

# *Working with Young Men*

***to Promote Sexual and Reproductive Health***

*safe passages*  
  
*to adulthood*

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## ***Safe Passages to Adulthood***

In 1999, the UK Government's Department for International Development (DfID) funded a five-year programme of research into young people's sexual and reproductive health in poorer country settings. The ***Safe Passages to Adulthood programme*** aims to conduct and support research to enable young people to improve their sexual and reproductive health. In order to achieve this goal, the programme is working to increase the research capacity of developing country partners and generate new knowledge that will lead to the development of systematic guidelines for action at programme and policy levels.

The five main objectives of the ***Safe Passages to Adulthood*** programme are to:

- fill key knowledge gaps relating to the nature, magnitude and consequences of reproductive and sexual health problems among young people;
- identify situation-specific key determinants of young people's sexual behaviour;
- identify culturally-appropriate means by which barriers to good sexual and reproductive health can be overcome;
- identify new opportunities to introduce and evaluate innovative programme interventions;
- develop concepts and methods appropriate to the investigation of young people's sexual and reproductive health.

The ***Safe Passages to Adulthood*** programme does not define young people through the use of specific age boundaries. Rather, it adopts a life course perspective in which the domain of interest is young people themselves in the period prior to the transition to first sex and up to the point of entry to marriage or regular partnership. This spans the key transitional events of 'adolescence', and captures a period of relatively high sexual health risk and distinctive service needs.

Sexual and reproductive health includes physical and physiological processes and functions in addition to psychological and emotional aspects. It encompasses young people's capacity to decide if and when to have children, the ability to remain free from disease and unplanned pregnancies, freedom to express one's own sexual identity and feelings in the absence of repression, coercion and sexual violence, and the presence of mutuality and fulfillment in relationships.

Young people themselves are not the only focus of the ***Safe Passages to Adulthood***. Other important groups include policy makers, practitioners and other gatekeepers to effective work.

# *Working with Young Men*



**to Promote Sexual and Reproductive Health**

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# Section One

## Introduction



As part of the *Safe Passages to Adulthood* programme, a series of 'expert meetings' have been held to bring together researchers, practitioners and policy makers. One such meeting took place in February 2001. The aim was to discuss innovative and successful work to promote sexual and reproductive health amongst young men in developing countries.

### **The importance of work with men**

Those working in sexual and reproductive health have increasingly acknowledged the impact of gender relations on health behaviours and outcomes. In recent years, there has also been a growing awareness that work with boys and men, as well as continued initiatives with girls and women, is crucial for the promotion of sexual and reproductive health. In *Men Make a Difference: Objectives and Ideas for Action*, UNAIDS (2000) has recently outlined some of the reasons why work with men and boys is needed:

- men are less likely to seek health care than women;
- men's behaviour puts them at risk - in particular, men are more likely than women to have multiple sexual partners and inject drugs;
- men's behaviour puts women at risk - HIV and some other sexually transmitted infections (STIs) are more easily transmitted from men to women than vice versa;
- hostility towards sex between men has resulted in inadequate programme development in many countries. Unprotected sex between men (many of whom also have female partners) endangers both men and women;
- fathers and future fathers need to consider the impact of their sexual behaviour on their families and to take a more caring role in the family. (adapted from UNAIDS, 2000)

In a similar vein, the booklet *Partners for Change: Enlisting Men in HIV/AIDS Prevention* (UNFPA, 2000) advocates support for programmes that encourage men to adopt positive behaviours (such as condom use), play a greater part in caring for their partners and families, and improve their interpersonal communication skills.

Other organisations have also begun to recognise the importance of involving men in improving reproductive health and sexual health more broadly. The United States Agency for International Development (USAID), for example, recently published *Involving Men in*

*Sexual and Reproductive Health* (USAID, 2001) which aims to stimulate thinking on how to integrate men into the sexual and reproductive health programmes from which they have traditionally been excluded. UNAIDS and the Panos Institute in London have also recently published a report focusing specifically on *Young Men and HIV* (Panos, 2001) which notes that, while young women have been the targets of HIV/AIDS education programmes, young men have been largely ignored. The report emphasises the need to involve young men in work that helps them to become role models for others, through, amongst other aspects, encouraging respect for their sexual partners.

### **Why work with young men?**

Young men present a number of opportunities for work to promote sexual and reproductive health. First, there is strong anecdotal evidence that they appear more able than older men to openly discuss sexual health (UNAIDS, 2001). Second, young men may be more able and willing to participate in educational activities. Third, young men, who have not yet fully established their adult patterns of behaviour, may consider alternative views about their roles in sexual and reproductive health more easily than older men. Finally, unsafe sexual practices are not yet entrenched for younger men, who may only just be beginning to develop the values that will shape their lifelong behaviours. This combination of factors offers an excellent opportunity for the development of less harmful practices.

### **The Expert Meeting**

While there is growing awareness that men should be involved in the promotion of sexual and reproductive health - and that it is important to work with younger men in particular - little has been written about the principles that should inform good practice in this important field. The *Safe Passages to Adulthood* Programme therefore decided to bring together researchers and practitioners with first hand experience of successful working with younger men.

Participants were drawn from projects and research programmes across the world, but with a strong focus on work in poorer countries (see Appendix). Projects represented included:

- the *Pan-American Health Organisation's (PAHO) Multicentre Study of Adolescent and Young Male Sexual and Reproductive Health (Brazil, Colombia, Costa Rica, Guatemala, El Salvador, Honduras, Jamaica, Mexico, Nicaragua)* and the project *Masculinities: Implications for the Promotion of Sexual Health (Peru)* which are both major initiatives designed to improve knowledge about young men's sexuality and behaviour;
- the *Tico Study* in **Costa Rica**, which examined dominant ideas about sex and relationships that young people are exposed to, and has developed an innovative programme of sex and relationship education;

- *Estudos e Comunicação em Sexualidade e Reprodução Humana* (ECOS), whose work in **Brazil** aims to promote the sexual and reproductive health rights of men, with a special focus on boys and young men;
- *Action Health Incorporated* which provides youth-friendly health and other services for girls and boys in **Nigeria**;
- *the Men as Partners Programme* of the South African Family Planning Association which works with young men to improve sexual and reproductive health and improve understanding of gender issues in **South Africa**;
- *the Reproductive Health/Sexuality Education Programme for Urban Poor Adolescents* in the **Philippines** which provides young men with education on gender, sexual and reproductive health and drug-related risks;
- the *Men, Sex and AIDS Project* in **Botswana** which aims to encourage discussion of issues relevant to reproductive and sexual health amongst young men;
- the *Bandhu Social Welfare Society* in **Bangladesh** which has been undertaking innovative work with young men who have sex with men;
- the *Mathare Youth Sports Association HIV/AIDS Prevention Programme* in **Kenya** which has developed a programme of peer education to raise awareness about HIV/AIDS amongst young people living in the Mathare slum area of Nairobi;
- *Sankalp's Programme for the Prevention of HIV/AIDS in Urban Slums* in Pune, **India**, which aims to establish a youth federation for slum-dwelling young men to promote sexual and reproductive health; and finally,
- *Instituto PROMUNDO's Projeto Jovem para Jovem Project*, a youth-to-youth project designed to help urban poor young men in Rio de Janeiro, **Brazil**, improve their life chances, sexual and reproductive health and future parenting as well as preventing gender-based violence.

