

Partners for Change

Enlisting Men in HIV/AIDS Prevention



UNFPA
United Nations
Population Fund

Partners for Change

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Preface

Efforts to include men and boys in sexual and reproductive health policies and programmes have intensified worldwide in response to the HIV/AIDS epidemic. Condoms, long promoted as protection from unwanted pregnancy and sexually transmitted infections, have become a focus of HIV/AIDS prevention campaigns in many countries. HIV/AIDS has also called attention to the imbalance of power between women and men. People are questioning widely held cultural beliefs and attitudes about masculinity that contribute to situations of risk and make it easier for the virus to spread.

Preventing HIV infection is an integral part of the reproductive health programmes supported by the United Nations Population Fund (UNFPA). The devastating scope and the nature of transmission make HIV/AIDS a high priority for an agency that for three decades has supported countries' efforts to improve the sexual and reproductive health of millions of men, women and young people. UNFPA is a leading agency for global action as a co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and as a co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS), as the lead organization in reproductive and sexual health, and as the largest international provider of condoms.

Today, the challenge is not only to involve men in life-saving programmes and services but also to *engage* men as partners—and better yet as leaders—in overcoming HIV/AIDS.

UNFPA supports programmes that encourage men to:

- Adopt positive behaviours such as condom use and limiting the number of sexual partners;
- Play a much greater part in caring for their partners and families, particularly in light of the millions of children orphaned by the AIDS epidemic who need adult help to grow up clothed, housed and educated;
- Give women more options;
- Learn interpersonal communication skills for open and equitable discussions between partners on sexual and reproductive issues.

Because men have more sexual partners and more control over decisions regarding sex than women do, it is the behaviour of men that determines how quickly, and to whom, the virus is transmitted. HIV prevention efforts aimed at men and boys are vital not only to their health but also to the health of women and girls; these efforts complement continued prevention programmes for women and girls, which remain critically important.

This booklet provides an introduction to the subject of men and HIV/AIDS in relation to the work of UNFPA, carried out in partnership with UN agencies, governments and civil society organizations at all levels. As action intensifies, it will be important to recognize the positive and caring behaviour of many men, who do practise safe sex, treat women as equals, behave in non-violent ways and share in family care-giving. It will also be important to encourage the potential of all men to adopt more equitable, respectful and caring attitudes.

–Dr. Nafis Sadik, Executive Director

Why focus on men and boys?

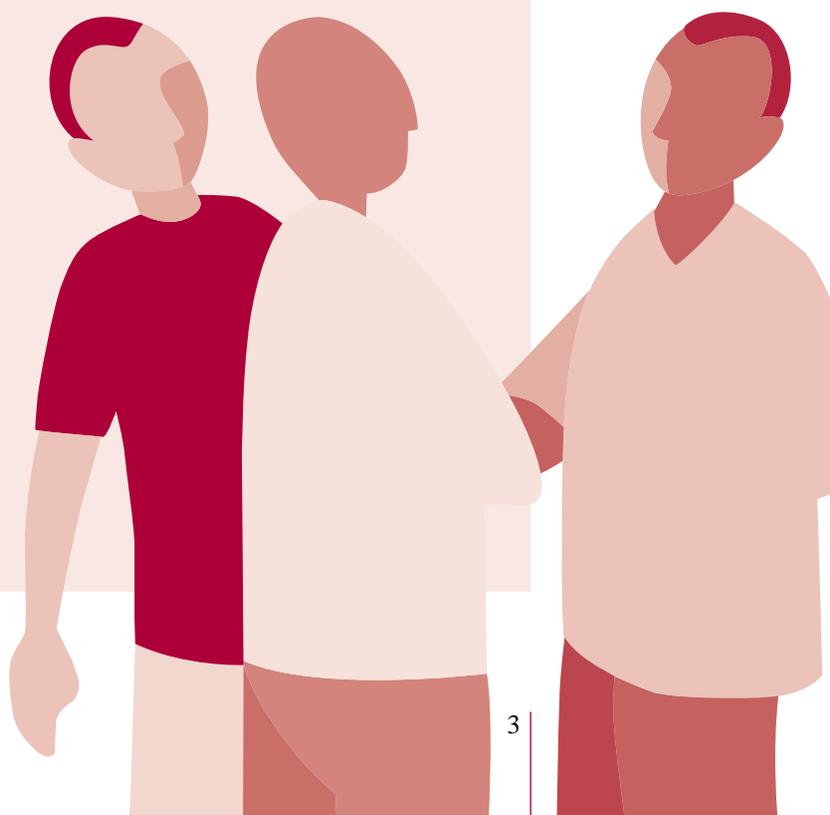
- **Because** enlisting men to prevent HIV infection is the surest way to change the course of the epidemic. Men are involved in almost every case of transmission, and almost always have the power to protect themselves and their partners.
- **Because** risk-taking behaviours increase men's chances of contracting and transmitting HIV.
- **Because** men's involvement is needed to empower women to protect themselves from HIV infection.
- **Because** change begins with the ways that boys are raised. Some cultural attitudes and beliefs encourage risk-taking and discrimination against women, including violence.
- **Because** promoting the use of condoms are among the best ways to intervene. Men's sexual and reproductive health needs are important and have not received adequate attention.
- **Because** men and women benefit from open communication that can help build equal and safe partnerships.
- **Because** men have much to offer as fathers, husbands, brothers, sons and friends and need to take a greater role in caring for family members with AIDS.

What is UNFPA doing?

Reproductive health programmes are critical in helping women and men prevent HIV infection, while continuing to meet the need for family planning. Among many activities, UNFPA-supported programmes are:

- distributing male and female condoms;
- educating young people on HIV/AIDS and life skills to prepare them to make sound decisions and protect themselves from infection;
- promoting understanding of gender issues related to HIV/AIDS transmission;
- integrating the prevention of HIV infection with reproductive health, including family planning services;
- advocating for improved attention to HIV/AIDS;
- preventing and treating sexually transmitted infections and diseases and preventing HIV/AIDS;
- advocating for wider availability of voluntary counselling and HIV testing;
- counselling affected individuals, including adolescents;

- training health service providers;
- advocating openness and respect for human rights;
- persuading men to take fewer risks and more responsibility;
- promoting couples' communication.



The surest way to change the course of the epidemic

The time is ripe to start seeing men not as some kind of problem, but as part of the solution. Working with men to change some of their attitudes and behaviours has enormous potential to slow down the epidemic and to improve the lives of men themselves, their families and their partners.¹

–Peter Piot, Executive Director of UNAIDS

Men as part of the solution

When men take action to prevent HIV infection, they can change the course of the epidemic. And the very actions that prevent HIV infection also promote the sexual and reproductive health of both women and men.

