

Young men and HIV

Culture, Poverty and Sexual Risk

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The Panos Institute exists to stimulate debate on global development issues. Panos works from offices in eleven countries. Since 1986 the Panos AIDS Programme has provided in-depth information on the social, psychological and economic causes and consequences of the epidemic in the developing world.

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Executive Summary

Many factors drive the international AIDS pandemic. They include risk behaviours, such as sex with more than one partner and without a condom, and social conditions, such as poverty, that discourage people from protecting themselves. But one of the strongest influences on how quickly the epidemic spreads is the sexual behaviour and attitudes of men.

It is usually men, not women, who determine when and how often to have sex, and whether a condom is used. And it is generally men who have multiple sexual partners, and therefore more opportunity to transmit HIV to their partners.

There is no such thing as a typical man. Age, wealth, education, personality and socialisation (the way in which each society influences an individual's attitudes) all lead to wide differences in every aspect of men's behaviour.

Most men protect themselves and their partners from the virus by abstaining from sex, remaining faithful to their partners or consistently using condoms. But hundreds of millions of men have sex with more than one partner and without a condom because they believe this is how men do and should behave – and society at large (and many women) frequently reinforces them in that belief.

Young men* in particular play a central role in the epidemic. Of all population groups, they are the most likely to be involved in activities associated with HIV risk. They are more likely to inject drugs and to do so using risky methods. Worldwide, they have more sexual partners than any other group, while reporting they feel less at risk from HIV/AIDS. In many countries they are the most frequent purchasers of sex.

Of course not all young men behave this way. Most lead responsible lives, settle into long-term relationships, and eventually become fathers, taking their responsibilities seriously and with integrity.

Yet although young men are central to the course of the epidemic, they remain peripheral to the response to HIV. Until now this response has largely focused on protecting vulnerable groups

* Definition – for the purposes of this document, “young men” are defined as between ages 15 and 24. Following World Health Organisation (WHO) definitions, adolescents are here defined as those between 10–19 and youth as 15–24. Boys are defined as males under the age of 15.

from the virus, and neglected the groups that, often unwittingly, create vulnerability. Women, particularly young women, have been the targets of many AIDS-education programmes. This attention is imperative, but it is also important to address the needs of those whose behaviour is responsible for spreading the virus in the first place. Young men are one such group, sometimes creating risk for others – and often highly at risk themselves.

While young women need to become more assertive, empowered and economically autonomous, this cannot happen in isolation. Men also need to be involved. Young men need to learn to respect their sexual partners and the human rights of women in general. Furthermore, they can become role models and leaders in HIV-prevention campaigns, helping to protect the next generation from infection.

This report explains the critical role that young men play in the global AIDS pandemic. It highlights how they have been largely ignored in HIV interventions to date and explains how this exclusion could have devastating results in the long-term. It investigates the challenges young men face and looks at the most effective ways of addressing their needs.

Above all this is a resource for policymakers, for the media and for service providers. It is intended to catalyse debate and to inform prevention and policy initiatives that will encourage and enable young men and their partners to protect themselves, each other and their children from this epidemic.

Azizur Rahim Peu/Drirk



Keeping the ball in the air – students at Bangladesh's only sports college practise before a soccer match.

1 Young men and HIV – an overview

Of all men and women and across all age groups, it is among young men aged between 15 and 24 where the riskiest attitudes and behaviour relating to HIV can be found – from drug injection and multiple sexual partners, through to unprotected sex between men.

With the 2000/2001 World AIDS Campaign focusing on men, it is now fairly well known that the behaviour and attitudes of men of all ages drive the epidemic. This is because men tend to have more sexual partners than women, and are likely to hold the power in sexual relations – determining, for example, when sex should take place and whether a condom should be used.

However, there is very little awareness of the extent to which young men are a key component of this driving force, both in terms of their present and their future roles in spreading HIV.

Young people account for 60 per cent of new HIV infections. We do not know exactly what proportion of all HIV infections are among young men. Most information about the rates of infection comes from antenatal testing and therefore does not give specific information about young men. We know that in parts of Africa, young women are up to five times more likely to be infected than young men. However, worldwide, men still account for more HIV infections than women and it is likely that young men make up a significant proportion of this number.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), young men under 25 currently account for up to a quarter of the world's people living with HIV.¹ The fact that this age group, spanning only nine years, makes up such a large proportion of those infected is a grave indication of their significance in the spread of the virus.

Not only do young men represent a large part of the population, but as they mature they will play a key role in the future of the epidemic. This is partly through their attitudes and behaviour today, but also because as individuals in their private lives and as leaders responsible for the communities in which they live, they will influence the response to the epidemic in the future. (Ideally, both men and women should lead communities and nations; in practice men will have greater power in most societies for the foreseeable future.)