In addition, a range of researchers and policy makers participated in the meeting (See Appendix). Discussion took place over three days and the programme included opportunities for presentations and group debate. Prior to attending the meeting, participants completed proformas to express their expectations and interests, as well as to outline their principal areas of work.

As a result of the meeting, this summary and guide to good practice has been produced. It includes a number of illustrative case studies of the work of the projects, a discussion of key issues raised, and guidelines for work with young men. The text is divided into five main sections:

- Introduction - the context of the expert meeting;
- Background - key issues underlying the need for work with young men;

- Projects - case study descriptions of the projects outlined in the meeting;
- Some key issues - discussion of themes and issues raised by participants;
- Conclusions - guidelines for working with young men to promote reproductive and sexual health.



# Section Two

# Background



Gender relationships have a major impact on sexual and reproductive health. Girls and women are especially vulnerable to STIs, HIV infection and unplanned pregnancy because existing gender relations often mean that they are not able to make their own decisions about whether, when, where or with whom to have sex. In acknowledgement of the vulnerability of girls and women, many programmes to improve sexual and reproductive health have concentrated solely on work with them. However, it is now clear that girls and women cannot easily protect their sexual and reproductive health without the support of men. Moreover, while prevailing gender relations clearly have negative consequences for many girls and women, there is also a price to pay for boys and men (Population Council, 2001). Globally, boys and men show higher rates of morbidity and mortality from violence, accidents and suicide, amongst other health issues (WHO, 2000; WHO/UNAIDS 2001).

A wide variety of agencies and organisations are, therefore, now promoting work with boys and men. For example, International Planned Parenthood Federation/Western Hemisphere Region has begun a region-wide initiative in 1999 to improve programmes for adolescent boys (Forum, 2001). In order to do this work

effectively, it is important to understand the impact of gender relations - and more specifically ideas about masculinity - on boys and young men. Until recently, boys and men have not been mentioned in much of the literature on development and reproductive health. When they have been, they are usually portrayed as violent, promiscuous and irresponsible (Cleaver, 2000). More recently, though, there has been a growing interest in and developing a clearer - and more sophisticated - understanding of boys' and men's behaviour and needs.

A recent UNAIDS (2001) report outlines some of the key ideas about masculinity that need to be kept in mind when working with boys and men. These include:

- men's behaviour, just like that of women, is constrained by traditional expectations about gender. While this does not excuse the violence and sexual assaults perpetrated by some men, it is important to recognise that dominant versions of masculinity exert a powerful effect on boys and men. For example, young men in many parts of the world view sexual initiation, whether or not it is accompanied by care or concern for a partner, as a key rite of passage to manhood (WHO, 2000);

- all over the world, men are under pressure to conform to sometimes destructive ideas about what it is to be a man. Dominant versions of masculinity place both men and women at greater risk of HIV and STIs. These ideas emphasise sexual prowess, having multiple sexual partners and risk-taking;
- masculinities are tied to hierarchy and power relations - not all men are equal, but are divided by class, religion, sexuality and ethnicity. Some male statuses are higher than others - so that older, wealthier men enjoy more benefits in society than, for example, younger poor men.
- there are many different kinds of masculinity that vary across cultures, social class, ethnicity, sexuality and age. Men, like women, are a diverse rather than an homogeneous group. In fact, it may be more appropriate to talk about the existence of 'masculinities' than 'masculinity', since there are many different versions of being a man;
- masculinities change over time - dominant versions of masculinity are not static. For example, in the past men in Western countries were not present at the birth of their children, while now almost all men are expected to support their partners through labour and childbearing.

Young men, too, are subject to pressures to behave in ways considered appropriate to their gender. However, some young men are looking for alternative ways to behave, and require support in these behaviours. Recent work in **Peru** (Yón, Jimenez and Valverde, 1998) and

**Brazil** (Barker and Loewenstein, 1997), for example, has begun to identify young men who do not demonstrate the negative characteristics routinely associated with masculinity. These young men appear to reject aggression towards others and seek a more active role in family life and childcare.

While some young men may be seeking healthier behaviours, young men overall are still more likely than any other group to be involved in activities that place their own and their partners reproductive and sexual health at risk. They are more likely to inject drugs and they have more sexual partners than any other population group (UNAIDS/The Panos Institute, 2001).

Like most people, young men are unlikely to respond well to being 'blamed'. If young men are to improve their own sexual and reproductive health, and help protect their partners, they need to be supported in developing skills, gaining access to information and services, and having to chance to discuss issues related to gender, sexuality and reproduction. The case studies below describe projects and activities where this work is beginning to take place.

# Section Three

## The Projects



Workshop participants were asked to describe their experiences of recent work with young men to improve sexual and reproductive health. Descriptions of each project are presented in the form of short case studies throughout this report. Although many projects were multi-faceted, they have been grouped together on the basis of either one main focus, or one particularly innovative feature of their work:

- projects to find out more about young men's attitudes and behaviour;
- projects in the area of advocacy for young men's sexual and reproductive rights;
- projects providing young men with better information or better services on sexual and reproductive health;
- outreach projects to promote sexual and reproductive health in settings where young men regularly meet;
- youth-to-youth projects, including peer education programmes.

### **What do young men think and do?**

Research has recently taken place with young men in **Brazil, Colombia, Costa Rica, Guatemala, El Salvador, Honduras, Jamaica, Mexico and Nicaragua** (Box 1) as part of a wider PAHO sponsored initiative in selected Latin-American countries. The study was designed to improve understanding of gender and health, including sexual and reproductive health concerns. Researchers have analysed the motivations of young men who engage in risky behaviours relating to sex, use of drugs and violence. This research has been particularly helpful in developing a clearer understanding of the motivations of young (and older) men.

Dominant and stereotypical ideas about masculinity in Latin America put young men under pressure to behave in ways that can damage their health and the health of their partners. Recent qualitative research shows that perceptions of 'risk' relate not so much to sexually transmitted disease, unwanted fatherhood or addiction, as to being perceived as effeminate or 'unmanly'. This motivates young men to act in ways that reinforce their sense of masculinity as it is framed in their culture - and to

avoid behaviours that they associate with femininity.

Not surprisingly, young men are unlikely to respond to messages about health that

emphasise care and concern for others, since these are thought of as characteristics associated with the traditional nurturing role of girls and women.

## Box 1

### **The PAHO Multicentre Study of Adolescent and Young Men's Sexual and Reproductive Health, Brazil, Colombia, Costa Rica, Guatemala, El Salvador, Honduras, Jamaica, Mexico and Nicaragua**

This qualitative research project is part of a larger initiative across nine Latin American countries supported by the Pan-American Health Organisation. The research arose out of concerns about health issues among young men – including violence, addictions, unplanned teenage fatherhood and the risk of HIV. The studies were designed to assist in the development of a framework for action that will take account of the specific health needs of young men in Latin America.