HIV/AIDS has claimed the lives of more than 7.3 million men since the start of the epidemic. This deadly toll combined with the unmet sexual and reproductive health needs of men and boys are enough to justify action. Add to this the fact that men are involved in almost every case of sexual transmission.

With more sexual and drug-taking partners, men have more opportunity to transmit HIV.

- Sex between men and women leads to more than 70 per cent of HIV infections worldwide.
- Sex between men accounts for about 10 per cent of HIV infections worldwide.
- Another 5 per cent of HIV infections occur among people who inject drugs, four fifths of whom are men.

When transmission occurs, men are usually the decision-makers in the situation. The dominant role is especially clear for husbands who have more than one partner yet refuse to use con-

doms with their wives, and for older men who have sex with girls who lack the power to protect themselves.

Roles and responsibilities

To turn the epidemic around, men will need to take responsibility for their actions. Men's responsibility was emphasized at the 1994 International Conference on Population and Development (ICPD) in Cairo, where 179 countries reached consensus on the relationship between population and development and set goals for 2015. In addition, the Fourth World Conference on Women (Beijing, 1995) provided a foundation for including men in efforts to improve the status of women, including reproductive and sexual health.²

The ICPD spelled out what needs to be done:

*Special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour. . . . Male responsibilities in family life must be included in the education of children from the earliest ages. Special emphasis should be placed on the prevention of violence against women.*³

–ICPD Programme of Action, paragraph 4.27

In 1999, the United Nations' five-year review of progress since the Cairo conference (ICPD+5) said that action should: "Promote men's understanding of their roles and responsibilities with regard to respecting the human rights of women; protecting women's health, including supporting their partners' access to sexual and reproductive health services; preventing unwanted pregnancy; sexually transmitted diseases (STDs), including HIV/AIDS; sharing household and child-rearing responsibilities; and promoting the elimination of harmful practices, such as female genital mutilation and sexual and other gender-based violence ensuring that girls and women are free from coercion and violence."⁴

In recognition that the HIV/AIDS situation is worse than anticipated, new goals were set:

- To reduce vulnerability to HIV infection, at least 90 per cent of young women and men aged 15 to 24 should have access by 2005 to preventive methods—such as female and male condoms, voluntary testing, counselling and follow-up—and at least 95 per cent by 2010.
- HIV infection rates in persons 15 to 24 years of age should be reduced by 25 per cent in the most-affected countries by 2005, and by 25 per cent globally by 2010.⁵

UNFPA is working towards change

UNFPA is guided by, and promotes, all the principles of the ICPD Programme of Action, and is mandated to assist countries in the goal of ensuring universal access to high-quality reproductive health services, including family planning and sexual health, to all couples and individuals by 2015. UNFPA has worked through its country programmes with governments, international non-governmental organizations (NGOs) and civil society organizations to establish strategies and foster successful programmes to help end this epidemic. Now, as a co-sponsor of the Joint United Nations Programme on HIV/AIDS

(UNAIDS), UNFPA is drawing deeply on its experience and moving quickly to expand and adapt existing approaches.

1999 global estimates of the HIV/AIDS epidemic

Number of people living with HIV/AIDS	34.3 million
Adults	33.0 million
Men	17.3 million
Women	15.7 million
Children under 15 years old	1.3 million

People newly infected with HIV in 1999	5.4 million
Adults	4.7 million
Men	2.4 million
Women	2.3 million
Children under 15 years old	620,000

Total number of AIDS deaths since the beginning of the epidemic ..	18.8 million
Adults	15.0 million
Men	7.3 million
Women	7.7 million
Children under 15 years old	3.8 million

UNAIDS, Report on the Global HIV/AIDS Epidemic, June 2000

Adults and children living with HIV/AIDS—total: 34.3 million



UNAIDS, Report on the Global HIV/AIDS Epidemic, June 2000. Figures updated as of the end of 1999.

Men's behaviour puts them at risk of HIV/AIDS

AIDS today in Africa is claiming more lives than the sum total of all wars, famines, and floods, and the ravages of such deadly diseases as malaria. It is devastating families and communities, overwhelming and depleting health care services, and robbing schools of both students and teachers.⁶

–Nelson Mandela,
former president of South Africa

*In terms of coping with AIDS, men turn out to be the weaker ones. They tend to withdraw from circulation, keep away from their friends and die much earlier than women.*⁷

–Head of a community health centre in Thailand

*Too often, it is seen as 'unmanly' to worry about avoiding drug-related risks, or to bother with condoms. These attitudes seriously undermine AIDS prevention efforts.*⁸

–Peter Piot, Executive Director of UNAIDS

Men themselves are at risk

While most men do not place themselves or their partners at risk of contracting HIV, a significant minority of men is driving the epidemic.

Many men are at risk because they fail to protect themselves. This also places their partners at risk. Leaders in countries around the world recognize the need for immediate action to protect men and their partners.

- Young men are more at risk than older ones: about one person in four with HIV is a young man under age 25.
- In all parts of the world, men tend to have more sex partners than women, thereby increasing their own and their partners' risk of

contracting HIV, a risk compounded by the secrecy, stigma and shame surrounding HIV.⁹

- Men who migrate for work and live apart from their families may pay for sex, and to cope with the stress and loneliness of living far from home may use substances, including alcohol, that contribute to risky behaviour.
- Men in all-male environments such as the military may be influenced by a culture that reinforces risk-taking; in prisons, men may have sex with other men, too often out of coercion and without condoms.
- Men who have sex with men are at particular risk because of the ease of transmission; the likelihood that this sex will be hidden or denied only compounds the danger through a lack of communication or negotiation for condom use with other partners, male and female.¹⁰

The cumulative impact of transmission through these situations of risk is evident on a global scale, especially in Africa.

Attitudes that increase risk

Risky situations involving sexual and drug-taking behaviour in men are supported by cultural beliefs and expectations about “manhood”.

- For about two thirds of the world's men, life expectancy is lower than for women. The main causes of death for young men—traffic accidents and violence—are both related to versions of manhood that encourage taking risks or using violence to resolve conflicts.

Men are expected to be strong and daring, to provide food and shelter, and to fight to defend themselves and their families. Virility is defined by frequent penetration, with young men pressured into sex by the need to “prove themselves”. Often, physical “needs” for sex are accepted, as is paying for sex. To cope with painful emotional feelings, it may seem more acceptable to turn to drugs and alcohol than to talk about problems.

Impediments to safer sex

Attitudes and practices that support situations of risk are impediments to safer sex. These obstacles may include ideas about masculinity, unfounded myths and common misperceptions.