Missing out

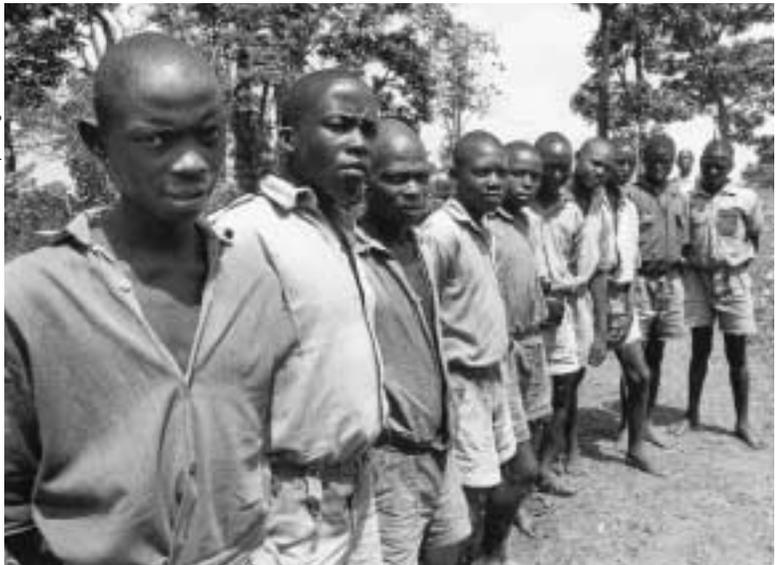
Given the fact that young men account for so many of those living with HIV and practise so many forms of behaviour that create HIV risk, it is surprising that there are relatively few services or interventions designed with them in mind. There are also relatively few studies on their attitudes or sexual behaviour.

At a meeting on the Health and Development of African Young Men, coordinated by the World Health Organisation (WHO) in 2000, there was a general consensus that not nearly enough work was being done with young men. It was acknowledged that services for adolescents either target young people in general, or just young women. Young men as a group in their own right are given very little attention.

This is the case even in Latin America, where there are proportionately more services for young men than elsewhere. Seventeen organisations participating in a survey coordinated by WHO noted that services for adolescent males were scarce and under-resourced.² Furthermore, government support for these services was often not forthcoming and most of the funds came from private international agencies.

“These programmes echoed a common refrain that policymakers at the national and local levels have not recognised the special need of adolescent males,”³ according to the survey.

Crispin Hughes/Panos Pictures



Boys with attitude – young men do not have the same needs as adults

In another case, an international development agency ran a survey on the sexual health programmes it was funding in the developing world. These programmes – considered to be progressive in terms of male involvement – reported that only 25 per cent of clients were male, and only 10 per cent of funds were allocated to working with men.⁴

What about boys?

This report focuses on young men aged 15–24, but there is also a real need to provide HIV information and education – and in some circumstances clinical services – to boys below this age.

Boys aged 10 to 14 are still considered children. However, many boys below the age of 15 are already sexually active. Four out of 10 Jamaican boys have had sex before the age of 15. One third of American and Brazilian boys have had intercourse by this age, along with one quarter of boys from Costa Rica and the Dominican Republic.⁵ One study estimates that more than half of the world's population have had unprotected sex (sex without a condom) before the age of 16.⁶

However old they are when they start having sex, attitudes towards sexuality and women are formed from an early age. So although most risky behaviour is found among young men over 15, this is often shaped in the younger years. And helping boys learn about relationships and sex before these relationships begin is the best time to influence them.

This does not mean that young boys have the same needs as adult men in their early twenties. Sexual health information programmes for boys below the age of 15 need to be sensitive to local cultural ideas about youth and sexuality, while also engaging realistically with adolescent needs.

One of the obstacles to broader AIDS-related programmes for children and teenagers is the idea that sex and AIDS education can lead to increased sexual activity. A number of studies have shown that the opposite is more likely to be the case.⁷ Regardless of the moral debates around early sexual activity, it is clear that these young people should at least have the knowledge necessary to protect themselves.

One key reason why young men have been overlooked in the response to HIV lies in the history of reproductive health programming. Most reproductive health services – which until recently represented a large part of the health infrastructure dealing with HIV/AIDS – are run by and mainly cater for women. In the past, sexual and reproductive health was centred on family planning and was considered a female domain. But with the emergence of the AIDS pandemic, including men became an urgent necessity. Recognising this fact, the 1994 International Conference on Population and Development made a number of clear and high-profile statements on the need to increase male involvement.

Despite this, the basic fact remains: the needs of young men and their roles in the epidemic are poorly understood and given relatively little attention in HIV/AIDS programming.