The research began from the premise that masculinities are not biologically determined, but are socially constructed – that is, determined by particular cultural and historical forces. However, like all social constructions, dominant forms of masculinity appear as if they are perfectly natural to the young men concerned. The phrase 'mandates of masculinity' was coined by the project to refer to some of the expectations young men are obliged to fulfil if they are to be perceived by themselves and others as truly masculine. These mandates include appearing to be tough, strong, macho, seducers, warriors, explorers and providers. For young men, achieving the milestones of masculinity (one of the most important being first sexual experience) is crucial to their sense of self. Young men who cannot live up to masculine ideals run the risk of being considered as 'unmanly'.

Dominant mandates of masculinity can have serious health consequences – leading, for example, to risk taking behaviour in relation to sex and drugs. Data from focus group interviews with young men between the ages of 10-24 years, show that they are far more concerned with achieving and preserving their masculinity than their health. Indeed, health risks are far less important than perceived threats to their masculinity – manhood and virility have to be protected at any cost.

Policy to promote the health of young men must take account of these concerns. Rather than asking young men to forego the transitions to manhood that they consider crucial, it is better to teach them how to deal with them safely.

In **Peru**, research has also been taking place on contemporary masculinities and their impact on younger men (Box 2). Special emphasis has been given to the diversity of masculinities prevalent in that country. The research occurred in distinct geographical regions and has shown that there are clear differences in the ways in which masculinities are lived by men depending upon where they live. Between different areas, the number of men who have sex with men varies (in part because men often move to

urban areas where male to male sex is more open), as does the level of acceptability of the male-to-male sex. Similarly, levels of violence against women also vary. In some areas, men use the economic hardships they face as a 'justification' for violence. In others, this is not the case. Similarly, in some areas men see (male) infidelity as an unavoidable 'fact of life', while in other areas it is perceived as an 'urban vice' that only occurs in large cities.

## Box 2

### Masculinities in Peru

The NGO, Redess Jóvenes, in Lima is dedicated to promoting young people's sexual health. In 1999, funds from Population Concern and DfID enabled them to start a research project entitled 'Masculinities in Peru: Implications for the Promotion of Sexual Health'. This project is unique in that it takes account of the diversity of masculinities in **Peru** – which is divided into quite distinct geographical regions with different cultural practices – the coastal areas, the Andean highlands and Amazonia, as well as larger urban areas.

The main aim of the research was to improve understanding of aspects of masculinity and, most importantly, the relationship between masculinity and multiple sexual partnerships, violence against women and sex between men. For many men (and women), unfaithfulness is seen as 'natural' and fidelity to one partner is seen as 'unattainable'. While having multiple sexual relationships is seen as part of men's 'make-up', it is also more easily justified in relation to certain occupations – fishermen, for example, often have different partners in the various locations in which they land their fish.

Sex between men was also found not to be uncommon – although levels of acceptability varied. For some, sex with other men did not compromise masculinity – so long as the image of being the active (and penetrative) partner was maintained. Many women accept their husband's bisexuality – as long as he continues to provide economic support for the family.

Linked to the project is an advocacy programme, which has been developed because it often proved difficult to introduce the subject of masculinities and working with men, especially – but not exclusively – with women's groups. So far, workshops have been held with women's network groups and in universities. These workshops have sought to promote the integration of issues relating to masculinity into research policy and programme development.

### Box 3

#### The Tico Study, Costa Rica

In **Costa Rica**, ILPES has worked with a variety of groups to reduce HIV infection, including men who have sex with men, prisoners and young homeless people. In recognition of the special vulnerability of young people to HIV and other sexually transmitted diseases, and the reluctance of adults to provide them with accurate and open information about prevention, the *Tico Study* began.

The purpose of the work was twofold: to gain an insight into the ideas and values that affect young people in **Costa Rica**, and to develop alternative methods of sex education that would be both effective and socially acceptable in a modernising but strongly Catholic country.

Two sites were selected – a poorer community in the sea port Puntarenas and a more affluent one in the capital city San José. In-depth research had previously revealed that young people are influenced by a number of dominant ideas about sex and relationships. Some of these ideas come from religion and science, others from ideologies of gender and romance. These ideas have a considerable influence in determining how young people think and behave in relation to sex and relationships. Not surprisingly, the ideas and behaviour of young men and young women vary considerably. For example, young men are encouraged to have multiple sexual partners, while virginity until marriage is highly desirable for women. Importantly, these ideas do not seem like social constructs, but appear instead to be ‘natural’ and ‘normal’.

As the result of the work, a programme of sex education for young people was developed. The emphasis here was not on information-giving, which has little impact on behaviour, but on ‘critical thinking’. Through a number of carefully designed participatory exercises, young people are encouraged to think about the cultural ideas that influence their behaviour. Programme designers have now trained a number of teachers, developed a manual and worked directly with young people in schools.

While this work has not taken place exclusively with young men, its strong gender component means that young men and young women are encouraged to think carefully about sex roles, how their behaviours differ, and why.

These findings are important since they point to the fact that masculine ideals vary from place to place. They also highlight the need to look closely at local circumstances and needs, and tailor programmes appropriately to them.

In **Costa Rica**, obstacles to sex and condom use link to religious sensitivities. This led ILPES to seek imaginative and alternative ways of ensuring that young people can protect their sexual

health. The *Tico Study* (Box 3) was designed to find out more about what influences the sexual behaviour of young people. While the research involved both young men and young women, of particular interest was the project’s innovative work with young men.

On the basis of in-depth research in two different communities, ILPES was able to conclude that young people are routinely

exposed to dominant ideas drawn from religion, science and concepts of romance. These ideas are strongly gendered and influence young men and young women in quite different ways. Some of them place young people's sexual health at considerable risk. For example, dominant ideas about love encourage young women to submit to the will of the man they love, and to trust him absolutely. As a result, they may have unprotected sex with their partner, placing themselves at risk of HIV and other sexually transmitted diseases. Young men, on the other hand, are encouraged by dominant ideas about gender to be fearless and to take undue risks to prove their masculinity. This means that many of them do not have a high regard for their own or their partner's sexual health.

As a result of this work, ILPES has developed a training manual for use with young people and has worked directly with teachers and high school students. The programme encourages young men and women to think critically about the roles they play, and how dominant cultural ideas and stereotypes influence their behaviour:

## **Advocacy**

Young men in **Brazil** (and in many other parts of the world) face pressures to 'act out' particular versions of masculinity. Much of this behaviour is harmful both to themselves and to young women. In the State of São Paulo, boys and young men between 10-19 years have a much higher mortality rate than young women - 40% more for boys aged between 10-14 years, and a staggering 70% more for those aged 15-19 years. The majority of these deaths are attributable to

external causes such as accidents, violence and drug-related deaths. The sexual partners of such young men are also placed at increased risk of morbidity and mortality. In the city of São Paulo, which has the highest prevalence of HIV infection in **Brazil**, the primary cause of HIV infection amongst women is sex with an infected partner.

However, in spite of the clear health consequences of masculinity as it is lived, issues relating to male sexual and reproductive health matters are given low visibility. Practitioners working in the field have noted that there is some resistance to addressing male sexual and reproductive health issues amongst groups that have traditionally fought to promote women's rights.