- Beliefs that men are invincible and not liable to become infected, that “real men don’t get sick”, may prevent men from seeking the information and services they need.¹¹ As long as they feel potent, many men assume they are healthy.
- Men may visit commercial sex workers for health reasons, mistakenly believing, for example, that going without sex is bad for one’s health.¹²
- Condom use is discouraged by concerns that condoms break easily, are clumsy, reduce sexual pleasure, and are appropriate only for illicit sex outside of marriage. Boys tend to associate condoms with adults or “promiscuous people”, not making the connection with their own sexual behaviour.¹³
- Lack of consistency in condom use is another impediment to safer sex, and is notable in

cases where one man has several different kinds of relationships, casual and commercial. Most men are uncertain about their vulnerability to sexually transmitted infections with casual partners and yet their use of condoms is highest in commercial sex, inconsistent in casual relationships and lowest in marriage.¹⁴ Prevention programmes need to address the range of sexual relationships and the meanings and behaviours associated with them.

- A belief that contraception is a woman’s responsibility frees men from taking action, yet men still feel entitled to refuse to use condoms. The perception that women or girls who ask their partners to use condoms or who know about sexual and reproductive health are “promiscuous” or unfaithful also reduces condom use because women fear reprisals, including violence or a damaged reputation.
- Male sexual violence is another obstacle to safer sex. When sex is coerced or forced, negotiation of condom use is impossible.¹⁵

When men adopt safer sex practices

While it is important not to oversimplify men’s complex attitudes towards sex, it is easy to see that when men change their behaviour, such change in turn alters the epidemic.

- In parts of **Africa, Asia, and Central America** and long-distance truck drivers have been encouraged to reduce their sexual partners and practise safe sex.
- In the **United States**, college students are beginning to delay the onset of sex and are using condoms more consistently.
- In **Uganda**, surveillance testing in urban areas over the past five years has revealed a 40 per cent drop in HIV prevalence among pregnant women, the

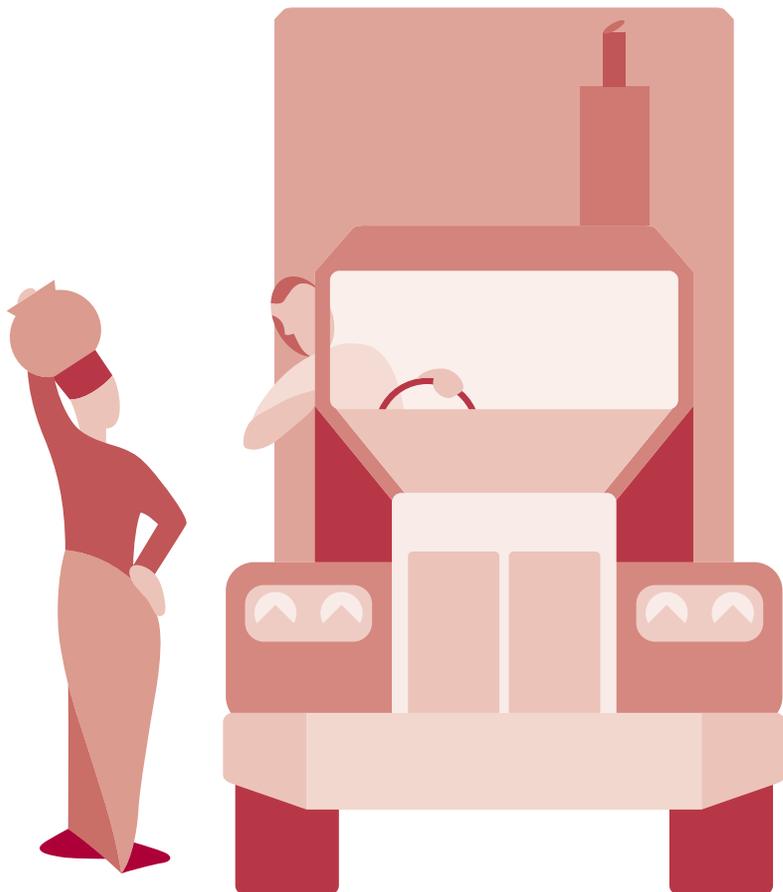
population giving the best indication of how widespread HIV is in the general population. This decline in HIV infection is striking in young women, and is associated with delayed first sexual intercourse, increased condom use and fewer sexual partners.¹⁶

- In **Thailand**, young men cut their visits to sex workers by almost half between 1991 and 1995, and the number using condoms increased from 60 per cent to nearly 95 per cent. HIV prevalence among these men dropped from 8 per cent in 1992 to less than 3 per cent in 1997.
- In **Senegal**, prevention efforts appear to have reduced rates of sexually transmitted diseases and stabilized HIV rates at low levels of less than 2 per cent among sexually active adults.¹⁷

Encouraging debate about the role of men

Some expectations about what it means to be a man represent valuable potential. Strength, leadership and the desire to be a good father are all positive contributions, for example. But other cultural beliefs and expectations translate into ways of thinking and behaving that endanger the health and well-being of men and their partners.

UNFPA is providing resources that allow debate about men's roles and responsibilities to take place, and providing services that help meet the reproductive and sexual health needs of women and men. Different kinds of programmes reflect the life cycle, with needs that change according to age, stage of life and other factors. While large-scale social change may take decades or generations, experience shows that men's behaviour can indeed become safer in a relatively short time.



Risks for men on the move

Wars, rapid economic change and modern transportation have put people in motion, weakened families and eroded sexual norms. While traditional communities had strict rules governing sexual relationships, those codes have broken down and nothing has replaced them. Mobility makes it possible to transmit disease from one place to another, and from one group to another.

- In Carletonville, **Namibia**, a town near a gold mine, two out of every three women under the age of 25 have HIV and will die before they are 30. Prostitution is rampant. Often, when a migrant worker goes home he takes the virus with him. UNFPA is a member of the UNAIDS theme group in Namibia, where reproductive health programmes address HIV/AIDS through gender-sensitization workshops, information, condom distribution and training in counselling and communication skills aimed at increasing men's involvement in their sexual and reproductive health.
- Halting AIDS on the highway is the goal of a project for truck drivers in **India**. Four drop-in centres run by the Bhoruka Public Welfare Trust at strategic halt points between state and country borders make it easy for drivers to visit the centres, where comfortable seating, fans and televisions enhance the welcoming atmosphere. Each centre has a medical officer, male and female social workers, counsellors and outreach workers who facilitate the prevention and management of STDs including HIV/AIDS. According to a 1993 study by the Trust, 94 per cent of the truck drivers had visited sex workers on the highway or in city brothels; 85 per cent were married and had one or more children; and 41 per cent said their wives had no knowledge of their other sexual partners.¹⁸

Men's behaviour puts women at risk

The women tell us they see their husbands with the wives of men who have died of AIDS. And they ask, What can they do? If we say no, they'll say: pack and go. If we do, where do we go to?¹⁹

–Health worker, speaking to women living with HIV/AIDS

*They said that in the year he lived in Jamestown, a faded industrial city south of Buffalo, he had sex with at least 48 young women and girls in the area, infecting them with HIV.*²⁰

–The New York Times, 1999

*If a woman is not experiencing her menses and is not sick, she has no right to refuse sex, because we marry her to have children, and that is how we can get children. So if she refuses to have sex, why won't I want to beat her? I will beat her.*²¹

–Man from Kologo, Ghana



How do men put women at risk?