Roles and attitudes

Young men do not seem to represent a particularly vulnerable group. They do not easily evoke feelings of sympathy and compassion. Often their expressions of frustration and marginalisation discourage those in the community who might be able to offer assistance. When we are insulted on the street, or mugged, or worse, the chances are that the perpetrator will be a young man, or – more likely – a group of young men. And popular notions of masculinity mean that boys are not supposed to cry, or to complain about their suffering. So the fact that society is often victim to the actions of young men who outwardly seem tough and aggressive means notions of vulnerability and neediness do not easily fit.

“Provided you have no job, people will say you are ‘mwezi’ (thief). Youth are considered a bad group in society, especially those who have no jobs. Society does not respect them.”

20-year-old man, Dar es Salaam⁸

“I think boys never become men... never become responsible. They just grow up and become hairy... They mature little. Even with experience, they always have their childish part.”

Adolescent woman, Rio de Janeiro, Brazil.⁹

It is also important to note that while some elements of masculinity can create risks from HIV, other elements actually protect against the virus. For example, many young men aspire to become fathers at some point in their lives. In many cultures

fatherhood implies responsibility and care – attributes that could be channelled into HIV prevention. Other common masculine ideals that can form the building blocks for change include the idea that men have to physically protect their partners and the concept that young men have to be physically fit (and therefore free from disease). Assertiveness, free-thinking, teamwork and the willingness to fight for what is right are also associated with what it means to be a man in many parts of the world. All these are masculine ideals that can be harnessed in the fight against AIDS.

If young men are to be included in the response to HIV, then their views need to be heard. This will ensure interventions are appropriate to this particular group, and will also help the young men take ownership of the AIDS problem and help keep them as partners in the response. That means that when new approaches that involve young men in the response to AIDS are designed, young men must be given a voice in all stages of the process. They often have very clear views about what should be done to help them protect themselves and their partners.

The AIDS Committee of the South African Youth Council and male representatives from an AIDS Committee of the Kenyan Mathare Youth Sports Association listed a number of priority issues for policymakers to address.

“Help create more jobs”

Poverty and lack of opportunity as a major obstacle in changing attitudes and behaviour relating to HIV/AIDS.

“Make youth more HIV/AIDS conscious”

Information and education are a top priority.

“Teach young men to help themselves because this is not only a government problem. Assist us in our own fight against HIV/AIDS”

Young men, along with young women, have a right to determine their own futures. Programmes for young people should empower both to take ownership of the struggle against HIV/AIDS.

“Seek youth development by providing a youth desk in every local government office”

Young men are often marginalised from larger systems of power and decision-making. Practical and democratic measures should be taken to ensure that young people are given a voice in government.

“Build more youth counselling centres in the communities”

Young men and women need HIV/AIDS services, which can cater for their needs. Young men have been excluded from such services due to their gender and life stage.

“Start teaching about AIDS in our school curriculum – in a language understood by the youth”

In many countries, school education on HIV/AIDS and sexual health does not address the needs of young people. Young men want clear guidelines on sexual health issues.

Crispin Hughes/Panos Pictures



Looking askance in Ouagadougou, Burkina Faso: there should be no competition for resources between young men and young women, but a struggle for the rights of both.

Don't forget young women

The focus on HIV/AIDS and other gender and reproductive health issues must be expanded to include young men but clearly in no way should resources or attention be diverted from protecting young women from HIV.

This point can hardly be stressed enough because for years those working in the area of women's rights and reproductive health have fought for improvements in the lives of women. This battle has involved raising awareness and highlighting the way that different societies and cultures perpetuate the power relations that disadvantage women. The battle is still being fought and, although real progress has been made, countless women around the world still suffer discrimination and disadvantage in every aspect of their lives.

Any argument for broadening the response to HIV to include young men needs to begin with acknowledging that young women are far more vulnerable than young men to HIV/AIDS. Their bodies offer less physiological resistance to contracting HIV, and socially their status and gender roles put them at greater risk from the virus. In sub-Saharan Africa, the HIV infection rate among teenage girls is five times the rate among teenage boys.

There must be no sense then, that a focus on young men detracts from the focus on young women. There can be no competition between men and women, but a shared struggle for the rights of both. In Latin America, where services targeting young men are relatively developed, some organisations avoid the issue of competition between programming for boys and programming for girls by presenting both within a unified gender approach – helping them understand that their attitudes and behaviour towards each other are frequently determined by the gender roles that society imposes.¹⁰

Gender theory – why men and women behave the way they do – has informed the women's rights movement throughout and has developed in line with contemporary social change. These developments include a new focus on “what makes a man” – looking at the components of masculinity and how they are learned. Looking at men in this way makes it possible to understand their behaviour towards women and also to consider the challenges that men face.

