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## **HIV Prevention with Men: Toward Gender Equality and Social Justice**

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\* The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

*“I do not expect for my wife to be my equal, men and women are simply not equal, the man is the head of the house and he has the final say when it comes to issues of the house including family planning.”*

50 year old married man in Botswana, interviewed by Men, Sex and AIDS Project

*“You should not cry like girls, this was a message given to me in my childhood and was not healthy because even today I cannot express my sad feeling to anyone.”*

Police Officer in Pakistan who participated in Rozan’s workshops

*“Any time when a lady tried to talk about these sexual matters she was considered as a prostitute or maybe someone who ‘moves with’ many men. But men were given the right to go and marry more women on top of the one who is already there and [...] were allowed to go outside marriage sexually.”*

Male community AIDS educator with Thandizani in Zambia

*“The imbalance of power between women and men in gender relations curtails women’s sexual autonomy and expands male sexual freedom, thereby increasing women’s and men’s risk and vulnerability to HIV.”*

Gita Rao Gupta in her plenary address at the XIIIth International AIDS Conference in Durban

Increasing attention to the role of gender inequalities in driving the HIV/AIDS epidemic has resulted in a growing interest in the possibilities and difficulties of HIV prevention work with men. The primary challenge of this work, as identified by Rao Gupta above, is to correct the “*imbalance of power*” that creates vulnerability to HIV/AIDS. Framing the challenge in this way poses the question: what are men’s interests in maintaining or altering the current arrangements of power between men and women which, it is argued, have such a bearing on the course and pace of the epidemic? What’s in it for men?

This paper proposes four emphases for HIV prevention work with men in order to address the issues at the heart of this question. It looks at the importance of working with men as both agents and victims of patriarchy, and of creating spaces in which men can heal from and take accountability for patriarchal oppression. The second section explores the need to clarify the analytical distinctions between gender and sexuality in order to more clearly focus on the extent to which they shape each other. Creating this conceptual space not only clarifies their mutual interactions but also allows for much greater attention to be given to the problems and possibilities of men’s sexualities in ways that are not over-determined by a gender analysis.

The paper then looks at violence as a core issue that energises the circuit of connections between men, gender equality and HIV/AIDS. This section argues that violence, central as it is to understandings and expressions of male gender identity and male sexuality, must be an important focus of HIV prevention work with men at the programmatic and policy level. The importance of responding to violence at an institutional as well as an interpersonal level is reflected in the policy and practice recommendations that are made. Considerations of institutional violence, the paper concludes, combined with a clearer analysis of gender inequality in relation to multiple forms of inequality, help to clarify the critical issues of privilege, accountability and oppression that go to the heart of men’s interest in changing the imbalances of power that drive the HIV epidemic. Defined in both psychological and material terms, men’s interest can be mobilised, the paper argues, through strategies of personal and social change that frame HIV and its inequalities as problems of human rights and social justice.

## **Spaces for Healing and Accountability**

*“Working with gender is a huge challenge to all of us. It is difficult for us to open our minds to rethink beliefs that in our hearts and imagination we embody in all kinds of fixed, traditional ways, we have grown up as gendered beings. Most of us experience strong unwillingness to disturb some aspect of traditional gender notions in conscious dialogue with others, and also have own particular inner resistance to – or anxieties about – dislocating our ideas about what men and women are or should be. The challenge is to find what kinds of activities and discussion encourage flexibility and open-minded reflection on our sexual and gendered lives”.*

As Lewis (2003) reminds us, working to change gender relations confronts deeply held norms and beliefs that shape our bodies and bodily practices as well as all aspects of our social relations and institutions. Many of the most basic terms in which we understand the world and our lives are premised on the binaries and hierarchies of gender, creating both a deep attachment to and possible ambivalence toward its dictates. It is important to investigate the nature of these attachments and examine the extent of this ambivalence when we look at the work that is needed with men on their roles in challenging gender inequalities.

A recent case study collection of examples and emerging trends in HIV prevention work with men is both encouraging about its prospects and enlightening about its challenges.<sup>1</sup> From this review, it is clear that many men are open to and some are keen to talk about gender, challenging the notion that men’s attitudes and behaviours are somehow fixed or necessarily resistant to change. There are powerful anecdotal accounts of such change:

*“I used to use the Bible to defend patriarchy. I now use it to challenge gender stereotypes.”*

Church leader and participant in Engender Health’s Men as Partners Programme in South Africa

*“I had very little knowledge on reproductive health, almost nothing before the project but now am well informed. Apart from training recruits, I am a source of knowledge for all my family members including my wife.”*

Peer educator trainer in Mongol Vision’s HIV/AIDS project with the military in Mongolia

*“Before this workshop I was a violent husband and police officer. Now I try my best not to abuse power at my home or office. Now I even help my spouse in domestic work.”*

Participant in Rozan’s workshops on gender and violence for the police service in Pakistan

*“My attitude towards the opposite sex was just thinking that we were supposed to use them as sex objects. But when I came to learn about sexuality and gender, I came to understand that the girls are not supposed to be used as sex objects.”*

Male youth peer educator with Thandizani in Zambia

Men have questions, concerns and anxieties and lack both information about and an understanding of the effects of gender on their own and women’s lives. Besides HIV/AIDS itself, and related concerns about STIs, the most commonly addressed issues in the work reported in these case studies were gender norms and roles and sexuality, followed by violence and health/social welfare problems and lastly human rights. The

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<sup>1</sup> “Men’s Work: Working with Men, Responding to AIDS” available from the International HIV/AIDS Alliance – go to <[www.aidsalliance.org](http://www.aidsalliance.org)>

case studies describe a range of strategies being used to reach and work with men: outreach, peer education, advice and information services, counselling (including VCT), health/social welfare services and referrals, recreation activities, arts-theatre-media approaches, community organizing and policy advocacy.