Women and girls are at special risk of HIV for physical and social reasons: they often have less control over when, where and whether sex takes place. Although more men are dying from AIDS than women, this may soon change. Worldwide, women are contracting HIV at a faster rate than men. Some will pass it to their newborn children. Most, while sick themselves, will also take on the care of other family members suffering from the disease.²²

- Women are exposed to an increased risk of infection because men are more likely to have more sex partners, consecutive and concurrent, while women are more likely to be faithful to men. Married women are particularly at risk.²³
- Women are denied opportunities to protect themselves when men refuse to use condoms or to stop relations with other partners.
- HIV passes more easily from men to women than vice versa. In both women and men untreated sexually transmitted infections greatly increase the risk of transmitting and contracting HIV through unprotected intercourse. Preventing STD transmission from men takes on added importance because women may show no symptoms or may not readily seek treatment.
- HIV passes even more easily to young women than to adult women because their bodies are not mature. Older men who have sex with young women and girls, for example those seeking virgins in the mistaken but widely held belief this will protect them from HIV, place their partners at great risk. Girls and young women are more than 50 per cent more likely to contract HIV than boys and young men.²⁴
- The ease of transmission between men who have sex with men increases the risk to their female partners.
- Men who inject drugs are likely to share needles with several partners, thereby increasing the risk of exposure to the virus.

Social and physical factors such as these fuel the epidemic. All are complicated by inequality. The lack of women's empowerment often means that women cannot protect themselves when men fail to do so.

Strong programmes for women and girls to prevent gender-based violence and empower women to keep themselves safe must continue to be a priority alongside an intensified focus on men and boys. Progress depends on women's empowerment and participation, with the attendant economic, legal, political and individual decision-making ability.

Men play a key role in bringing about gender equality since, in most societies, men exercise preponderant power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and programme decisions taken at all levels of government.

–ICPD Programme of Action, paragraph 4.24

Violence increases vulnerability

Domestic violence, rape and sexual abuse are not only violations of human rights but also opportunities for HIV transmission. The fear of violence makes it more difficult for women to refuse unsafe sex or negotiate condom use.

- Researchers in South Africa concluded that male violence has “enormous consequences” for the nation's struggle to stop the spread of HIV/AIDS. Their comprehensive study surveyed more than 37,000 young men. One in four admitted having had forced sex without a woman's consent by the age of 18. Many thought “jackrolling” (“recreational” rape) was “cool”. Eight out of ten young men claimed women were responsible, or partly responsible, for sexual violence inflicted on them. Three in ten thought women who were raped “asked for it”, and two in ten said women enjoyed being raped.²⁵

Eliminating violence against women

The elimination of violence against women and girls is a stated priority of the ICPD, the UN General Assembly and the Convention on the Elimination of All Forms of Discrimination against Women. Men are speaking out against male violence in many countries.

- **Botswana** changed its rape laws in 1998 after lobbying by women's groups and human rights groups. The minimum prison sentence rose significantly, with an added penalty if the rapist knew he was HIV-infected.
- The White Ribbon Campaign started in **Canada** as an all-male discussion group to promote men's awareness of domestic violence. Now chapters in Australia, Finland, Norway, the United States and Latin America urge men to display a white ribbon as a public pledge never to commit, condone or remain silent about violence against women.²⁶
- In **Pakistan**, NGOs have established urban centres for victims of rape, incest and other forms of violence, and the Ministry of Women's Development is acknowledging the need to expand these services to rural areas.²⁷
- Model projects addressing gender and violence issues, including sexual abuse and domestic violence, are being executed in **Cambodia, Colombia, Ecuador** and the **Philippines**. These projects involve link-ups between government agencies and law enforcement bodies, NGOs and specialized women's groups, with funding and technical support provided by UNFPA.²⁸

Millions of men every year are sexually violent towards women, girls and other men—sometimes in their own families and households.

Worldwide, a recent report²⁹ states that at least one woman in three has been beaten, coerced into sex or otherwise abused in her lifetime.

Change starts with the ways boys are raised

There isn't any direct teaching about sex, but your uncles would keep encouraging you to get a girlfriend.³⁰

—23-year-old man in Uganda

When you get “burnt” [contract an STD] it means you have been initiated into manhood. You have actually gained experience. Of course I do not want to say it's good but it's one more thing learned. It makes you mature. You also have to go through difficulties of looking for treatment of a disease; you cannot tell just anybody.³¹

—18-year-old boy in Kenya

The way we are educated—with a lack of true information but with prejudice, taboos and lies about sexuality—distorts us and reduces our capacity to be really human. It dehumanizes us completely and is responsible for much of the sexual abuse that occurs daily. That is why we need the right to develop a healthy sexuality without prejudice, so that we can become more sensitive and less machista as men.³²

—Gender-sensitization workshop participant

Change starts early

The roots of men's behaviour are in the ways that boys are raised. The ICPD Programme of Action (paragraph 4.29) calls upon parents and schools to ensure that attitudes of respect towards “women and girls as equals are instilled

in boys from the earliest possible age” and that programmes reach boys before they become sexually active.

Assuming that “boys will be boys” because certain behaviour comes “naturally” does not account for the disrespectful behaviour of some men towards women, lack of involvement in domestic tasks, or greater number of sexual partners. For the most part, boys learn such things from observing their fathers and mothers. Like men, many boys pretend to know a lot about sex although they often are misinformed or uninformed. Most of their information comes from the media and peers, not from talking with parents or other trustworthy sources. Some feel left out of sex education, which may focus more on girls and contraception and treat boys as sexual predators.

Attitudes that push boys to “prove themselves” sexually typically result in boys having their first sexual experience at an earlier age than girls. They may have sex to prove they are “real men” and raise their status through conquest. For too many boys, this increases exposure to HIV infection.

- In Thailand, 61 per cent of young men report having had sex with a sex worker. In Argentina, 42 per cent of secondary school boys said their first sexual experience was with a sex worker.

Boys also are influenced by the same myths and misperceptions that endanger men. Many take risks while somehow believing that HIV/AIDS will not affect them.