The AIDS pandemic has focused international attention on these issues particularly as they relate to sexual risk. And with this new focus has come the recognition that many ideas of “masculinity” not only put women at risk from HIV, but greatly disadvantage men as well.

2 Masculinity, poverty and risk

Ideas of masculinity

Much has been written and spoken about the status of women in society and concepts of femininity – how women are expected to behave. Ideas of masculinity – “what makes a man” – are discussed much less frequently.

Concepts of gender change over time, from culture to culture and even within cultures; nonetheless, there are common denominators that influence young men’s lives. Across the world, masculinity is associated with bravery, physical and psychological strength, independence and sexual activity. In some cultures specific aspects of masculinity are emphasised, as in circumcision rites in parts of Africa where young men are expected to tolerate high levels of pain, or in many parts of Latin America, where, until recently, fathering many children was seen as proof of virility.

Masculine values are instilled by society as a whole and reinforced by peer pressure. As part of the process of developing an independent adult identity, young men often “hang out” in public spaces, away from the influence of parents. They associate and identify with other young men and express their group or individual identity by transgressing social boundaries – often leading to conflicts with authority. Failure to conform to group ideals can lead to acute discrimination or disadvantage.

Sex and masculinity are closely entwined in many young men’s eyes. In some societies, such as Latin America and Thailand, it has been traditional for a young man’s first sexual experience to take place when he is taken to a sex worker by an older relative. This event formalises entry into manhood, equivalent to teenage circumcision or other rites practised in other cultures.

Young men are often encouraged, by each other as well as the culture in which they live, to see women as sex objects, whose personalities and wishes are subordinate to the demands of men. From this perspective, key qualities for women include virginity, fidelity and fertility. Women themselves may also internalise such attitudes, leaving them open to manipulation by men.

Both modern and traditional culture may also strongly influence young men’s behaviour. Polygamy, which was originally an expression

of wealth for older men, provides a rationale for young men, however poor they may be, to have more than one sexual partner.

Many young men question these values and seek alternatives that allow them more equal relations with young women. For many more, however, the very ideals of psychological strength and independence that lie at the heart of common perceptions of masculinity prevent them from admitting ignorance or weakness. In this way, patterns of sexual inequality and exploitation repeat themselves from generation to generation.

How many partners?

“If a girl runs after you and you don’t have sex with her, everybody will laugh at you. She makes your name public in town that you are not a real boy, that you are impotent.”

Boy from Guinea¹¹

All these factors mean that young men have a great deal to live up to, and although they normally initiate sexual activity, they may also find it difficult to refuse sex. Having large numbers of sexual partners can be a way of expressing virility and manliness. As boys grow up they are often under pressure to have sex, sometimes as a formal expression of their entry into adult status. Women, on the other hand, are often expected to remain “pure” (refrain from sexual activity).

“Prestige comes with having had sex especially when you are telling stories about girls and love. If someone has not ever had sex with a woman, he is viewed as inexperienced and foolish.”

24-year-old man, Dar es Salaam¹²

The result is that men tend to have more sexual partners than women. In many countries they begin sexual activity at an earlier age, and marry later than women.^{13,14,15} This means that they spend more time being sexually active but unmarried – a phase in which multiple sexual partners is common. This sex is not in itself a problem in terms of HIV, but where it takes place without a condom, it can have deadly consequences.

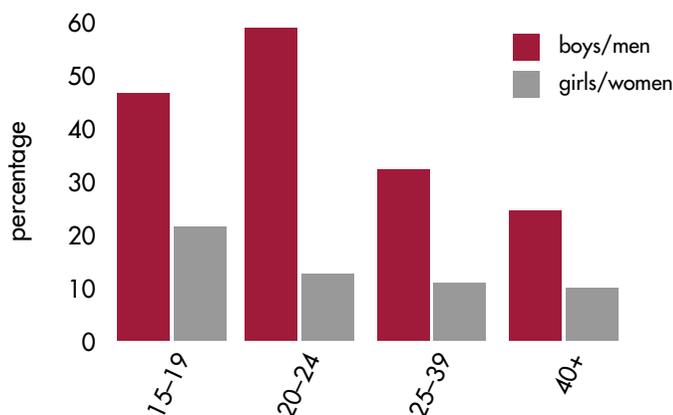
Surveys have shown dramatic differences between the numbers of sexual partners that young men and young women have. Statistical research methods are unlikely to give a completely accurate picture. Boys are likely to over-report their numbers of sexual partners, and girls may well under-report, due to the respective social expectations of each group. In Jamaica, for example, adolescent boys were 14 times more likely than girls to report their sexual experience inconsistently.¹⁶