In 1995, an NGO, *Estudos e Comunicação em Sexualidade e Reprodução Humana* (ECOS), therefore, began to focus attention on masculinity (Box 4). A network called *Grupo de Estudos de Maternidade e Paternidade* - GESMAP (Maternity and Paternity Study Group) was established, consisting of researchers and practitioners concerned with issues relating to young men. GESMAP has since carried out research, programmes of training for adults who work with young men, and advocacy to raise the profile of young men's sexual and reproductive rights. Since its inception, GESMAP has forged links with researchers and practitioners across Latin America and has become a leading reference group for those concerned with young men's health.

## Box 4

### **Estudos e Comunicação em Sexualidade e Reprodução Humana (ECOS), Brazil**

ECOS in São Paulo, **Brazil**, has undertaken a broad range of work to promote the sexual and reproductive rights of young people. Since 1995, ECOS has focused attention on the issue of masculinity and work with young men. A book (*Homens e Masculinidades: Outras Palavras – Men and Masculinities: In Other Words*) and videos have been produced. ECOS has also conducted research and forged links with researchers and universities across Latin America.

One measure of the success of the work to date has been the development of a set of guidelines for defining public health policies aimed toward teenage pregnancy. A course on public policy, gender and masculinities directed at professionals working in public health and education is to be implemented, as well as the development of an action model within public health services, and the formulation of strategy for national advocacy on the need for sexuality education in schools.

Project workers have observed:

- although ECOS staff have themselves been active in the women's movement in Brazil, there is still some resistance to work which focuses on men. This resistance can be addressed through careful and focused advocacy;
- although past work shows that young men find it hard to discuss problems in the areas of sexual and reproductive health, there are also widespread fears that such discussion will be met with censure and judgement. Young men are inhibited by this;
- because of widespread homophobia, young men routinely place themselves in opposition to all things feminine. It is important then, not only to work from a gender perspective, but to have a wider remit for deconstructing and opposing homophobia as well.

### ***Information and/or services to improve reproductive and sexual health***

In countries all over the world, men receive inaccurate and often conflicting messages about sex, and in many contexts it is difficult for men to talk openly and honestly about sex. Instead, they tend to talk about their sexual prowess and the number of partners they have had. The messages men receive and give about sex are rarely about care and protection - but more usually about 'conquest'. Sex is often seen as a

commodity that improves social standing amongst other men. Talking openly and honestly about sex can often be taboo - and men may receive little information about sex at all. Similarly, appropriate sexual health services for men are not widely available and, in any case, men may be reluctant to use them. A number of projects are now attempting to address these issues - by providing accurate information about sex and reproduction, by providing opportunities for boys and young men to talk openly and honestly, and by helping them to access appropriate services.



As in many other countries, traditional mechanisms for supporting young people in their transition to adulthood in **Nigeria** have broken down because of urbanisation. There is widespread resistance amongst adults to providing young people with accurate information about their sexuality and appropriate sexual and reproductive health services. While young people's sexual and reproductive health is compromised by early pregnancy, illegally induced abortion and relatively high rates of STIs, influential groups and individuals often oppose sex education and youth-services for fear that young people will be encouraged into premature sexual activity. In this context, the NGO *Action Health Incorporated* (AHI) has set about advocating for improved awareness and changes in policy to promote adolescent sexual and reproductive health (Box 5). In addition, the project works in two of the poorer areas of Lagos State to provide information and services to enable young people to protect their sexual health.

As well as training peer educators, conducting outreach work in schools and publishing a newsletter, AHI runs a youth centre that provides both educational and clinical services. While AHI offers services to all young people, staff have become increasingly aware of the need to reach boys with messages about sex and reproduction. Monitoring activities have revealed that while equal numbers of young men and women attend the youth centre for recreational activities, far fewer boys attend educational sessions or access clinical services. The staff began to investigate this reluctance amongst young men and came up with a number of findings:

- boys and girls have quite different concerns related to sex and relationships - while girls have questions in relation to menstruation and reproduction, boys are more concerned with attracting girls, penile function and masturbation;
- boys and young men often feel under pressure to behave in certain ways - for example, some young men report that they feel under pressure to have sex;
- some boys and young men are more supportive than others of women's issues - but these young men can be labelled 'woman rappers' by others;
- boys and young men tend not to feel comfortable talking with female health care providers;
- some health care providers are not used to working with boys and young men, and do not always handle the situation well;
- boys often complain that they feel there is more focus on the needs of girls and more activities for them.

However, service providers at AHI note that work is often determined by the concerns of funders.

Until recently, some funders have been reluctant to provide for the nature of work with young men. However this is beginning to change, and recent support from the John D. and Catherine T. MacArthur Foundation has enabled AHI project workers to begin to focus on the needs of young men.

Some projects have attempted to look at sexual and reproductive health in the context of gender equity, with the aim of making some of the pressures men and women face to behave in certain ways more apparent. In **South Africa**, men are often viewed stereotypically as 'superior' to women, and multiple sexual partners are

common - placing the health of both men and women at risk. Talking about gender is problematic too, because concepts of gender equity are widely perceived to be a 'Western import' that seeks to undermine 'African culture'. In this context, the *Planned Parenthood Association of South Africa* (PPSA) has

## Box 5

### Action Health Incorporated, Nigeria

Established in 1989, the NGO Action Health Incorporated (AHI) aims to:

- increase information and education for in-school youth in the Lagos area;
- assist young people to make safer sexual and reproductive choices through experiential learning and skills building;
- improve resource materials for young people, including the publication of the 'Growing Up' newsletter;
- increase access to counselling, testing and clinical reproductive and sexual health services.

Young people in Nigeria face a number of challenges in relation to their sexual and reproduction health. For example, around 60% of HIV infections take place among those aged between 15-24. However, there is widespread resistance to providing frank information openly to young people – since adults are worried that too much information about sex will propel young people into premature sexual activity. Yet traditional methods of helping young people to manage the transition to adulthood – for example, through mentoring by older community members and traditional initiation rites – are in steep decline because of urbanisation and 'modernisation'. Young people interviewed by project workers report feeling that they have no one to whom to take their troubles – and have requested a 'safe place' where they can go to be listened to sympathetically by peers and adults.

The AHI Youth Centre provides one such place. Here young men and women engage in recreational activities, educational sessions and access clinical services. However, project workers have noted that boys – while dominating recreational activities and making up at least half of the participants in such activities – were not accessing clinical services and were difficult to recruit to educational sessions. Interestingly, they do hang around project facilities and so therefore are potentially accessible.

Now, project workers are investigating ways to increase young men's participation – including employing a male health worker and holding a male only clinic day.

## Box 6

### Men as Partners Project, South Africa

In 1997, the Planned Parenthood Association of South Africa launched their Men as Partners Project. Earlier research with men aged between 16-60 years revealed that 35% had had a STI, and 58% had never used condoms. Moreover, many men held negative attitudes about women. 48% felt that women are raped because of the way they dress and 58% believed that a woman could not be raped by her husband. In this difficult context, a programme was designed.