- 84 per cent of Kenyan boys between ages 15 and 19 believe they are at little or no risk of contracting HIV/AIDS, even though many have multiple partners and their use of condoms is low and erratic; 80 per cent have at one time or another engaged in unprotected sex.³³

Learning to be a man

Boys who observe fathers and other men being violent towards women or treating women as sex objects may believe that this is “normal” male behaviour. In observing their families, boys may believe that domestic tasks and taking care of others are “women’s work”. Boys who lack positive male role models in their families may exaggerate what they think is required of them based on images from the media.³⁴

- Young men who had sexist or traditional views of manhood were more likely to report substance use, involvement in violence and delinquency, and unsafe sexual practices than were those with more flexible views about what “real men” do, according to a national survey of adolescent males aged 15 to 19 in the United States.
- Studies find that when boys interact with adults and peers who reinforce alternative gender roles—men involved in caring for

UNFPA-supported action for young men and boys

- Three schools in **Thailand** did more than talk about sexually transmitted infections and HIV/AIDS: they taught life skills such as critical thinking, self-awareness, problem-solving and social responsibility. Teachers and nurses empowered students as young as 11 with skills required to make safer choices about behaviour. Participatory learning methods replaced top-down approaches, and teachers once reluctant to discuss sexual issues found it was possible to break barriers with their students and communicate openly.³⁵
- Youth-friendly clinics in **Haiti** have provided reproductive health services to more than 15,000 young people aged 15 to 25, trained more than 3,000 young people in family life education and reproductive health, and trained more than 2,000 youth peer educators. Community activities have reached another 125,000 young people with messages about preventing pregnancy and STDs including HIV/AIDS.
- A shopping mall in the **Philippines** is the new site of the Youth Zone, an “adolescent-friendly” reproductive health care centre created by Remedios AIDS Foundation, an NGO. The group has won awards for its telephone hotline, which answers questions about sexually transmitted infections, HIV/AIDS, pregnancy and other issues of concern to young Filipinos for more than eight years.³⁶
- A peer education project in **Botswana** is countering dangerous myths and helping young people to find the correct information they need to avoid teenage pregnancy and sexually transmitted infections, including HIV. The Peer Approach to Counselling by Teens (PACT) is a preventive programme that helps teens counsel each other. In participating schools, students and teachers are chosen to attend a workshop as well as weekly meetings to help them address typical teenage troubles. The training covers team building, communication skills, value identification, human growth and development, facts and myths about human sexuality, decision-making and problem solving, relationships, the prevention of STDs and HIV/AIDS education.³⁷
- Boy Scouts in the **Arab States** region are learning how to prevent HIV infection, other STDs and pregnancy. Training in interpersonal and counselling skills and sensitivity to gender and culture are an important part of the project. For boys attending the recent 19th World Jamboree in **Chile**, workshops were held to raise awareness of these issues and related topics such as adolescent health and growth, marriage and family issues, ethics and values, and the roles of women and men.

children or in domestic tasks, or women involved in providing for households or in leadership positions—boys are more likely to be flexible in their ideas about men's and women's roles.³⁸

Sexual and reproductive health

A focus on boys and young men will not only prevent HIV infection but also help young people of both sexes delay first sexual intercourse, decrease the number of partners and use condoms more often.

- According to a 1997 UNAIDS review of the impact of preventive education on the sexual behaviour of young people, good-quality sex education helps adolescents delay sexual intercourse and increase safe sexual practices.³⁹

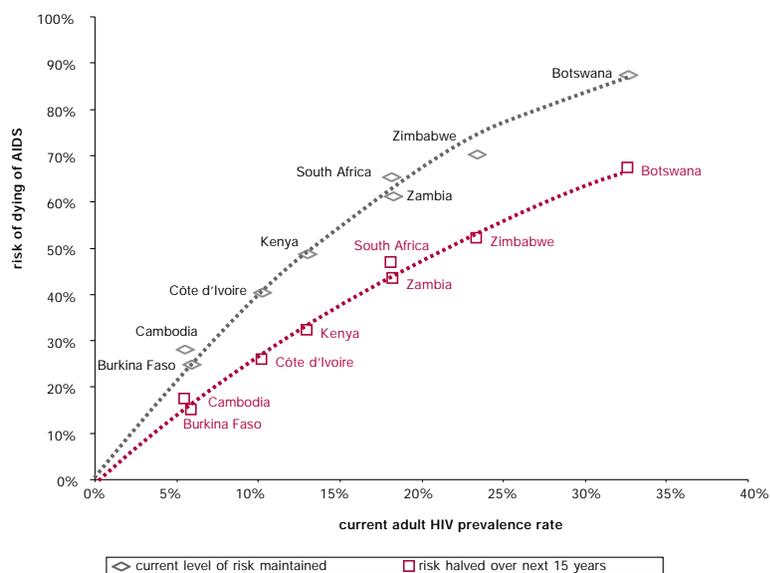
from premature illness and death is the greatest leadership challenge for many countries. UNFPA is working to influence educational curricula, both in and out of school, so that it includes content on reproductive health in general, and specifically on HIV/AIDS, gender issues, sexuality and family life. In addition, UNFPA advocacy helps both girls and boys find alternatives to early marriage, childbirth and unwanted pregnancy.

Advocacy efforts for adolescents will be in vain, unless we are able to ensure that adolescents have access to reproductive health counselling and services and their rights are recognized within the larger context of parental roles and family responsibilities and they are allowed to participate in processes that have a bearing on their lives and future.

—Dr. Nafis Sadik, UNFPA Executive Director

Protecting another generation of young people

Lifetime risk of AIDS death for 15-year-old boys, assuming unchanged or halved risk of becoming infected with HIV, selected countries



Source: Zaba B, 2000 (unpublished data)

UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000

Promoting condom use, providing reproductive health care

I saw a man who was dying of AIDS on television. His ribs looked like the strings of a guitar. His eyes were huge like an owl's. I could see myself in that man's battered body.⁴⁰

–South African man

First he was ostracized by his family and the villagers. His wife walked out with their two children. His neighbours shunned him. He was left alone in his house, even unable to walk after some time. . . . Sakar died last weekend all-alone in a dark little corner in the hospital.⁴¹

–*Hindustan Times*, 12 May 1999

[Little is known about] men's changing role within the household or the changing relations between genders from men's point of view. Men's problems, struggles, their qualms and anxieties about changing rights and obligations of fatherhood are not dealt with.⁴²

–Margarethe Silbersmidt, researcher in West Kenya

Male involvement and participation

The effort to involve men is not new to family planning programmes: a supportive partner facilitates women's contraceptive use, for example. But involving men, asking men to change, is not only for the sake of women's health. Men must be involved so that **both** women and men are able to:

Diverse lives, different approaches

Targeted interventions are needed to reach men with special needs in special settings, such as men who migrate for work, are in all-male institutions such as the military, are in jail, live on the streets, or engage in sex work.