However, even when over-reporting and under-reporting are taken into account, these studies show marked differences in sexual behaviour. In Brazil 61 per cent of unmarried young men aged 15 to 19 reported having sex in the past 12 months, compared to only nine per cent of unmarried women in the same age group.¹⁷ In Thailand, 29 per cent of men aged 15 to 19 had sex in a 12-month period, compared to only one per cent of women of this age group.¹⁸

Young men are also much more likely to have multiple sexual partners than older men – even than those in their late twenties. And this is not just the case in a few individual countries. The graph below shows the rates of casual sex averaged out between five countries around the region of Africa most affected by AIDS. In these countries, on average, young men in their late teens and early twenties are particularly likely to have casual sex.

Although young men have more sexual partners than young women, they are still less likely to become infected with HIV. This is partly because women are physically more vulnerable to the virus and so likely to contract it earlier than men of the same generation. In some cultures it is also partly because young women are more likely to take sexual partners from older generations (“sugar daddies”), who have a higher chance of being infected.

Proportion of sexually active people having at least one partner other than a regular partner in the last 12 months in Zambia, Kenya, Lesotho, Uganda and Swaziland



Data interpreted from UNAIDS Epidemiological Profiles

Poverty and sex

“Around here there is only football, drink and sex. When it is dark there is only drink and sex. And when the drink runs out, there is sex.”

Young man from a rural area, Ivory Coast¹⁹

“My mother insists that I find a job. Sometimes I run away from her so I don’t have to answer [when she asks me if I found a job]. I look and look but I can’t find a job. It’s hard.”

Young man in woman-headed household, Brazil²⁰

Poverty underlies much sexual behaviour. While young women frequently agree to intercourse with men they would otherwise avoid, for the sake of gifts or money, poor young men with few other options in their lives find sex a source of pleasure without cost. (In contrast to young women, who must often bear the burden of unwanted pregnancy, higher vulnerability to sexually transmitted infections and sometimes shame.)

Poverty and sex interact in other ways. If men are supposed to be powerful, how can poor young men gain power in a time of rapid social change? If men are supposed to be strong, how can they prove their strength when they live in densely populated urban areas with no employment and no recreational facilities? If men are supposed to be able to support a family, how can they do this with no money and few legal opportunities for acquiring it? And how can impoverished men pay bride-price in societies where this is seen as a necessity? All these frustrations are made worse by a globalisation of the media, showing images of powerful men with affluent lifestyles that are completely unattainable.

Where every other door appears closed, young men feel that one way of asserting their masculinity is through sexual intercourse. And for many young men, whether or not their partners consent to sex may be irrelevant.

Young men in impoverished communities have many needs. Educational opportunities and employment may be scarce. Sometimes the only means of income available involves strenuous manual labour, low job security and little or no control over working conditions, such as in the mines of Southern Africa, seasonal work on farms or as truck drivers’ assistants. While such work in itself does not carry a risk of HIV infection, it can lead to intense frustration and lack of personal satisfaction which can only be released in escapist behaviour such as getting drunk, taking drugs or having sex. And where poverty makes young men turn to sex work, there is a direct risk of infection.

All these factors combined mean that boys may find themselves reaching manhood in a society where expectations are high but opportunities are rare. In the WHO study mentioned earlier, the most pressing needs of young men were thought to be training and employment, followed by sexual health services, with other issues relating to masculinity, identity and relationships coming later. The fact that training and employment were seen as more important than health indicates how poverty and lack of opportunity are the key issues for many young people.

Although most young men still reach adulthood without serious problems, for others attempts to “be real men” or prove their masculinity may involve crime. Or, where frustration sets in, self-destructive sexual or drug behaviour can offer them what seems to be their next-best reality.

By looking at young men in terms of their gender roles and understanding the many challenges that they face, we can move from a position of blame towards a more constructive position.

Drugs and alcohol

“Sometimes you hear parents saying ‘What kind of a child are you? Your job is taking bhanghi (drugs), always taking bhanghi.’ They are just blaming us but the real situation is that we have no point to start.”

18-year-old man, Dar es Salaam²¹

A day's pay – boys who work as labourers in Dhaka, show off the money they have earned.



Shohidul Alam/Drik

Means of transmission

Worldwide, most HIV infection occurs through vaginal intercourse. But there are other ways of passing the virus. Anal sex, the riskiest form of sex in terms of HIV transmission, occurs amongst a significant number of heterosexual couples, and between men having sex with men. There is also a small chance of contracting the virus through oral sex. Engaging in any of these activities involves a risk although this can be greatly reduced by using male or female condoms.