Two important issues emerge across this work. Firstly, it challenges the men (and women) who are working with men to reflect on their own attitudes and behaviours and consider the importance of change beginning ‘at home’. Boitshepo Lesetedi, the Men as Partners programme coordinator with Planned Parenthood Association of South Africa puts this well when he reports that “*I realized it was impossible to work around issues of gender when you haven’t started with yourself because I was carrying my own baggage, and own myths and stereotypes.*” This suggests a need to pay attention to the challenges that staff may face in working with men on gender issues and the support and supervisory structures that can be put in place to meet these challenges.

The second issue emerging from these case studies is the importance of working at the community as well as the individual level. Many respondents emphasised the role that community leaders, usually men themselves, can play in permitting and promoting gender-based HIV prevention work with men and in addressing certain community norms and practices that may inhibit this work. Simon Mutonyi, HIV/AIDS NGO Support Specialist with the Zambia Integrated Health Programme, who has supported Thandizani’s HIV/AIDS work with men over the past two years, reports on the startling change that can come from working with community leaders:

*“Working with traditional leaders in allowing dialogue over gender and HIV/AIDS issues has easily influenced men in communities to respond to the challenges that the local leadership provides. In one chiefdom, the chief withdrew married teenage girls from their marriages and sent them back to school and discouraged early marriages. People took it positively. In another chiefdom, the chief abolished the practice of inheriting of women after the death of a spouse and of appreciating a man’s hard work by his wife’s relatives giving him his wife’s young sister as a token.”<sup>2</sup>*

These issues of staff and community are flagged now because they have a significant bearing on the most commonly reported strategy used in the case studies – small group work. Whether used in combination with other strategies or not, group work was seen as a powerful way to engage men in discussion of HIV/AIDS and gender issues. Logistical problems in recruiting and retaining men in such groups were often identified, as were the creative ways in which projects had dealt with these problems (e.g. intensifying outreach, changing times/venues, targeting pre-existing groups of men in workplaces and other institutions, meeting other needs such as literacy.)

But all attested to the potential of creating safe spaces for men to reflect on their experience and socialization, examine their own and each other’s attitudes, and learn new skills and practices. The role that such groups could play in relieving isolation and providing an alternative peer group for men was also mentioned, echoing the experience of other projects that have used this strategy (such as Instituto Promundo’s “Project H” in Brazil.) Respondents differed with respect to the merits of men-only and mixed group discussions, and it is clear that decisions on this will reflect local circumstances and the

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<sup>2</sup> Personal communication

feelings of participants. The over-riding concern was to create a safe space in which men could deconstruct their gender socialization and understand its effects on HIV/AIDS.

Less clearly delineated in these case studies, however, were the experiences and difficulties of creating spaces for men in which to confront the two, and related, challenges of healing from and accountability for gender oppression. As the quote at the beginning of the section makes clear, gender has such profound effects on all our lives, and the ways in which we make sense of them, that it is important to focus on men’s affective experience as well as cognitive understanding of gender. There is a need for healing as well as education.

Rozan’s description of its work with police in Pakistan comes closest to articulating the importance of this affective work. In its case study description, it states:

*“Rozan believes that sensitising people to their own emotions and needs allows individuals to connect better with the needs of others and paves the way for a more sensitised human being, and ultimately, a more humane society. If men are to be sensitised to women’s issues, first they have to learn to be sensitive to their own needs.”*

Helping men to get in touch with their emotions and recognise the harms that masculine norms of self-reliance and invulnerability play in their lives has long been an emphasis of men’s movements in North America, Western Europe and Australasia but is only recently being given attention in sexual and reproductive health (SRH) work with men. The critical shift, as noted by Gary Barker in his plenary presentation at a recent conference on men and reproductive health, has marked the transition from working with men simply as partners in women’s reproductive health to regarding men as subjects themselves, with their own needs, desires and fears.<sup>3</sup> This shift illuminates the need to create spaces for men to heal from the emotional and psychological harms of masculine socialization and to learn about how these harms play out in risky sexual behaviour (and/or drug use.) These spaces then become possible places in which men can begin to question and challenge gender norms and roles.

The notion that men need to heal from the oppressive effects of gender in their own lives that deny them their full humanity must, however, be accompanied by an emphasis on understanding the oppressive effects of gender on women. This understanding is addressed by Rozan. As one police participant stated in his workshop evaluation:

*“I realised how violence and low wages affect women. When I ‘saw’ this from a woman’s perspective, I was shocked. We must trust women and think about our biases against them so that we can strive for justice.”*

Working with men to empathise with women’s experience of patriarchy can be seen as an equally important part of their healing – without an understanding of women’s oppression men cannot fully understand the effects of gender. This point is stressed by Corinne Whitaker of the International Women’s Health Coalition, who presented on the work of the “Conscientizing Male Adolescents” programme in Nigeria at the aforementioned conference.