- Army staff in **Nicaragua** are being trained to promote sexual and reproductive health as part of an information, education and communication project for rural areas with high levels of maternal mortality and widespread poverty. By training military medical personnel, the project is also reaching large numbers of men. Doctors, nurses and health workers have been trained to integrate reproductive health and family planning services into their regular care in military health units and surrounding communities. One thousand soldiers and officers have been trained to carry out information and sensitization activities on reproductive and sexual

rights. A similar project was started with the armed forces and national police in **Ecuador**.

- Barbershops in the **Dominican Republic** provide an added service for clients: advice on how to prevent HIV infection, condoms for sale, and referrals to STD clinics. The barbers, who receive training in interpersonal communication and how to demonstrate condom use, have already reached half a million men with their prevention messages.⁴³
- In **Ghana**, workplace clubs for men are a source of information on sexuality and reproductive health. Called Daddies' Clubs, they are focal points in a regional project of the Planned Parenthood Association of Ghana and the Ministry of Health. With the cooperation of company management, fieldworkers and nurses present weekly talks followed by group discussions and videos. Some club members have received training to promote and sell condoms to club members and others at work and in their communities.⁴⁴

- Decide freely when and with whom to have sex;
- Determine the type of sexual activity in which they are willing to engage;
- Decide the number of children they want and their spacing;
- Protect themselves from sexually transmitted infections, including HIV/AIDS.

But most sexual and reproductive health initiatives have focused on the pressing needs of women related to pregnancy, empowerment and protection from sexually transmitted infections. Today more than ever before, the spotlight is on men and boys. And the first area for action is condom use.

Condoms provide dual protection

For men and women who choose to use condoms, the benefits are immediate: greatly reduced chance of an unwanted pregnancy, and effective protection against STDs and HIV infection, both for themselves and their partners. Promoting this **dual protection** is an important priority in UNFPA's programming. As the world's largest international distributor, UNFPA procured \$3.4 million in condoms in 1999 and supported their distribution in 119 countries.

While promoting the correct and consistent use of condoms, UNFPA has encountered significant obstacles to their use. Some obstacles are myths

and misperceptions; others are men's fears about loss of sexual performance or enjoyment. Young men may not be aware of where to obtain condoms, embarrassed to ask for them or less able to afford them.

Increasing the use of condoms

Protection against sexually transmitted infections and diseases is more important than ever in the era of HIV/AIDS. According to the World Health Organization (WHO), there are approximately 340 million new cases of curable STDs each year, but many countries do not have the capacity to diagnose and treat them. Having an untreated STD can increase the risk of HIV infection tenfold.⁴⁵

- An estimated 50 to 60 per cent of all new STD cases, including HIV infections, are among young people under 20. Yet condom use remains inconsistent. In Jamaica, 69 per cent of sexually active young men, 40 per cent in Guatemala City and 53 per cent in Costa Rica reported having used condoms in the last month in their sexual relations.⁴⁶

Condom social marketing has been particularly successful. This approach uses commercial marketing techniques to promote and distribute condoms at subsidized prices.

Greater condom use can be achieved by:

- Helping governments establish logistics plans to handle warehousing, quality assurance, distribution and re-ordering to reduce supply shortages;
- Encouraging young people to use condoms by making them affordable and available, and raising awareness of the risk of HIV infection;
- Increasing demand by women for condoms, and empowering women to successfully negotiate with their male partners for condom use;
- Promoting condom use far more aggressively through maternal and child health and family



planning services, and increasing the number of clinics that welcome young women and young men;

- Overcoming community opposition and addressing myths and misinformation.

Programmes that meet men's needs

Men lead extremely diverse lives—rich/poor, powerful/marginalized, abusive/abused. Some are faithful to one partner; others have occasional relationships with women or men. Many are fathers. This complexity calls for a wide range of responses.

For many reasons, men may be reluctant to seek health services or to acknowledge the risks they are taking. Welcoming men to talk about their concerns and to use clinics and services is part of the process of change. Some successful strategies include the following:

- Working with men to reach other men, enlisting and increasing the numbers of male health providers and educators, and seeking out local opinion leaders;
- Meeting contraceptive needs, and going beyond contraception to address concerns such as STDs, HIV testing, impotence,

Condoms offer dual protection

The concept of dual protection—protection against both unwanted pregnancy and sexually transmitted infections, including HIV—must be greatly expanded, according to a joint policy statement of WHO, UNAIDS and UNFPA signed in mid-2000 following a meeting of experts and representatives of international agencies, international NGOs, bilateral agencies, and national family planning associations and programmes to prevent sexually transmitted infections (STIs) and HIV/AIDS:

“Informed choice on contraception must include the understanding that many methods (e.g., hormonal methods of contraception, intra-uterine devices and sterilization) that are all highly effective against pregnancy, offer no protection against STIs or HIV. Informed choice must also include the acknowledgement that **the condom, when used correctly and consistently, not only prevents HIV and STIs, but can also be a highly effective contraceptive.**”

The statement specifies that dual protection is particularly important for:

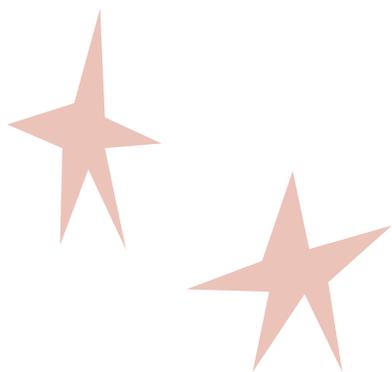
- Sexually active young people between ages 15 and 24 who represent over half

- of newly acquired HIV infections;
- Men who put themselves and their partners at risk because of their own high-risk sexual behaviour;
- Sexually active people in settings where the prevalence of STIs or HIV or both is high;
- Sex workers and their clients;
- Women or men who are at risk because of the high-risk sexual behaviour of their partners;
- Those who have an STI and/or HIV and their partners (preventing transmission to others or reinfection is a high priority).

Information and services for reproductive health, including family planning and sexual health, must be provided to slow the rapid spread of sexually transmitted infections. “For those working in the sexual and reproductive health field, the question is how best to promote safer sex. Governments and both public and private reproductive health programmes must ensure that service providers and users understand condom effectiveness. They must provide appropriate information about dual protection and take action to enable those who are sexually active and at risk to use one or more methods that will give them this dual protection.”