The work includes initiatives especially for young men – and includes ‘rite of passages’ groups for boys who are about to undergo circumcision (aged between 17-20 years). The project has a number of related aims, which include:

- increasing awareness of gender issues and healthy relationships;
- increasing awareness and responsibility in relation to STIs and HIV/AIDS;
- improving awareness and support for their partners’ reproductive health choices;
- preventing domestic and sexual violence

A number of activities have been undertaken, including experiential and participatory workshops. These include sessions run by trained adults and those facilitated by young people themselves. In addition, project workers participate in radio and television interviews to promote their work and develop a wider understanding of the issues.

To date, over 1,100 men have been reached by the project – over 50% of whom are under 25 years. Interestingly, the project workers report that younger men are more gender sensitive than their older counterparts. Evaluation has revealed that programme participants achieve higher levels of awareness about STIs, HIV/AIDS, reproductive health and gender equity.

launched the *Men as Partners Project* (Box 6). This project aims not only to improve men’s awareness of sexual and reproductive health, but gender issues as well. While the project seeks to reach men of all ages, there are also specific components aimed at younger men.

Training workshops take place at PPSA managed youth centres. In communities where there is no youth centre, community or church halls are rented. The young men recruited to attend are divided into groups of roughly the same age - for example, 15-17 years - so that they are more likely to share experiences and relate well to

each other. Workshops are relaxed and informal, as it is considered important that the atmosphere is quite different from school, where open discussion is inhibited. While a variety of topics are addressed - for example sexual violence - young men are encouraged to think about gender and how this impacts on their behaviour. Through reflecting on their own experiences, young men examine sexual and reproductive health issues. They are encouraged too to relate to young women with respect.

As in many other countries, the sexual and reproductive health needs of young people in

the **Philippines** are largely overlooked. Young people are widely thought of as less productive members of society who are merely 'sitting out' the transition between childhood and adult responsibilities. There are also concerns that open information about sex will encourage premature sexual activity. There is some degree of distrust between adults and young people: young people generally see adults as 'meddlers' in their lives, while older people tend to view young people negatively and as subordinate to adults. Not surprisingly, young people in the **Philippines** have limited access to information about sexual and reproductive health.

Data suggest that knowledge about STIs and HIV/AIDS tend to be poor, while unprotected sex and illicit drug use are widespread.

In Quezon City, an NGO called *Harnessing Self-Reliant Initiatives and Knowledge* (HASIK) has developed a number of community education initiatives to improve the sexual and reproductive health of young people in urban poor communities (Box 7). This has involved designing training modules on gender, drug use, HIV/AIDS and other issues, training key trainers who might replicate the programme elsewhere and establishing youth groups with peer trainers and advocates. Project staff have worked in close contact with communities and their leaders to ensure that the programme of work is acceptable. Although work takes place with both sexes, project workers have identified a number of lessons of specific relevance to young men:

- young men in poor urban environments do not have a good self-image and it is important to help them feel good about themselves;
- a non-judgmental and non-moralising approach is crucial;
- young men have a lot of questions about sex and few opportunities to have them answered;
- young men are very interested in receiving information about STIs and HIV/AIDS;
- it is crucial to place discussions about sexual and reproductive health in the context of gender relations. In this way, young men can think carefully about the sexual decisions they make, as well as the impact these have on their partners;
- while initial discussions about gender often lead to defensiveness amongst young men or are trivialised by them, sustained work can bring about more open and fruitful consideration of the issues;
- young men respond particularly well to participatory and innovative methods of training;
- young men welcome and benefit from working in mixed sex groups - listening to and talking with young women can help them to clarify their feelings and opinions.

A perhaps unintended issue the project has had to address concerns misunderstanding about the purpose of the work, and opposition to it from some women's groups and others concerned about shifting resources from women to men. These are issues that have had to be tackled sensitively but within a framework of gender equity.

## Outreach work

Men and boys have traditionally been considered more difficult to reach than women and girls. Experience in the field does indeed show that boys and men are often more difficult to recruit into educational and health promotion activities. Men do not routinely attend reproductive health

### Box 7

#### Harnessing Self-Reliant Initiatives and Knowledge (HASIK), Philippines

HASIK runs two parallel programmes for urban poor young people in Quezon City. The first focuses specifically on reproductive and sexual health and the second on drug use and sexual behaviour. Both programmes target young men and women aged between 13-24 years. While information about drugs and sex are not routinely available to young people, and there has been some opposition amongst adults to open discussion of these issues, careful initial work with communities and leaders has reduced resistance to the programmes and has led to a good degree of support.

Prior to the development of the programmes, focus group discussions were held with both young men and women. These revealed that school-based sex education is often perceived as irrelevant and poorly executed by teachers. Similarly, discussions about sex with parents rarely take place. Instead, the peer group and mass media are the key sources of information for young people. Knowledge is poor – although young men tend to be familiar with the terms STI and HIV/AIDS, they know little about modes of transmission and prevention. Misconceptions about family planning, menstruation, masturbation and sexual violence are widespread.

Focus group interviews pointed to the methods of sex education most favoured by both sexes. While young women appreciated discussions, seminars and lectures, young men preferred the use of audio-visual resources, group work, games and field trips. Interestingly, while females liked to work in single sex groups, young men found that the presence of girls led to a better clarification of views and ideas.

Subsequently, a number of training modules have been developed that take account of the needs of young men. Some of these modules focus on HIV/AIDS and STIs, but all work takes place in the context of examining gender relations. As well as providing educational sessions, 'core youth leaders' are recruited so that they can be trained to educate their peers.

Overall, young men were found to be highly receptive to the programmes, and early evaluation reveals improved levels of knowledge about reproductive and sexual health amongst them. The project is now training key trainers so that the programme might be replicated elsewhere in the **Philippines**.

## Box 8

### Men, Sex and AIDS Project, Botswana

The Norwegian Board of Health and the Botswana Ministry of Health funded the Botswana National Youth Council to begin the Men, Sex and AIDS Project in 1997. The prevalence of HIV/AIDS is high in Botswana. While men make most of the decisions about sex, project workers noted that work to reduce HIV infection has mostly taken place with girls and women. Also, men do not commonly discuss sex or reproduction in a serious way with each other or their partners. Needs assessment revealed that men are interested and concerned in matters relating to sexual health. However, they are nonetheless reluctant to visit clinics or attend workshops.

This meant that the project workers had to take the project to the men, rather than hope to recruit them to attend more traditional health promotion activities. Outreach work – which goes to the places where men already ‘hang out’ – was considered particularly appropriate. Fieldworkers approached groups of men in bars, nightclubs and elsewhere to initiate conversations about sexuality, sexual health and HIV/AIDS specifically. Work has taken place with groups of boys and men rather than individuals. The project found this to be a successful approach because people from the same social group (with similar socio-economic, religious and cultural backgrounds) tend to work well together, and group work allows discussions to go on within the group after the intervention has finished.