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<sup>3</sup> Global conference on “Reaching Men to Improve Reproductive Health for All” organized by USAID’s IGWG Men and Reproductive Health task Force, September 15-18 2003, Washington DC, USA

Based on the experience of this programme, she stresses that:

*“In work with boys, help them realize in very concrete ways the degree to which women/girls suffer, the unjustness of this suffering, the potential of women and their ability to do whatever men can do, men’s role in promulgating and maintaining the oppression, their interest in more equitable relationships and the ways in which their interests are hurt by the inequitable relationships and the oppression of women.”<sup>4</sup>*

But in helping men to understand the oppressive effects of gender on their own and women’s lives, spaces for healing must also be spaces for accountability. An emphasis on the meanings and practices of accountability ensures that there is a commitment not merely to understand gender oppression (in women’s and men’s lives) but to change it. Accountability confronts the danger of men simply excusing their attitudes and behaviours as products of gender pressures and norms, rather than examining their attitudes and behaviours in light of gender pressures and norms. Again, Corinne Whitaker reminds that it is critical in work with men to “*speak concretely about the role of men in maintaining this situation—not just as perpetrators of physical violence, but also as part of a system which oppresses (who are the decision-makers, who are the service providers, who are the economic forces.)*”<sup>5</sup>

For one of the key challenges of gender-based work with men, whether in pursuit of HIV prevention or other objectives, is to deal with men as both ‘victims of masculinity’ and ‘agents of patriarchy’. These emphases are sometimes counter-posed and characterised in terms of, being in the first case, a ‘positive’ approach that will engage men and, in the second case, a ‘negative’ approach that will alienate men. But this is unhelpful, given that both are aspects of a constructive approach to working with men to make real change at the personal and social level.

A focus on accountability circumvents the positive/negative framing and insists on discussing with men the pressure they experience from gender norms and roles and the decisions and actions they take to resist or conform to these roles and norms. It is essential to look at the choices that men have, and to hold men accountable for their decisions and actions, in order to be true to the gender analysis that allows for the possibility of men to change because their behaviours are not biologically determined. Accounting for men’s privileges in a patriarchal society is also a way to both talk with men frankly about the “patriarchal dividend”, in Connell’s phrase, that they gain as men and about the responsibility that they have because of their privilege to take action in ways that women usually cannot because of their disempowerment.

Holding a space of both healing and accountability for men is not easy. The Rozan case study makes clear that the policemen were much more willing to look at the harms that

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<sup>4</sup> Personal communication. Corinne makes some very concrete suggestions for developing empathy:

*“Have boys talk about the experiences of women they care about (e.g. mothers, sisters—especially little ones. The idea that one’s mother could be raped simply because she is a woman is powerful. Study, talk about women role models who have had significant impact on history, economy, politics (the public sphere) whether or not they were able to break out of their traditional roles. Talk about the breadth of engagement in social movements/social change i.e. men in the women’s movements (worldwide) and women in other social change movements (labor movements, independence movements). Ideally, let the boys meet and dialogue with such women.”*

<sup>5</sup> Personal communication

masculinity had caused them than their complicity in patriarchal oppression of women. This suggests a need for much more attention to be given to training and support issues for staff in programs that are seeking to do HIV prevention work with men in this way. As already noted, both male and female staff may have their own struggles with issues of healing and accountability that will need to be addressed. This implies a need for organizational structures and processes that can help staff to hold both aspects of this work, and for the resources and technical support that can enable this need to be met. A further policy/practice implication of the foregoing analysis is the importance of looking at ways to enhance the accountability that programs working with men have to women’s organizations and emergent women’s movements.<sup>6</sup>

Discussion of men’s accountability also raises issues how safe spaces for men relate to the community in which they live. On the one hand, community can serve as a source of accountability for the men and can be consciously tapped for this purpose by programs working with men. The “Conscientizing Male Adolescents” program in Nigeria provides a fascinating example of monitoring and evaluating the effectiveness of the program’s anti-sexist work with young men through interviewing their family members and peers. It is clear that evaluation itself is an important mode and opportunity for programs to hold men accountable for the work that they are doing to change their attitudes and behaviours.<sup>7</sup>

At the same time, group-work with men can also create a space in which men can not only hold themselves accountable for their conformities and complicities with patriarchal norms but can also begin to hold accountable the communal and societal institutions that perpetuate these norms. Focusing on the question of who is responsible for the imbalances of power between men and women that, in different ways, heighten both women’s and men’s vulnerability to HIV/AIDS, is an important way to broaden work with men beyond personal change to consider the need for political change. In this way, these discussions of masculinity and patriarchy become a place from which to mobilise men to work for change at the institutional as well as the individual level. This place will be further explored in the final section.

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<sup>6</sup> Personal communication: Rus Erwin Funk, a long time activist in men’s work and the anti-violence movement in the USA, makes the following suggestions: “*Create structures of accountability whereby men and men’s groups report on a formal basis about what they (the men’s group) are doing -- events, activities, etc. This can, for example, be something like setting up an advisory board, or setting up a quarterly meeting to “report back” to the women’s leadership about the kinds of events and activities that the men’s group is doing. Women and women’s organizations should be given the opportunity to hear what men are doing and offer feedback -- up to and including being given “veto power” if a proposed project or activity that a men’s group is doing runs counter to what the women see as needing to be done; or harmful to their objectives.*”

<sup>7</sup> Reported in “*Challenging Inequities: The Story of an Anti-Sexist and Rights-Based Program for Nigerian Adolescent Males*”, presented by Corinne Whitaker (International Women’s Health Coalition) at the conference on “Reaching Men to Improve Reproductive Health for All” organized by USAID’s IGWG Men and Reproductive Health task Force, September 15-18 2003, Washington DC, USA

## **Separating Gender and Sexuality**

*“The question of gender and the question of sexuality, inextricable from one another though they are in that each can be expressed only in the terms of the other, are nonetheless not the same question, [...] gender and sexuality represent two analytic axes that may productively be imagined as being distinct from one another as, say, gender and class, or class and race.”*  
Kosofsky-Sedgwick, 1990.