- urologic problems, prostate cancer and general health care;
- Making sure that men and boys can easily obtain high-quality condoms at low cost, and learn how to use them correctly;
- Developing materials with men in mind, from men's perspective;
- Providing counselling specifically for men, creating a safe environment where sexual and drug-taking behaviours can be discussed; reaching out actively to young men; and encouraging communication between couples;
- Asking men what they need. Men say they want many of the same things from health providers that women do: high quality at a low price, privacy, staff who are sensitive to their needs, confidentiality, flexible clinic hours. Some prefer male doctors and nurses.

Increasingly, family planning programmes are making services more attractive to men. Existing clinics are modifying their hours and services to make men feel more welcome, services are being offered in the workplace, community-based distribution of condoms and information is being expanded, and social marketing campaigns are featuring positive images of both women and men.



Open communication can overcome stigma, shame and misinformation

We have involved religious leaders in our campaign. They have helped especially in fighting the stigma traditionally associated with the disease. . . . They preach abstinence. We preach condom use.⁴⁷

–Dr. Ibrahima Ndoye of Senegal

HIV/AIDS-related discrimination and stigmatization and denial is pervasive and extensive, affecting people's will to fight and survive AIDS.⁴⁸

–Shalini Bharat of Mumbai, India

It is essential to improve communication between men and women on issues of sexuality and reproductive health, and the understanding of their joint responsibilities, so that men and women are equal partners in public and private life.⁴⁹

–ICPD Programme of Action, paragraph 4.24

HIV/AIDS thrives on ignorance

It would be difficult to overstate the importance of open communication in overcoming HIV/AIDS, which thrives on ignorance and misinformation. Yet information alone is not enough to change behaviour. For UNFPA, the process of providing men and women with the knowledge, skills and services they need to prevent HIV infection takes place at many levels:

- Advocacy to help create a supportive environment for social change through policies, programmes and legislation;
- Information, education and communication (IEC) to encourage individuals to change their behaviour;
- Counselling, and training in the skills required for more effective interpersonal communication;
- Research to identify problems and potential solutions.

Programmes that inspire change

- Involving men in family planning seemed difficult in a conservative area of rural **Egypt**. Yet an extensive mobilization effort by 14 public and private agencies attracted thousands of men and increased contraceptive use and discussion of such issues with women. Community activities included several hundred public meetings as well as meetings for religious leaders, school teachers, workers, parents and young people. Discussion about family planning was inspired through singing, dancing, poetry and plays—including a play on the benefits of family planning performed by an all-male troupe that was attended by several thousand men.⁵⁰
- An IEC project with three steps—research, training of male youth educators, and production of information materials—was initiated in **Thailand** by the Ministry of Health with UNFPA support in response to striking numbers. A Thai survey showed 70 per cent of men have their first sexual encounter with commercial sex workers at age 17, and most cases of HIV/AIDS and other STDs are in young people 17 to 25 years old. The project developed posters, leaflets, handbooks, radio spots and video dramas. Then more than 8,000 youth leaders disseminated the materials to other young men throughout Thailand and encouraged them to use contraceptives and protect themselves from HIV infection.⁵¹
- NGOs, religious groups, artists, musicians, printers, theatre groups, television and radio stations are a few of the participants in a newly expanded IEC strategy that encompasses five ministries in the **Ugandan** Government. Previously, the focus was clinic-based and focused on promoting condom use and reproductive health among farm workers and truck drivers. The new national-level campaign for male involvement in family planning is attracting attention with a song from a popular band and an extensive mass media campaign. Trained peer educators will be carrying messages aimed at involving young men in taking more responsibility for preventing pregnancy and the transmission of STDs, including HIV/AIDS.⁵²
- To reach rural **Ghana**, an IEC campaign promoting family planning used a variety of community activities and media. First local needs were assessed and audience research was conducted. Ministry of Health service providers were then trained in counselling, and print materials were prepared and distributed nationally. Intensive campaigns in three regions were launched, repeated and expanded. The campaigns encouraged men to visit family planning clinics, promoted joint decision-making on family planning, and countered misconceptions about modern contraceptive methods. Boat regattas, football matches and raffles in communities complemented broadcast and print media. After 19 months, 96 per cent of men surveyed had heard the theme song and had seen the campaign poster. Of those men exposed to the intensive campaign, 47 per cent had discussed family planning with their partners, and 26 per cent stated that they or their partners were using a modern contraceptive method.⁵³

These strategies and more will be required to involve men in sexual and reproductive health and to encourage them to make specific changes in their attitudes and behaviour.

Overcoming barriers to knowledge

Men are expected to be well-informed about sex, although many are not. It can be difficult to admit this lack of knowledge. Since women in many societies are not supposed to know much about sexuality or reproductive health, the ignorance is compounded. Furthermore, studies have shown how men may be discouraged from talking about their feelings, including communicating about sexuality.⁵⁴

The challenge is to find effective ways to reach men with life-saving messages and services. Appeals to men's commitment to their children and their desire to protect loved ones have been effective in Brazil, Cameroon, Jamaica, Sweden and Uganda.⁵⁵ Suggested ways to address men's concerns through information, education and communication include the following:

- Be explicit about sex and sexual behaviours. Inform men about men's and women's sexual anatomy, physiology and possible health problems.
- Emphasize the positive values of change in behaviour. Messages that address pleasure, power and security are likely to appeal to men. Emphasize personal empowerment when talking about good health, knowledge about sexual and reproductive health, and communication between women and men.
- Build a community consensus so that individuals are supported in their decisions. At the same time, target policy makers and community leaders, since most are men. Behaviours that are encouraged are easier to adopt.
- Craft the message carefully so that men respond to what is being said. For example, appeal to a man's ability to be a good father, to provide for his family, to have a relationship that is pleasurable to his partner.

- Emphasize ways that women and men complement one another rather than positioning them as opposites; reinforce this by using both women and men in media campaigns and education programmes.⁵⁶

Open and effective communication is rare, resulting in widespread ignorance, false perceptions and impossible ideals.⁵⁷ In addition, lack of knowledge about sexually transmitted infections prevents millions of women and men from seeking treatment. Rather than denying reality, acknowledging that some young people are sexually active and that some men have sex with men can help save lives.

Education for boys and young men

In most cases, education is the most powerful means to bring about change. Boys and young men need to be given the knowledge and life skills to make responsible decisions and positive choices in life.

There is scientific evidence to support that:

- Education about sexual health and HIV/AIDS does not encourage sexual activity;
- Good programmes protect youth from sexually transmitted infections, including HIV/AIDS, and from unwanted pregnancy;
- Responsible and safe sexual behaviour can be learned;
- Sexual health education is best started before onset of sexual activity.