Interestingly, project workers report that work to stimulate open discussion about sexual and reproductive health has been more successful with younger than with older men. Younger men appear less reluctant to talk about their feelings and are keen to talk openly about issues related to sex and sexual health, raising in the process their concerns about matters as diverse as premature ejaculation and women’s behaviour in relationships. Building on this, the Men, Sex and AIDS Project is now developing two specific initiatives for young male peer educators in high school aged 12-19 years, and outreach work specifically for men aged between 20-35.

services or provision for maternal and child health in the way that women do. This eliminates another tried and tested access route to the promotion of reproductive and sexual health, and has led to less work being conducted with boys and men. A few projects have attempted to address this, however, by taking their activities to the places where boys and men can be found.

The **Botswana** National Youth Council (NGO) established the *Men, Sex and AIDS* project with the aim of helping men to reduce their risk of HIV/AIDS (Box 8). Early needs assessment

revealed that, although boys and men are keen to access information about sexual and reproductive health issues, they are not prepared to go to clinics. What is more, while cultural constraints inhibit serious talk between boys and men about sex or reproduction, at the same time men dominate decision-making about sex and reproduction. Clearly then, boys and men are both important to work with and difficult to access.

Not surprisingly, men who have sex with men in **Bangladesh** are not the easiest group to reach

with conventional health promotion approaches. Male to male sex is illegal in the country, as well as highly sanctioned through religion and culture. Sex between men is therefore largely clandestine, denied and invisible, although evidence suggests that it may, in fact, be fairly widespread. This means that some of the more conventional methods of health promotion - for example, holding workshops and accessing men through health services - are not suitable for work with men who have sex with men.

Importantly too, there is no recognisable 'community' of men who have sex with men that might advocate and support the dissemination of

information about sexual health, as has taken place in some other countries. Indeed, men who have sex with men in **Bangladesh** rarely identify with Western sexual identities such as homosexual, bisexual or heterosexual. Rather, the act of penetrating others or being penetrated by others goes some way to determine status. A man who penetrates other men does not necessarily define himself differently from a man who penetrates only women. He is, after all, still a 'man'. Masculine status is compromised, however, for the man who is penetrated. Both men who penetrate and those who are penetrated, often have sex with women - since to marry and have children is an important obligation in this cultural context.

## Box 9

### **Bandhu Social Welfare Society, Male Sexual Health Project, Bangladesh**

The Bandhu Social Welfare Society (Bandhu) is a community based, peer supported organisation which arose out of a needs assessment funded by the Ford Foundation and conducted by Naz Foundation International in late 1996 and early 1997. This needs assessment found significant levels of male to male sex in Dhaka, high numbers of male sex workers, high rates of untreated STIs, a high incidence of anal sex, low levels of condom use, poor knowledge of HIV and STIs, and an almost complete absence of any community to assist the exchange of information between men who have sex with men.

In 1997, Bandhu received funding from the Royal Norwegian Embassy for work with men who have sex with men. This male sexual health project had a number of components:

- drop in centres
- outreach activities and peer education
- clinical services, including counselling, HIV testing and STI treatment
- development and distribution of IED materials on sexually transmitted diseases and HIV/AIDS
- social group meetings
- vocational classes, including literacy

Bandhu does not exclusively provide services to young men, although the majority of their clients are under 25 years of age. In the past three years, staff report having reached over 35,000 men who have sex with men.

Given the secrecy that surrounds male-to-male sex, and the obligation to have a family, the risks to sexual and reproductive health are high. Both levels of knowledge and condom use amongst men are low. Throughout the country, access to health services is poor, but for men who have sex with men, they are almost non-existent. In acknowledgement of these issues, *The Bandhu Social Welfare Society* (Bandhu) launched their *Male Sexual Health Project* in Dhaka in 1997 (Box 9).

This project undertakes different kinds of work to improve the sexual health of men who have sex with men - including providing drop-in centres and health services. However, the lynchpin of this work is outreach work. Through outreach work, a mechanism for contact can be established with the men and trust is developed. Given the absence of an open community of men who have sex with men who have known meeting places such as bars or cafes, outreach workers visit the places where men meet to have sex - for example, public parks late at night. Here, they distribute educational materials, condoms and lubricant - and make the services and support available through Bandhu's other activities known. As a result of outreach activities, increasing numbers of men are now attending the two drop-in centres, where health services (such as HIV testing and STI treatment), counselling, advice and information are available, as well as social group meetings and workshops promoting sexual and reproductive health. In the context of Dhaka this work is highly important.

## **Youth and peer-led projects**

Some projects have recognised the importance of ensuring that young people are at the helm of work to improve reproductive and sexual health. Young people themselves manage some of these programmes, whereas others concentrate on training young people to work with their peers. While there is a plethora of peer education programmes in the field of reproductive and sexual health, fewer have concentrated specifically on young men as opposed to young people generally. Here, we will describe some examples of programmes that either focus particularly or exclusively on work with young men, or have special consequences for the young men involved in them.

In the Mathare area of Nairobi, **Kenya** the majority of families survive on less than \$1 per day. Morbidity and mortality are high, school drop-out widespread and absentee fathers common. In response to these problems, the *Mathare Youth Sports Association* (MYSA) was founded in 1987. This project uses sport as a tool for community development. Given the popularity of soccer amongst young male slum-dwellers, an organised football league was initiated. Now young people themselves have taken over the day-to-day management of the NGO. However, over and beyond football, young people are involved in community work and courses designed to improve their life chances. The work of MYSA is broad reaching. In the mid-1990s, the AIDS-related death of one young footballer prompted the initiation of the *MYSA HIV/AIDS Prevention Project* (Box 10).



Work for HIV/AIDS prevention has revealed, not surprisingly, a huge gap in the views and expectations of young men and women. Girls were not originally able to be involved in football, partly because of opposition from parents, but largely because they are expected to care for younger siblings. MYSA began to offer crèche facilities for girls and now, of MYSA's 18,000 members, 5,000 are girls. In the cultural context of Mathare, young men and women rarely mix socially and have few opportunities to get to know each other as whole people. The younger footballers are now playing in mixed teams, and this is having an important effect. Project

workers report that improved mutual respect is beginning to develop between young men and women.

In **India**, as elsewhere, the sexual and reproductive health needs of young men are largely neglected. Yet low income urban slum dwellers are at particular risk of HIV infection and other STIs. Pune reportedly has one of the highest rates of HIV prevalence in **India** - mostly concentrated amongst young people. Here, needs assessment has revealed that around 70% of young men between the ages of 15-24 are sexually active (some of these young men are

## Box 10

### **Mathare Youth Sports Association AIDS Awareness Programme, Kenya**

The Mathare area in Nairobi is one of the largest and poorest slums not only in **Kenya**, but in all Africa. The Mathare Youth Sports Association (MYSA) was founded initially with private funds, but now receives support from several international donors, including the Ford Foundation and the Dutch Embassy.

Alongside promoting participation in organised football, MYSA aims to promote personal and community development. Young people are helped to improve their community and environment, as well as their self esteem. A wide range of young people are involved in programmes of skills-development, food distribution for the homeless and clearing refuse. Importantly, young people themselves now manage the project.

When one young footballer died from AIDS in 1994, the HIV/AIDS Prevention Programme was launched. Peer educators were recruited from amongst the most well-respected and successful Mathare players. These young people serve as role models for others and now talk with other players and supporters prior to kick-off, as well as distributing condoms and making referrals to counselling and health services.