Gender has over-determined the ways in which sexuality is addressed in HIV prevention work with men. Approaching men’s sexualities through a concern over gender equality has led to an emphasis on working with men on sexuality in terms of women’s vulnerability, thereby flattening rather than deepening our perspective on men’s complex and sometimes contradictory experiences of their sexuality. By framing sex in terms of the male-oppressor and the female-oppressed, the gender framework also limits an appreciation of women’s varying agency in their sexual lives and the factors that influence this variation. For example, female sex workers are almost invariably depicted as “victims” of male sexual exploitation, leaving little room or permission for asking questions (not the least, of the sex workers themselves) about the range of possible experiences and negotiations of this work in relation to their sexuality. The gender lens on sexuality also normalizes discussion of sex between men and women as the central concern and marginalizes attention given to sexual desire and activity between men, rather than exploring the deep connections between men’s hetero-sexualities and their homo-sexualities. As the quotes at the beginning make clear, it is essential to both separate and relate questions about gender and sexuality in the lives of men.

### ***Men’s Sexual Health Needs***

The first policy/practice implication of the above is highlighted in the recent report from the Alan Guttmacher Institute entitled “*In Their Own Right: Addressing the Sexual and Reproductive Health Needs of Men Worldwide.*” The report states that “*at different stages of their lives, men need and often want reliable and accessible information and services than can help them to lead healthy sexual and reproductive lives, but they are short-changed in this regard.*” It is imperative to design and deliver these sexual and reproductive health services and policies for men as sexual beings in their own right as well as being sexual partners to women.

Approaching the work in this way helps us to ask questions rather than make assumptions about men and sex. In contrast to the stereotypes of sexually adventurous and confident men in charge of their own and their female partner’s sexuality, asking such questions often reveals men’s ambivalence toward sex as a test of manhood that they must constantly pass. Research from India, presented at the recent conference on men and reproductive health, has revealed men’s priority concerns as being about sexual performance and non-contact sexual problems (e.g. erectile dysfunction, semen loss) rather than STIs and the risk of HIV. On this basis, the researchers recommend that sexual health information and services for men must address these concerns as well as the public health problems of HIV/AIDS/STIs.<sup>8</sup>

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<sup>8</sup> “*Men’s Sexual Dysfunctions (Gupt Rog or “Secret Illnesses”) and Their Relationship to Sexual Risk Behaviour in India*” presented by Ravi K. Verma of the Population Council/India

As the Naz Foundation India reports, the importance of tailoring services to the specific needs of particular groups of men is equally true of men who have sex with men:

*Several issues are common to all MSM- kothis, gay, bisexual alike. These include the need for safe and reliable information and counselling on issues around safer sex, HIV/AIDS and sexuality. However, there are basic differences in the way these different groups interact with each other and this difference needs to be understood and taken into account for any HIV/AIDS programme to be effective. The peer dynamics are also very different in these groups, so the kind of messages and the ways these messages are delivered must also be different.*<sup>9</sup>

### ***Sex between Men***

Indeed, the priority for a more sophisticated enquiry into, and response to, sexual desire and sexual practices between men is the second major policy/practice implication of analytically separating gender and sexuality more clearly in HIV prevention work with men. This enquiry begins with an acknowledgement of the limitations of the category MSM when it comes to thinking through issues of men’s sexualities. While the neutrality of the term “MSM” has proved useful in resisting the inappropriate importation of ‘western’ terms such as “homosexual” and “gay” into non-western sexual cultures and discourses, it has been much less useful as a guide to the meanings of sex between men and the needs of the men involved.<sup>10</sup> This is not only because of the wide diversity of desires, practices and identities within the category of MSM,<sup>11</sup> but also because many (most?) MSM also have sex with women.

This suggests that the hetero/homo distinctions that map majority/minority status on to populations of men and their sexual practices may make little sense in many settings. About three-quarters (72%) of truck drivers in North Pakistan who participated in a survey published in *AIDS Analysis Asia* admitted that they had sex with other males, while 76% stated that they had sex with female sex workers. With reference to Bangladesh, Dowsett cautions that available research would lead to the conclusion that:

*“Male-to-male sex is not a culturally marginalised behaviour, nor does it perform only as some sort of erotic fringe subculture. In a sense, this framing of male-to-male sex regards it as ‘ordinary’, not extraordinary, even if it is not everyone’s experience. [...] It would appear that Bangladesh sexual culture (at least for men) should not mistakenly be assigned universally by gender-prioritised analyses that argue for universal similarities between the sexes, uniformity within each sex, and for an equal applicability of a gender analysis in all cultures.”*<sup>12</sup>

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<sup>9</sup> See the Naz case study in “*Men’s Work: Working with Men, Responding to AIDS*” available from the International HIV/AIDS Alliance – go to <[www.aidsalliance.org](http://www.aidsalliance.org)>

<sup>10</sup> This statement is made in the knowledge that space does not allow a more nuanced discussion of the work of Richard Parker and Dennis Altman and others in exploring the effects of the movement of bodies and ideas in a “global queering” that blurs or collapses the neat distinctions between ‘western’ and ‘non-western’ homo-sexualities.