Another major way in which the virus can be transmitted is through drug-injection where shared equipment gives HIV a direct route into the blood. In many countries, for example Ukraine, Moldova, and the Russian Federation, drug injection accounts for well over 70 per cent of new HIV infections. Injecting recreational drugs always creates a health risk, but there need not be a risk from HIV when injecting drugs. Using uncontaminated drugs and clean, sterilised equipment with each injection will prevent HIV infection.

There are other ways of contracting HIV. Blood transfusions, and any other practice involving an exchange of blood or sexual fluids, can lead to infection if the source blood or fluid has traces of HIV. However, for most, the risk of contracting HIV comes through some form of sex or through injecting drugs. And young men are particularly liable to taking extreme risks in both of these activities.

Another factor may introduce itself into the relationship between poverty and sex: recreational drugs, including alcohol. Such drugs have been a part of life in nearly every society since the beginning of recorded history. These range from alcohol and cannabis, to crack cocaine and smack. The strength of these drugs varies, as do their implications for HIV infection. Drug-taking is often related to poverty, either as a coping mechanism to ameliorate its effects or, where profits are high, as an apparent door into wealth.

Between six and seven million people worldwide are estimated to regularly inject drugs, particularly in richer countries, Eastern Europe and South America. In Russia in 1998, where following the collapse of the Soviet Union traditional social and economic structures had fallen away, it was estimated that there were between 500,000 and 700,000 people injecting drugs, over 20 times the number who were doing so in 1990.²² In Ukraine, which has

Young men, beer and sex

Richard is a shy young clerk in Livingstone, in southern Zambia. Like many young men in the town, he finds himself on a nightly ritual, which takes him to a popular open-air nightclub.

He speaks more openly about his life in Livingstone as he sips his second bottle of beer. He says, "I come here because I am lonely. This place provides music, roast meat and entertainment. The evening goes faster than when I go straight home from work."

Richard's dream is to raise enough money and return to Lusaka, the capital city, where his girlfriend works.

After two hours of sitting and talking, the number of men in the bar increases. So does the level of music. Gradually more girls begin to arrive. Richard says many are sex workers. The young men dance first. "They intend to attract the attention of some of the girls. This is what happens every night but the girls won't move until they observe that the men have taken more than three bottles of beer".

Once the young men are clearly getting drunk, the sex workers begin to dance as well. "It is during the dance that the negotiation for the price of sex is made," says Richard, pointing to a couple locked in a slow dance.

"I know it too well from experience. I have gone through the process so many times. I still regret the time I had sex without a condom and yet I had it in my pocket. I failed to use it because I was too drunk to think properly. I wanted to enjoy sex so much that I did not think about protecting myself with a condom. Now I have to worry all the time about HIV infection," he says.

Richard's life is typical of many young men in most Zambian cities. One in five adults is HIV-positive. No one knows exactly how many new infections occur after drinking in bars or beer halls but it is likely to be many. In Zambia, beer drinking is often jokingly referred to as the "nation's favourite pastime". Most alcohol consumption is relatively harmless – part of a social event where friends can chat and relax. But often drinking beer leads men to be less cautious, and more likely to engage in risky sex.

In a country where opportunities for young women to make money are scarce and poverty is widespread, many young women are forced into sex work. The high level of alcohol consumption and the large numbers of women involved in sex work lead to conditions ideal for the spread of HIV. Men, especially young men, often have sex with sex workers and then go home to infect their wives or girlfriends.

There are prevention programmes targeting young men. Dr Kwasi Nimo is the Regional Health Coordinator for Africa and Health Advisor for World Vision Zambia, an international non-governmental organisation. He believes that beer is the key to the problem. World Vision has created teams of young people who frequent bars and nightclubs as peer

counsellors. Dr Nimo explains: "We are aware that the young men are a very essential component in the fight against AIDS. We are also very aware that the young men are also very vulnerable to beer drinking due to lack of recreation".

But the government has reduced the price of beer. Edgar Keembe, a member of parliament, believes the excessive availability of beer in Zambia is a major contributing factor to the spread of HIV/AIDS.

During a recent march protesting about government incompetence in responding to the AIDS epidemic, the youth made their views quite clear, stating that "Parents do not understand us. It is we who have to deal with things like AIDS, drugs and alcohol".

The young men in the bars agree that there has been an increase in alcohol intake by young men and women and it is contributing to the spread of HIV infection. They attribute the increase to lack of recreation.

A growing number of youths are speaking out about abstinence as the best solution to HIV/AIDS. Francis Mulenga of Youth Alive, a Zambian non-governmental organisation, says it is unfortunate that some people consider abstinence to be unrealistic. He says that his organisation is helping young people to behave responsibly. And this includes drink.

"If you know that drinking leads to sexual activity, then don't drink," he states firmly.