To date, more than 10,000 young people have been reached in this way with messages about HIV/AIDS. More recently, the project has expanded to include young women (5,000 of whom now also participate in football matches) and one outcome of their involvement has been the development of more open and respectful relationships between boys and girls, who do not ordinarily mix socially.

One of the challenges the programme faces, however, is retaining peer educators – many young people leave Mathare to seek work and the rest, of course, grow older and can no longer participate.

married and others are unmarried), knowledge about STIs is poor, perceived risk of HIV/AIDS is low and visits to sex workers commonplace. In acknowledgement of these issues, an established community-based reproductive health project that has hitherto concentrated on the health needs of women and children has launched the *Sankalp* programme (Box 11).

This project has many components, but one important aspect of the work has been to establish a youth federation representing pre-existing and newly created youth groups. The purpose of this is both to encourage greater participation in sexual and reproductive health amongst young men, and to develop social networks with values and norms that promote sexual health. Importantly, young men are involved in decision-making at all levels of the programme. Given their socio-economic circumstances, they also have a wide range of immediate health and other needs, many of which they prioritise over and above their long-term sexual health. In order to address these needs, the programme works to the '50/50 principle', which means that half of programme time and resources are given over to the expressed needs of young men - which may be unrelated to sexual or reproductive health - while the rest of the time is devoted exclusively to issues related to sexual and reproductive health.

Dominant masculinities in **Brazil** are frequently associated with patriarchal attitudes towards women, lack of involvement in childrearing and, not uncommonly, violence. There are numerous risks to young people's sexual and reproductive health, including early pregnancy and HIV/AIDS

and STIs. While many of these risks are driven by gender inequity, young men are not usually included in initiatives designed to improve reproductive and sexual health. The attitudes widely held by young men, the absence of skills in communicating with partners, and poor knowledge relating to sexual and reproductive health clearly place both young men and their partners at risk.

The NGO, *Instituto PROMUNDO*, in Rio de Janeiro has established *Projeto Jovem para Jovem* (Youth to Youth Project) - which includes a peer training programme for low income young men (Box 12). Interestingly, project workers observe that some young men living in urban slum areas do not 'fit the mould'. Such young men do not commit violence against women, do seek to care and protect their partners, and express a desire to be involved in child-rearing. These young men - who project workers refer to as 'more gender-equitable' - clearly provide an alternative way of being masculine that is less injurious to their own health and the well-being of their partners and children.

The project has established a programme of peer education that has to date involved the recruitment, training and supervision of 20 young men. These young men have now reached more than 2000 others, with education about gender-based violence and sexual and reproductive health. The programme is participatory and young men examine case studies and participate in group discussions. Importantly, they have been provided with new opportunities to think about their own experiences, and some have discussed the consequences of desertion, alcohol and drug abuse, and violence against women and children

**Box 11****The Sankalp Programme: An Action Programme for the Prevention of HIV/AIDS in Pune, India**

The reported HIV prevalence in Pune is high, with young people aged between 20-29 years being particularly affected. While the majority of projects currently work with those groups traditionally considered to be at high risk – for example, truck drivers and sex workers – the Sankalp Programme in Pune, India has launched a project for low income young men between the ages of 15-24 years. Named by the young men themselves, the Sankalp (Pledge) programme for the prevention of HIV/AIDS works across 27 urban slums serving a population of more than 3,000 young men.

Sankalp promotes sexual health and provides support for people with STIs and HIV/AIDS. Programme activities are not restricted to sexual health however. In acknowledgement of the many health and other needs young slum-dwellers have, vocational training is available, along with community initiatives such as garbage clearance, and the provision of recreational activities. Importantly, a youth federation has been established and sixteen youth groups have now been established. The purpose of the youth federation is to establish new healthy social norms amongst young men, and to counter less healthy behaviour currently promoted between peers. Peer educators support this work, and are trained to provide counselling and to distribute condoms. Young men now participate in the programme at all levels – for example, they have recently suggested that counselling services be provided near the slum areas, rather than in clinical settings some distance away.

Although formal evaluation has yet to take place, programme workers have made a number of observations:

- young men's sexual and reproductive health needs are largely neglected;
- much of the health delivery system in urban areas in India is hospital or clinic based. This is not the most useful way of delivering sexual health services to young men living in slums;
- many of the most marginalised young men do not live in recognised slums (which have at least some services) but in unrecognised, ad hoc slums that do not have even the most basic amenities;
- sexual and reproductive health work with young men cannot take place in isolation – account needs to be taken of other needs;
- community organisation is a key factor in working with young men and in ensuring sustainability;
- programmes need to reach out to married as well as single young men – since many young people are married at an early age.

in the context of the urban slums where women head many families as fathers are often absent.

As well as supporting peer education, the project has recruited adult role models to mentor young men. Twenty-five men have been chosen from the local community to undertake this work.

Most recently, the project has added social marketing of condoms to the public distribution of condoms. Condoms are made available at convenient places where young men hang out before sexual activity takes place. The young men in the project, and others in the community, have contributed to the marketing strategy, as well as selling and distributing condoms. This provides them with income in addition to a public health service. There are currently plans to expand the work of Instituto PROMUNDO into two other cities in Brazil.

Project workers conclude that the promoters of consumer items and the gangs that are widespread in the slum areas have no trouble in getting young men to 'buy into' their products. Programmers now need to think about imaginative ways of getting young men to buy into sexual and reproductive health. The factors that influence more gender equitable boys need to be better understood so that these alternative masculinities can be supported and promoted.

## Box 12

### Instituto PROMUNDO – Projeto Jovem para Jovem, Brazil

Instituto PROMUNDO launched their Jovem para Jovem (Youth-to-Youth) Project in 1999. The project workers realised that many of the sexual and reproductive health concerns that face young people in **Brazil** cannot be addressed without including boys and young men, since they are directly involved in the health risks faced by their young partners in relation to STIs, HIV/AIDS and unintended pregnancy. For example, STIs in young men are often asymptomatic and may go untreated, so that partners are infected unknowingly. Moreover, the dominant version of masculinity in urban slums in **Brazil** emphasises risk-taking, violence, and dominance over women, and lack of participation in childrearing. These characteristics are harmful to the health of both young men and their partners and children.

The project has two main aims - to create a leadership and peer training programme for low income young people in Rio de Janeiro, and to provide a model for other organisations concerned with reproductive and sexual health who want to include young men. The second aim is very important, since most programmes and projects do not at present provide information or services for young men, concentrating instead on work with young women – who in reality rarely have the power to protect their reproductive and sexual health without the support of male partners.

Project workers report a number of key issues that have arisen as a result of their experiences of working with young men:

- women, families and communities as well as men themselves reinforce dominant versions of masculinity. For example, some young women say that they prefer macho men to ‘nice guys’ who are more gender-equitable. Ideas about gender need to be challenged in all settings then, not just with young men;
- it is important to identify and promote alternative masculinities for young men. Even in the most patriarchal of settings, some young and older men do appear to be more gender-equitable in their attitudes and behaviour. These men can serve as role models for others;
- young men need to have opportunities to think about and discuss the costs of dominant versions of masculinity; for example, the consequences of violence and absentee fathers for families and children;
- young men living in slums need to be able to improve their life chances if they are to avoid the consequences of living out dominant masculinities, which are often associated with gang membership and violence;
- vocational skills are important.