<sup>11</sup> Gary Dowsett, in his report to Care Bangladesh on a review of HIV/AIDS research and programmes for men who have sex with men, notes that “*It is clear that there are many categories of male-to-male sexual practice in Bangladesh, some of which pertain to identifiable and self-identifying social groups, viz, the Kothis and Hizra. It is also clear that other MSM have no common pattern or process of sexuality identification, and therefore constitute a possibly larger group at risk.*”

<sup>12</sup> See footnote 9

This has many implications for HIV prevention work with men based on a gender analysis. At the very least it indicates that MSM issues are far from being marginal to this work. In his research on male homosexuality and emerging gay communities in Brazil, Parker (1999) notes the enduring influence of gender relations of domination/submission on the structuring of sexual relations between men. Rather than the gender of sexual object choice being the significant distinction between men (heterosexual/homosexual), it is the gender role played by men in sex that differentiates between them (masculine-insertive/feminine-receptive) - “*the symbolic structure of male/female interactions seems to function in many ways as a kind of model for the organization of same-sex interactions in Brazilian culture.*” In this case, male-to-male sexual relations reinforce gender inequalities by replaying them, highlighting the different vulnerabilities to HIV experienced by men in the role of masculine *atividade* (activity) and feminine *passividade* (passivity.)

Based on his work with MSM communities in South Asia, Khan finds a very different picture. He says that:

*Indian culture is highly homosocial and displays of affection, body contact and the sharing of beds between men is socially acceptable. This creates opportunities for sexual contact, though sexual behaviour in this context is rarely seen as real sex, but as play. Much of this same-sex sexual activity begins in adolescence between school friends and within family environments and is non-penetrative. Young men who cultivate such relationships do not consider themselves to be 'homosexual' but conceive their behaviour in terms of sexual desire, opportunity and pleasure... Given the constant expectation that a man will eventually marry and produce sons, he can enter in same-sex sexual relations without challenging his masculine sense of self.<sup>13</sup>*

Developing HIV prevention messages and interventions for young men who define their sex with men as “play” is clearly a challenge, calling for much more open questioning and discussion of the sexual meanings and practices in men’s lives and their relation to HIV risk. This quote, and the work of Parker and others, also points to the important role that male-to-male sex plays in young men’s socialization and the need to explore this and its lesser or greater shaping of gender identity in gender-based work with men. Yet despite the evident need for more open enquiry into and discussion of sexual relations between men and their impacts on gender inequalities and HIV/AIDS, it is harder now than it has been for some time to promote HIV-driven research, policy dialogue and programming on this at global, regional and national levels.<sup>14</sup> This situation must be challenged.

### ***Sex between Men and Women***

Analytically distinguishing between gender and sexuality, and examining the interactions between them, remains crucial in developing a richer picture of male-female sexual relations and their links with male-female gender inequalities. A growing body of research has delineated the pathways between women’s social subordination, sexual

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<sup>13</sup> Personal communication

<sup>14</sup> The silence of the UNGASS Declaration of Commitment on MSM issues is perhaps the clearest but by no means the only example.

disempowerment and HIV vulnerability. These pathways will only be briefly sketched here.<sup>15</sup>

Disapproval of pre-marital (particularly young) women's sexual activity creates barriers to the adoption of preventive practices because of the reluctance of young women to make a statement to themselves, as well as to others (e.g. through purchase of condoms or a visit to a clinic), that they are sexually active. Adults may be reluctant to provide information about sex, especially to young women, for fear of encouraging sexual activity. Within sexual relationships, women are often expected to give priority to their partners' needs and wishes, usually leading to women's reluctance to ask or persist in asking for the use of condoms. Fears of being thought 'promiscuous' will often deter women from openly discussing sex with their partners.

Women's low status in society is compounded by being single. The social worth of women in many societies is 'proven' through the ability to have (and keep) a male partner, in addition to the possible economic benefits of this relationship. At the same time, in cultures where having multiple partners is a defining feature of successful masculinity, single women are regarded as a threat and potential usurpers and are relatively socially isolated. Given such high stakes attached to having a partner (even a shared partner), women may experience an ever-present fear of abandonment that severely curtails their sense of sexual autonomy and control over their sexual lives.

In many societies and cultures, images and stories of women as inherently 'unclean' or vulnerable to 'uncleanliness' at particular times, e.g. during menstruation circulate widely. In South Africa, for example, ideas of pollution conflate dirt from sorcery, physical dirtiness and moral 'dirt'. Recent research has highlighted the gendering of constructions of STDs in South Africa held by both men and women, with prevalent ideas that women are repositories of sexual (physical and moral) dirt. Condom use with a woman who is morally clean is seen by men as unnecessary, as she would not be harbouring risk of disease. Such women may then be placed at greater risk of infection.

Economic needs and dependency put women at further risk of HIV. Sex in many places is widely viewed as a resource of women. Economic vulnerability reduces women's ability to influence the terms of this exchange and to leave relationships that they perceive to be risky. School girls are vulnerable to sexual harassment and exploitation by their teachers, especially in situations where the cost of fees is prohibitive for their parents.