Jumbe Ngoma

also seen an explosion in drug injection, estimates of 110, 000 people living with the virus in 1997 increased to 240,000 in 1999.²³ In both these and other countries, failing health systems are often unable to cope with the health crisis that has emerged.

"I could lie in my bed for hours, screaming for help. But no one would come... The doctors told me if I wanted any medication, I would have to inject it myself... They didn't want to touch me."

Young man, ex-drug injector with AIDS, Ukraine²⁴

It is estimated that 80 per cent of drug injectors are men.²⁵ Injecting drugs may take place in homes or in organised centres, using sterilised equipment, or in the squalor of the shantytowns where appropriate hygiene is almost impossible. Where equipment is shared – either from need or to express trust or comradeship – the risks of infection with HIV and other diseases is high.

Young men are more likely to inject drugs than men in their thirties or older. Their reasons are varied: in addition to relief from the impact of poverty, they may experiment as an act of defiance against authority, out of a need to display their toughness, or as an

act of solidarity with their peer group. Or they may inject because the society they live in offers few real opportunities for fulfilment or healthy self-expression.

Many recreational drugs require a sizeable income in order to sustain the habit. So many young men turn to sex work to pay for the drugs – studies in Argentina, Brazil, and Canada showed that at least a third of drug users of both sexes had exchanged sex for drugs at least once.²⁶ Young men may also turn to crime to pay for their drug habit and if they end up in jail then they face the danger of contracting HIV behind bars.

Non-injected drugs cannot transmit the virus, but they tend to lower inhibitions and make sexual encounters more likely, and safer sex less so. Alcohol in particular has an impact on the epidemic. Its consumption in large quantities, common among young men across the non-Islamic world, leads to many high-risk activities. Binge drinking – where people drink large amounts of alcohol with the intention of getting drunk – is on the increase in many developed countries. It not only makes safer sex less likely, but is linked to many other kinds of mortality, from traffic accidents to street violence. In Europe, alcohol is the biggest killer of young men²⁷ even when its association with sexual risk is not taken into account. In Southern Africa, beer drinking often precedes sexual violence.

Tender moment – a young couple meet and share a beer at the Jazz Club in George Compound, one of the largest shanty towns in Lusaka, Zambia.



Giacomo Proizzi / Panos Pictures

“I was at a drinking place... The beer was controlling my brain... She was there, then when she wanted to go I followed her... I clapped her down but when it happened I didn’t even kiss her. So she hurt, hurt. She cried... At last when I finished, you know, I said to myself it’s bad. You know, because she felt the pain.”

Young man in Zambia²⁸

In Thailand, young men often celebrate pay day by drinking and visiting brothels.²⁹ Elsewhere, young fathers often do not have sufficient funds to support their drinking, and this can lead to the financial neglect of their wives and children. In many regions beer drinking is a central part of what it means to be a man. For young men, the consumption of alcohol can be a rite of passage, something that makes them feel like they have entered manhood.

Perceptions and knowledge

“When boys reach puberty for the first time they go to ask other people about the changes that are happening to their bodies. They are advised to go and sleep with women. They believe this will fix the problem of wet dreams.”

19-year-old man, Dar es Salaam³⁰

Poverty, drugs and alcohol and masculine values are not the only factors driving young men’s sexual behaviour. Lack of knowledge of the realities and consequences of sexual activity and of the risks that both they and their partners face also play a role. Few young men receive comprehensive sex education; instead, they build up an incomplete and often inaccurate picture of their own and women’s sexuality from ‘insights’ uttered by their peers, from pop music, Hollywood films and other media and from the behaviour and comments of older men.

Many young men therefore either feel they know everything about sex, or – because men are expected to be knowledgeable – are afraid to admit their ignorance. The result is that high numbers of youths remain misinformed about sex. In Paraguay and Mexico, for example, only a quarter of young men and women can identify a woman’s most fertile period, yet in these areas the most common method of contraception is the rhythm method.³¹ In another study a quarter of adolescents in Pakistan did not know how HIV spread.³² Only five per cent of male university students in Ilorin, Nigeria knew that carriers of sexually transmitted infections and HIV can show no outward evidence of their condition.³³

Sexually transmitted infections

Young men often still live with their parents and are expected to behave according to the parents' rules and regulations. In many parts of the developing world, sex before marriage, although extremely common, is considered immoral. Young men can rarely talk to their parents openly about sex. If they find themselves with a sexually transmitted infection they may not know where to find advice and treatment.

For the many millions of young people living in poor urban areas, where people live close together and with very little privacy, a trip to the local health clinic might arouse suspicion. For an adolescent, not yet secure in their sexuality and already afraid because of the disturbing nature of most sexually transmitted infections (STIs), the idea of such a trip – where they may well be known by staff or patients – is too intimidating to contemplate.