There are institutional barriers to working with young men that need to be overcome – young men are routinely perceived as difficult to work with and aggressive, and some health providers do not have the attitudes or skills to work with them. Some NGOs are reluctant to work with young men because of the stereotypes about them and this compounds their exclusion from sexual and reproductive health issues.

# Section Four

## Some Key Issues



A number of principles can be identified for future work.

### **Why work with young men?**

There are many important reasons why young men should be more involved in activities to promote sexual and reproductive health. These include:

- work with young men is a human rights issue - young men have a clear right to enjoy optimum sexual and reproductive health;
- excluding young men from sexual and reproductive health services compounds the view that this is not their concern;
- given that men largely take control of decision-making about sex and reproduction, work with young men benefits both men and women;
- dominant versions of masculinity encourage many young men to feel impervious to danger - they need to be made aware of the risks;
- young men tend to have more sexual partners than women or even older men.

If they have unprotected sex, this can place them and their partners at risk of STIs, HIV/AIDS and unplanned pregnancy;

- it is important then that gay men know how to protect themselves and their partners; and
- given a chance, young men will express very real health concerns and, in particular, a need for information and services. This need is not currently being met.

### **Advocating for work with young men**

There is still much resistance to working with young men, especially by funders who have no tradition of men's work; women's groups who fear that resources are being shifted from the very pressing needs of girls and women; and NGOs and others who believe young men are difficult to work with. Advocacy is required to ensure that this important work begins to take place. Key activities can include:

- work with the mass media to ensure that some positive images of young men are promoted - not just the usual images of young men perpetrating violence;

- lobbying with policy makers to ensure that they understand the importance of including young men and developing appropriate public policy for them;
- disseminating research findings to show the economic and other implications of poor sexual health amongst young men;
- engaging women's groups to make a case for work with young men as well as young women; and
- helping young men to speak up for themselves through youth fora and other means.
- going to places where young men routinely meet in order to engage them with programmes of reproductive and sexual health. This will involve outreach work;
- providing financial incentives to allow young men who have low or no income to participate in projects - for example, becoming peer educators;
- providing male health workers and project staff so that young men may be more attracted to services;
- using non-judgmental approaches that nonetheless emphasise the importance of gender equity, to attract and sustain the involvement of young men;

### **Recruiting young men and sustaining their involvement**

Young men are widely thought of as difficult to recruit to programmes involving sexual and reproductive health promotion - indeed, evidence from some of the projects described here suggests that young men can often be difficult to reach. There are a number of reasons for this. There is, for example, little tradition of involving men in sexual and reproductive health initiatives. As a result, many young men do not think of this as an arena for their participation. In the past, some service providers have adopted a judgmental and blaming approach to young men. Not surprisingly this does not encourage young men to come forward. Successful ways of encouraging involvement includes:

- providing young men with a forum for discussing and addressing their own sexual and reproductive health concerns; and
- providing young men with ways of addressing other pressing needs - the development of vocational skills, for example. In many parts of the world, young men have a plethora of needs over and above sexual and reproductive health.

# Section Five

## Conclusions



The projects described here offer some examples of innovative and potentially effective work. While sexual health work with young people generally is less developed than activities with older people, work to meet the needs of young men in particular has been largely neglected. Only recently have international agencies begun to show an interest in this area. The projects described demonstrate that young men have a variety of pressing reproductive and sexual health needs. What is more, the subordination of women to men in many cultures means that young men's attitudes and behaviours have a direct effect on the sexual health of their partners.

Many projects have realised that when working with young men it is important to go beyond information about STIs and HIV/AIDS; for example, to explore gender issues. Some projects have helped young men think about the consequences of dominant versions of masculinity and have sought to provide them with alternatives. In acknowledgement of the realities of the lives of young men - especially those who live in poverty and difficult circumstances, some projects have attempted to support young men in the acquisition of vocational skills, as well as through the provision of opportunities for sport and recreation.

Interestingly, given that the projects come from three continents, there were some startling commonalities between them. Most recognised the powerful influence that ideas about manliness and masculinity exert on young men, almost all reported that the sexual and reproductive health needs of young men are neglected, and many reported that there is some considerable opposition to work with young men.

In conclusion, then, the following tentative guidelines are offered for those planning to work with young men:

- Some projects, for example those in the **Philippines** and **Brazil**, are seeking to develop new models for others hoping to embark on this work. Although these models are not necessarily replicable from context to context, it is important to pick up on the lessons learned where possible and to network with projects that have similar aims.
- The providers of information and services on sexual and reproductive health need to be trained and supported in providing appropriate youth and male-friendly services. In all of this work, the avoidance of blame is important, since young men, not surprisingly, find being accused very threatening and distancing.



- It is unlikely that work in the arenas of sexual and reproductive health will be successful without having a strong gender component. Young men require opportunities to think about and discuss how gender ideologies and gender practices influence their decision-making.
- Given the risks that young men face by conforming to dominant stereotypes of masculinity, programme developers need to find alternatives that are at once less harmful and yet acceptable to young men. These alternatives do exist - the challenge is to identify them locally and to promote them. Older and younger men who are more 'gender equitable' can provide role models.
- Young men need to have the chance to think about and discuss homophobia - widespread homophobia needs to be challenged both as a human rights issue, and because of its impact on all forms of male behaviour.
- Young men need a chance to talk about their own experiences and the consequences that less helpful versions of masculinity have had in their own lives.
- Young men have a lot of interest in sexuality and sexual health, as well as the need for information and services. This needs to be harnessed. In the right environment, young men welcome the chance to talk about these issues, and to receive answers to the questions that they consider important - whether these be about girls, sexual relationships, masturbation, semen loss or penis size. Not only does this provide a 'way in' to issues that are injurious to health, but it also affords them access to the information they want and need.
- Young men living in poverty and/or precarious circumstances need ways to meet of needs and concerns they have beyond those related to reproductive and sexual health. The programmes that are likely to enjoy most success are those that can facilitate the chance to talk about problems such as unemployment, but also provide some solutions. Where possible, opportunities for training are important.
- Young men in poor areas often lack opportunities for recreational and sporting activities, and projects that can attach these to their services are likely to encourage larger numbers of participants.
- In some areas, young men may be difficult to recruit to projects, and here outreach work will be helpful in that young men can be accessed more easily.
- While there is disagreement about whether or not mixed sex groups are helpful in promoting reproductive and sexual health, some of the projects described here have found that young men often benefit from working in mixed groups. These young men reported that they were able to listen and understand the perspective of girls and also see them as people in circumstances where opportunities for mixing between the sexes may otherwise be rare.
- Finally, it is important to involve young men as fully as possible in programme design and delivery. Not only does this promote a sense of ownership, it helps young men to develop their self-esteem and result in the provision of more appropriate services. Adult support and supervision is, however, likely to continue to be important.

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# Appendix

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