Even this sketch of the pathways of women's vulnerability, makes clear the severity and complexity of women's subordination and the impact of gender inequality on women's sexuality. Indeed, as Whitaker says:

*“Sexuality is the final frontier on women's equality in a sense. Even economically and socially powerful women often do not have control over their sexuality or sexual relationships.”<sup>16</sup>*

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<sup>15</sup> This sketch relies heavily on Jewkes (2003).

<sup>16</sup> Personal communication

There is a need, then, for more open discussion of and enquiry into the impacts of gender on sexuality and thus HIV/AIDS. In reviewing the available research, Jewkes (2003) concludes that:

*“There is a need for further research on gender inequalities and HIV. This should explore not only ‘which’ manifestations of gender inequality are linked to HIV, but also ‘how’ they articulate with each other, and other factors such as poverty, to create situations of HIV risk. There is also a need for research on ‘how much’ risk of HIV is explained by which particular manifestations of gender inequality.”*

Such research is needed to inform more sophisticated HIV prevention messages and interventions with men that are responsive to questions concerning key issues such as; local understandings of coercion and consent, the limits on sexual communication and negotiations, definitions of pleasure and danger, influences on sexual choices and decisions, and the nature and extent of men’s sexual entitlement.

This is a long list, but one of the most immediate challenges of HIV prevention work with men is to examine the role that violence plays in mediating the connections between gender, sexuality and HIV/AIDS. Through their work in South Africa, Jewkes and Abrahams (2002) have recognised the links between violence, male sexual entitlement, and the gender oppression of women:

*“The acts of gang rape and forcing by strangers are extreme manifestations of a general culture of male sexual entitlement. This is reinforced in multiple ways by institutions of society, one of which is customary marriage, and dating relationships.”*

The next section explores the significance of violence as a priority issue for HIV prevention work with men.

## Dealing with Violence

*The problem of rape in South Africa has to be understood within the context of the very substantial gender power inequalities which pervade society. Rape, like domestic violence, is both a manifestation of male dominance over women and an assertion of that position. This is not to argue that men are 'naturally' aggressive, but to assert that male control of women and notions of male sexual entitlement feature strongly in the dominant social constructions of masculinity in South Africa. Both sexual and physical violence against women form part of a repertoire of strategies of control.* Wood & Jewkes, 2001.

Physical and sexual violence against women expresses and sustains men's subordination of women and heightens women's vulnerability to HIV infection in multiple ways. Forced or coercive sexual intercourse with an infected partner can directly result in HIV transmission. Such violence is notoriously difficult to quantify with any certainty given the well-known difficulties with cross-national recording and reporting of such violence and cross-cultural definitions of such violence. But the World Health Organization's *World Report on Violence and Health* (2002) documents the available evidence about the pervasiveness of this violence.<sup>17</sup>

It is also clear that experiences of sexual violence, particularly sexual initiation and child sexual abuse, are correlated with increased vulnerability to HIV infection. A review of literature by Heise and colleagues (1999) found that individuals who have been sexually abused are more likely to engage in unprotected sex, have multiple partners and trade sex for money or drugs. Other studies report associations with early sexual debut, drug and alcohol use and less contraceptive use (Jewkes and Abrahams, 2002).

Sexual and physical violence against women also exercises a more fundamental control over women's social and sexual lives. From available research, Rao Gupta (2000) has observed that:

*“Physical violence, the threat of violence, and the fear of abandonment act as significant barriers for women who have to negotiate the use of a condom, discuss fidelity with their partners, or leave relationships that they perceive to be risky.”*

In a recent study of how marital violence affects women's ability to protect themselves from HIV in two 'slum' communities in Chennai, India, Go and colleagues (2003) report that:

*“Community gender norms tacitly sanction domestic violence that interferes with adopting HIV-preventive behaviours. Given the choice between the immediate threat of violence and the relatively hypothetical spectre of HIV, women often resign themselves to sexual demands and indiscretions that may increase their risk of HIV acquisition.”*

Once again, the available evidence emphasises the widespread nature of men's physical abuse of women. In an overview of the scope and magnitude of violence against women,

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<sup>17</sup> In a survey of a representative sample of the general population over 15 years of age in Czech republic, 11.6% of women reported forced sexual contact in their lifetime, 3.4% reporting that this occurred more than once. In the Indian State of Uttar Pradesh, in a representative sample of 6000 men, 7% reported having sexually and physically abused their wives, 22% reported using sexual violence without physical violence and 17% reported that they had used physical violence alone. In a national survey conducted in USA, 14.8% of women over 17 reported having been raped in their lifetime.

Watts and Zimmerman (2002) report that the 50+ population-based surveys, conducted over the last 16 years in various parts of the world, have found that 10-50% of women who have ever had partners report having been physically assaulted by an intimate male partner at some point in their lives.

Alarming as these statistics are, it is important to look at them not only as evidence of the high level of individual acts of violence, both physical and psychological, but also as indicative of the ways in which violence against women is embedded in the cultures and structures of societies across the world. Patriarchal social relations, and the cultural norms and social, economic and political systems that underpin them, are themselves forms of violence, denying women their rights and freedoms and full expression as human beings. This is to say that violence against women is an institutional as well as an interpersonal fact.