But information and services must actively appeal to boys and men. For example, "youth-friendly" clinic outreach to young men is needed to counter the belief that "real men don't get sick". As boys mature into men, and men become fathers, the range of information and services must reflect such changes through the life cycle.

Campaigns promoting condom use

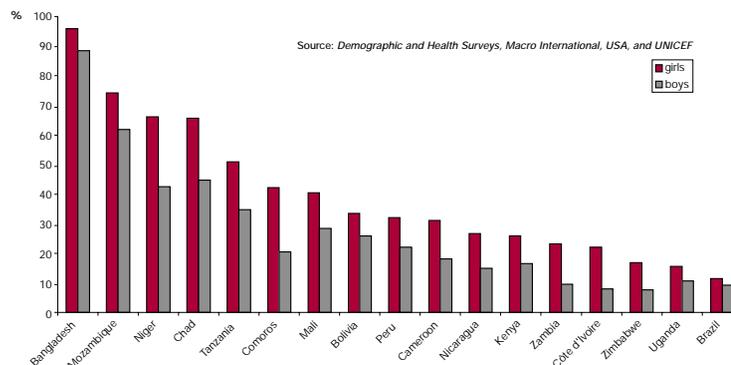
Consistent condom use provides dual protection against HIV infection and unwanted pregnancy. So why do many men refuse to use them? Some men say that pleasure is limited, that condoms are not easy to use, or that it is hard to find them or discuss their use. Successful media campaigns can make a difference in attitudes and perceptions.

- In **Hong Kong, China**, radio and television spots have featured strong male figures to promote condom use and vasectomy. A soccer star, a television celebrity, a kung fu master and a cartoon character have delivered messages that men respond to. Hong Kong has one of the highest rates of condom use in Asia. The campaign has also included press conferences, posters, pamphlets, T-shirts, soccer and snooker tournaments, a newspaper cartoon series, quiz competitions and distribution of condoms by celebrities to office and factory workers.⁵⁸
- In **Burkina Faso**, a film festival awarded the UNFPA special prize to an entry in which a condom that a young man believed would steal his virility actually gives it back to him. The film, "*Le truc de*

Konate" (Konate's Knack), focused on HIV/AIDS, polygamy and women's rights. The main character, Konate, is asked by one of his wives to use a condom, but he refuses, fearing it will take away his virility. When impotence drives him to a traditional medicine man, he is told to seek a magic tree bearing a strange rubber fruit (the condom). On his search, Konate meets an AIDS-awareness team. He learns about sexually transmitted diseases and finds the tree. He returns to his village proudly brandishing condoms and precious information, which he shares with his relatives. In his absence, however, HIV/AIDS has decimated the village population and left many widows and orphans.

- Training, mass media and print materials were part of a sales and marketing blitz at 100 family planning clinics in the **Philippines** to promote the use of condoms. NGOs were trained in how to teach the correct use of condoms, how to encourage women to negotiate condom use, and how to integrate condoms into their ongoing work to prevent sexually transmitted infections of all kinds, especially HIV/AIDS.

Proportion of girls and boys aged 15-19 who do not know how to protect themselves from HIV, surveys in selected countries, 1994-1998



UNAIDS, Report on the global HIV/AIDS epidemic, June 2000

Men have much to offer, especially to their families

I always warn my husband, Look, if you are going to one of your parties, remember to carry condoms. You know, if you die, I don't eat good. The children will suffer.⁵⁹

–Nigerian woman requesting condom use

The children are lonely and sad without any family. I do not know how to comfort them. I tell them they cannot even rely on me, as I fear I am infected. I know I am asking them to grow up before their time, but I see no other alternative if they are to survive.⁶⁰

–Woman living with HIV/AIDS

Why are people still engaging in unprotected sex, thus exposing innocent children to HIV infection through pregnancy? Is it not our own people who have to understand that their behaviour has to change?⁶¹

–Lucky Mazibuko, newspaper columnist in South Africa

Expanding roles and responsibilities

Currently, much of men's behaviour is contributing to the spread and impact of HIV/AIDS rather than to its prevention. But men can choose to change. As the call to action reaches more and more men of all ages and lifestyles and cultural backgrounds, increasing numbers will do everything in their power to protect themselves, their partners and their families.

With the devastating impact of HIV/AIDS, the need for men's involvement in family life is tremendous. Already, awareness has been raised

by data on the impoverishment of women showing that women contribute a larger share of their earned income than men to buying food, clothing and basic needs for their children. Men who contribute more time and money towards the domestic needs of their families not only ease the unfair burden on women but actually improve the health and happiness of their children.⁶²

Some men have had to step in and parent the children left behind after losing their wives and sisters to HIV/AIDS. Others, not yet fathers, are struggling to become men in the face of poverty, unemployment and the upheaval of armed conflict. For many men, the lessons learned about fatherhood will not be adequate to the task.

Societies do not make it easy for men to expand their roles to include more responsibility for their sexual and reproductive lives, subjecting them to ridicule for taking on “women's work” of less value. Yet change is underway:

- A study of fathers in **Brazil** found that men between ages 40 and 59 are changing their behaviour in attempts to come closer to their children and in undertaking domestic tasks related to childcare. They are doing this to differentiate themselves from their fathers, but also due to “enormous pressure” exerted by their female companions.⁶³

We must speak of the high risks our mothers and sisters face of contracting this disease; their risks are higher than men's and boys'. We must help women understand their rights and risks, and we need to support them when they exercise their right to take control of their sexuality and their bodies.⁶⁴

–Femi Anikulapo-Kuti,
Nigerian musician and celebrity

Conclusion:

Men as partners for change

As politicians, as front-line workers, as fathers, as sons, as brothers and friends, men have much to give.

—UNAIDS, *Men Make a Difference*

Without men, HIV could not spread. It is equally true to say that **with** men, the world gains powerful partners for a healthier future. An expanded role for men in family and childcare, more equitable attitudes fostered in young boys, consistent condom use without question—these are a few of the gains that can be achieved through greater participation of men in sexual and reproductive health.

Men who are leaders in politics can speak out about HIV/AIDS, which has so devastated some countries and communities that the epidemic can no longer be denied and calls for action

cannot be silenced. They can lead the way towards the changes in law and policy that support women's empowerment and recognize women and men as equal partners in life.

Men in their many roles, personal and professional, can help construct positive role models and encourage one another to raise their sons to respect women and to respect themselves, so that young people may avoid the pitfalls of drugs, alcohol and too-early sexual activity. Men can take responsibility for their own bodies, and help other men to understand the forces that push them to take risks and the benefits that can be gained by accepting responsibility.

Experience in sexual and reproductive health programmes offers a clear path for future action to help women and men protect themselves from HIV infection. Innovative actions will need to be taken with the involvement of men at all levels, from local communities to national governments.



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