) *Global Prevalence and Incidence of Selected Curable Sexually Transmitted Infections; Overview and Estimates*. Geneva: World Health Organization, p8.
- 13 Ibid, p6.
- 14 UNAIDS (2008) *2008 Report on the Global AIDS Epidemic*. Geneva: UNAIDS, p214.
- 15 WHO (2001) *Global Prevalence and Incidence of Selected Curable Sexually Transmitted Infections; Overview and Estimates*. Geneva: World Health Organization, p9.
- 16 UNAIDS (2008) *2008 Report on the Global AIDS Epidemic*. Geneva: UNAIDS, p33.
- 17 The Millennium Development Goals are a set of eight goals agreed by the United Nations to halve global poverty by 2015. The first target of Millennium Development Goal 6 – Combat HIV/AIDS, malaria and other diseases – is to have halted and begun to reverse the spread of HIV/AIDS by 2015.
- 18 Millennium Development Goal 5 is to improve maternal health. It has two targets: 1. reduce by three-quarters the maternal mortality ratio, and 2. achieve universal access to reproductive health.
- 19 Equality is the absence of discrimination in opportunities and the allocation of resources or benefits or in access to services. From IPPF (2008) *Sexual Rights: An IPPF Declaration*. London: International Planned Parenthood Federation.
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Published in June 2009
by the International Planned
Parenthood Federation

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Edited by
www.portfoliopublishing.com
Designed by Heidi Baker

Printed on chlorine-free paper
sourced from well-managed,
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About IPPF

IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

About the JTF

The IPPF Japan Trust Fund for HIV/AIDS (JTF) was established in 2000 to support and realize the goals of Japan's Okinawa Infectious Disease Initiative. The aims of the Japan Trust Fund are:

1. to reduce the global incidence of HIV and AIDS and promote the full protection of the rights of people infected and affected by HIV and AIDS
2. to increase public awareness about the partnership between the Government of Japan and IPPF to respond to human security challenges, including HIV and AIDS, through the Japan Trust Fund

Between January 2000 and April 2009, 40 IPPF Member Associations in Africa, Asia and the Middle East have received support from the Fund to implement a total of 108 projects. The breadth and scope of the Fund is evident in its spread and the array of projects – from reaching out to injecting drug users in India, to people living with HIV in Cameroon, and from expanding access to voluntary counselling and testing in rural Ethiopia to reducing HIV-related stigma in Mozambique.

IPPF would like to express its sincere appreciation to the Government of Japan for its continued support of IPPF and its Member Associations through the Japan Trust Fund.

This publication has benefited from the contributions, efforts and energy of many people. The main author was **Dieneke ter Huurne** from the International Planned Parenthood Federation. Production was coordinated by the Advocacy and Communications department at IPPF.

We are especially grateful to **Lynn Collins**, UNFPA; **Shivananda Khan**, Naz Foundation International; **Anke van Dam**, AIDS Foundation East-West; **Cheryl Overs**, Paulo Longo Research Initiative; and **Gil Levy** and **Kevin Moody**, Global Network of People Living with HIV. Thank you also to **Gary Barker**, International Center for Research on Women; **Jeff Lazarus**, **Line Neerup Handlos** and **Lali Khotanesvili**, World Health Organization; and **Doortje Braeken**, **Adam Garner**, **Kevin Osborne**, **Tim Shand** and **Nono Simelela** of IPPF. In addition, thanks go to **Dagmawi Iyasu**, **Wilfred Ochan** and staff of IPPF South Asia Regional Office, IPPF Western Hemisphere Regional Office and Member Associations in India, Venezuela and Vietnam for preparing the case studies, and to **Jon Hopkins**, **Yuri Nakamura** and **Seri Wendoh** for reviewing the publication.

A very special thanks to the men and boys who opened up their hearts: **Jeet Das**, **Jungski Lkr**, **Rodrigo Olin**, **Abdu Hassen Reshis**, **Buwaso Sowedi** and **Pham Van Thanh**. And thanks to the anonymous men and boys who are the faces behind the statistics.



Involving men and boys in effective and innovative sexual and reproductive health and HIV programmes is critical; for their own sake, for their partners and families, and for changing gender stereotypes of how men and women should act.