Stressing the institutional as well as interpersonal character of violence significantly expands the scope and possibilities of work with men. It directs attention, firstly, to the ways in which violence is structured within understandings and ideals of masculinity through the binary oppositions that define it; masculine/feminine, hard/soft, strong/weak, active/passive. Nor is this merely a discursive phenomenon. The physical violence of male socialization was noted by Grant in her account of the introduction of a sexual and reproductive health curriculum into male initiation rituals in Kenya. She highlighted the actual and symbolic role that the infliction of pain plays in marking and testing boys’ transition into manhood and emphasised the challenge of constructing masculinity non-violently.<sup>18</sup> Many studies have revealed the role that violence plays in asserting and defending masculine identity and male authority across men’s lifespan. It is also clear that violence is used to police the gender boundary, with men who ‘betray’ their gender through their ‘feminine’ representation and/or intra-gender sexual orientation exposing themselves to violence as a result. The violence experienced by ‘transgender’ men bears testimony to its gender policing function.<sup>19</sup>

Given the above, male socialization is obviously an important site for work with young men on the connections between gender identity, violence and HIV. Sexual and reproductive health (SRH) education with young people must seek to increase their understanding of the role of violence in heightening vulnerability to ill-health, to improve their skills in non-violent communication and conflict resolution and to emphasise values of mutual respect within social and sexual relations. Violence must be raised more explicitly as an issue in SRH curricula in schools, youth groups and youth outreach. Similarly, group work with adult men, such as that discussed in the first section, must integrate issues of violence more fully into discussions of gender and HIV/AIDS issues. The notion of men as bystanders to violence provides a useful entry point for opening conversations with men about their active or passive complicity with other men’s

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<sup>18</sup> Reported in “*Seizing the Day – Right Time, Right Place and Right Message for Adolescent RSH in Kenya*”, presented by Elizabeth Grant (University of Edinburgh) at the conference on “Reaching Men to Improve Reproductive Health for All” organized by USAID’s IGWG Men and Reproductive Health task Force, September 15-18 2003, Washington DC, USA

<sup>19</sup> Tahir Ali Khilji, in his presentation to the above conference, described the high levels of violence experienced by *Zenana* communities across South Asia.

violence that they witness and learning ways to take a stand against the violence, both individually and collectively.

Such groups, however formally or informally organised, can become places where men learn how to be allies to women in ending the violence. Training men to be allies to women is an important focus of the CMA program in Nigeria and Whitaker stresses the importance of framing men’s role in terms of supporting women’s rights and empowerment, rather than defending women’s safety and offering protection. The alliance needs to be based on feminist principles to avoid the danger of reinforcing the traditional, and oppressive, masculine role of protector.<sup>20</sup> As allies, men need to confront their own complicities in interpersonal and institutional forms of violence against women, and challenge this violence through their multiple roles in families, social networks, communities, organisations and other workplaces. The White Ribbon campaign is an inspiring example of men organizing collectively to be allies to women in ending the violence against them.

At the programmatic level, there is an urgent need to create stronger coalitions among HIV/AIDS groups, SRH programs, anti-violence initiatives and human rights advocates to work for changes in legislation, policy, policy implementation and customary practices to end the violence that, in part, helps to drive the HIV epidemic. At the very least, such coalitions need to be working to both pressure and create structures and processes of justice (whether through the state or communal/customary mechanisms) to hold perpetrators of interpersonal violence accountable. In light of their research on the connections between men’s violence and women’s HIV vulnerability in Chennai, Go et al (2003) also recommend:

*“Cross training for HIV and STD counsellors and domestic violence workers. HIV voluntary testing and counselling centres and STD clinics could incorporate a domestic violence prevention component into HIV/STD counselling sessions and domestic violence counsellors could educate their clients on HIV and STD prevention.”*

Building capacity of service providers in this way and better coordinating their response to the HIV/violence nexus of is a priority. Analysis of this nexus also suggests that HIV prevention funding could usefully be spent on anti-violence campaigns and services. Donors, particularly those funding HIV/AIDS initiatives, have a responsibility to push an anti-violence agenda and identify ways in which to use HIV/AIDS monies to provide services for both survivors and perpetrators of violence. Integrated prevention and care services at the community level already encounter the violence in the lives of the people they work with, some of it directly related to learning of the HIV status of a spouse. Such services need support in dealing with the violence with which they are already faced.

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<sup>20</sup> Personal communication: Corinne argues that men can lend “*their power to women’s pursuit of issues/causes/specific changes but only after learning how to listen and understand and then support and enable women’s agenda, without changing it.*”

While the priority, in terms of services, has to be support to survivors given the lack of any such services in most countries in the world, there is evidence that direct work with perpetrators, that both holds them accountable and addresses the psycho-social influences on their violent behaviour, can be effective.<sup>21,22</sup>

Given the link between gender inequality and violence, it is unsurprising that survivor services will be working with women and perpetrator initiatives will be targeting men. But men’s own experience of violence, and in particular sexual abuse when children, and its impacts on their sexuality and sexual health are, as yet, poorly understood. In reviewing existing data, a UNDP (Gordon and Crehan, 1999) report concluded that male vulnerability to sexual violence was a function of:

*“Specific groups of men and boys (i.e. those who occupy subordinate positions in relation to other men), of specific settings (all-male institutions such as prisons and the military) and of specific contexts (conflict situations).”*

It is clear that more work is needed with specific groups of men (in relation to status, institutional setting and context) as survivors of different forms of violence, addressing how these traumas play out in men’s lives in relation to the linked problems of violence and HIV/AIDS.

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<sup>21</sup> In a review of Batterers’ Intervention Programmes (BIPs) in the USA, Bennett and Williams conclude that *“BIPs have a small but significant effect. BIPs are critical elements in an overall violence prevention effort. The most effective reduction in partner violence will occur in those communities with the strongest combination of coordinated, accountable elements. The challenge to BIP practitioners is to make sure their practice extends beyond the level of the individual to the level of the community.”*

<sup>22</sup> Personal communication: Rus Erwin Funk comments: *“Perpetrators need more formal programs that are more available where men find themselves to address the violence, as well as more informal resources to assist them to continue the work once the formal program is over. For example, once a man “graduates” from a domestic violence intervention group or a sex offender “treatment” program, there should be informal groups, hotlines, or other resources that men can call when they start to feel triggered or where they can continue to do their work to address the various forms of violence, abusiveness and sexism. Work connecting these roles is needed, there is no reason, for example, that men who are in batterers intervention or sex offender “treatment” groups can’t also develop and provide educational programs in the community for other men on not becoming violent or on being bystanders.”*

## **Linking the Personal and the Political**

*“The relationship between victim and perpetrator reflects existing power differentials or struggles between people: for example between husbands and wives, between older men and younger men or children, between sex workers and clients or police, or between members of particular ethnic groups. In the same way that sexual violence mirrors gender inequalities so it reflects other forms of social inequality. Far from being universal, sexual violence is clearly associated with specific social settings and circumstances: in particular those characterised by social and political conflict and the breakdown of law and order which can occur in their wake; situations in which relations are hierarchically structured in terms of dominance and submission (most commonly reflected in terms of gender relations but possibly in other social or political rivalries).”* Gordon and Crehan, 1999.

Working with men on the connections between gender inequality, violence and HIV/AIDS brings into focus the systemic nature of both inequality, and the violence that maintains and reflects it. This in turn suggests that HIV prevention work with men that seeks to challenge gender inequalities and end the violence must seek to promote both personal and social change.

It is clear that patriarchy interacts in men’s and women’s lives with other hierarchies of power and systems of inequality based on age, race/ethnicity, nation, economic status, sexuality, and religious affiliation (to name only the most obvious.) Thus, men’s and women’s access to power and privilege, and their experiences of oppression and HIV vulnerability, are structured not only by their gender but also by their locations within other hierarchies. Many men exist in relations of subordination to other men as determined by poverty, racism, sexual discrimination and other forms of oppression. By the same token, men and women of similar class, caste or racial/ethnic backgrounds, or who share similar sexual orientations or religious affiliations, may share similar experiences of oppression that link them across the gender hierarchy that divides them.

Teasing out the interplay between multiple forms of oppression, and their impacts on HIV vulnerability, reveals a number of important issues for HIV prevention work with men. It illustrates how men’s exercise of power over women, in social and sexual situations, can serve to compensate for their experience of powerlessness in relation to other aspects of their lives. Zierler and Krieger (1997) comment on this in considering issues of gender-based violence in the lives of women at risk of or living with HIV infection in the USA:

*Sharing with women positions of similar class and racial/ethnic inequalities, men additionally carry distinct gendered authority and social roles that, in a context of poverty, have limited room for healthy expression. As people who may use violence against women, these men also may have experienced assaults against their own humanity through racial discrimination, economic impoverishment, and the social alienation that accompanies it.*

Working with men to understand the compensations they may be acting out in their patriarchal behaviour creates room for challenging and changing this behaviour. Similarly, men’s contradictory experiences of power and powerlessness open up a more complex discussion of differing men’s accountability in relation to their levels of disempowerment at the same time as broadening this notion of accountability to apply to the systemic sources of their own oppression. And men’s own oppression offers a

valuable point at which to develop empathy for women’s experience of inequality and to forge alliances with women around shared experiences of oppression.

Exploiting these notions of “compensation” and “contradiction” in HIV prevention work with men necessitates a linking of the ‘personal’ and the ‘political’. It is possible to build an apolitical ‘big tent’ of men who are personally opposed to certain expressions of gender inequality, as the White Ribbon campaign has done in the case of violence against women. But a political analysis of gender inequality as a form of oppression, reinforcing and reinforced by other forms of oppression, is needed in order to generate the political action required to challenge systemic imbalances of power and the social relations of domination and subordination from which both women and men suffer.

A rights-based approach to HIV prevention with men provides a framework for linking oppressions and mobilising men for political action as well as personal change. Whitaker argues that:

*“All the human rights frameworks are useful in that they are guaranteed to everyone (no group can be disenfranchised, as they might be with civil rights frameworks) and they already link the different oppressions e.g. gender/sexism (CEDAW), race oppression (CERD), economic exploitation (range of economic rights).”<sup>23</sup>*

The concept of social justice is also useful in this regard because it offers a framework within which multiple forms of oppression, and the way in which they interact to create injustice in people’s lives, can be kept in view. A social justice framework is characterized by its insistence on the connectedness of different forms of inequality and injustice, and the impacts of these connections on problems such as HIV/AIDS.

Applying a social justice analysis can help to move work with men on gender-based inequalities beyond the personal questions of what it means to be a gender equitable man, to the political questions of what action is needed to create a more just and equal society, as the only basis for a long-term and effective response to the HIV/AIDS epidemic.

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<sup>23</sup> Personal communication

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