Adolescents often treat themselves with patent medicines or home remedies. Alternatively they may visit traditional healers or private pharmacists and physicians.³⁴

“When we get sick, we’re all doctors.” Young man from Bolivia³⁵

Traditional healers may prescribe effective remedies or ineffective but harmless herbal therapies. In many other situations dangerous treatments are administered involving inappropriate or poorly administered black market drugs or healing rituals involving unsterilised equipment.

“If girls have periods, what do boys have? If I have sex with a girl, what are the chances of her getting pregnant? I wanted answers to such questions.”

Young man, Mumbai, India

Adolescence involves many stressful changes, and support and advice are key to healthy development. Anxiety can arise over a number of issues, such as penis size, unwanted erections, night emissions and the ability to perform sexually when required. There are also spots, pimples, and bodily hair to contend with – along with a powerful normative pressure within many cultures for young men to have a strong muscular physique. Where information is lacking, myths are common. Masturbation, for

example, is often thought to lead to blindness, hair-loss or hair growth on palms.³⁶

It is not surprising, therefore, that many young men believe they are not at great risk from HIV/AIDS. In Zambia, 64 per cent of young men aged between 15 and 24 thought themselves at no risk at all from AIDS, compared to 53 per cent of young women. This is despite the fact that 63 per cent of young men in this age group had said they had sexual intercourse in the last year, and only 3.7 per cent reported using condoms the last time they had sex.³⁷

HIV infection is not the only risk sexually active young men and their partners face. In addition to other sexually transmitted infections, there is the risk of pregnancy, and many young men become fathers before they are prepared for the role.

Increasing numbers of initiatives are addressing the problem of giving young men information about sex. A radio show in Kenya hosted a question-and-answer programme on sexual health. The telephone lines quickly filled up with calls, and a youthful crowd gathered outside to ask questions.³⁸ In Egypt an AIDS Hotline was introduced in 1996. Most of the callers were aged between 13 and 25. By May 1998 the service dealt with over 1,000 calls a month, a number that surpassed all expectations.³⁹

Opponents of sex education often argue that teaching young men about sex will encourage them to try it. The opposite is in fact true. When young men understand the risks of pregnancy and sexually transmitted infections that can result from intercourse, they are more likely to delay having sex or to use a condom. It is true that the will to learn, to experiment and to form new identities can sometimes create risk. But it is precisely these aspects of youth that also provide the potential for education and broader social change. Youth is best understood in terms of opportunities rather than problems.

Condoms

More and more young men are using condoms to protect themselves from HIV/AIDS. This is usually the male condom, because the female version is relatively expensive and often unavailable.

Young men's attitudes towards condoms can be complex. They may think that they signal lack of trust in a partner; others report a lack of sensation when using them. Some do not think that they are reliable. This boy in a group discussion in Uganda expressed a common uncertainty:

*"We have heard that condoms have tiny holes. Can't HIV get through them? And can't sperm also get through?"*⁴⁰

Others think that using condoms is immoral, while some believe that they are a good idea in theory, but difficult to use in practice. Due to the short-term or newly initiated sexual relationships in which young people frequently find themselves, condoms are often considered awkward intrusions into fragile situations.

*"If you are not married, then it is very difficult to wear a condom. Maybe she is just my girlfriend. If I tell her to use a condom it is a waste of time because I don't even know what her name is. Maybe she will run away before [having sex]."*⁴¹

Young people often have sex secretly, without parental consent, and this can mean sexual intercourse takes place hurriedly, or in out of the way locations. In these situations condoms are less likely to be used, especially when in many families, sex among the younger unmarried generation is frowned upon or is taboo.

For other young people, the condom's lack of popularity may be for more practical reasons. In some places, Ghana for example, the young complain that condoms are too expensive.⁴² Poor experience can add to young men's reluctance to use condoms. Condoms are manufactured in different sizes, but these sizes are not always available causing them to be too tight or to slip off. Condoms may break – in the US 23 per cent of sexually active young men aged 17–22 reported that they had experienced at least one condom break in the previous 12 months.⁴³ But condoms usually break because they are incorrectly used, and simple education measures could remedy this. Teaching young men to masturbate using condoms for example, although difficult in some cultures, would probably encourage use with the onset of sexual activity. When used correctly, condoms are a very reliable means of preventing transmission of HIV and other sexually transmitted infections.

3 Young men at special risk

Some groups of young men are at particular risk from HIV. They are often on the margins of society and have little access to information or health services. Many also have little or no opportunity to speak out about their needs or to influence AIDS policy.

Men who have sex with men

“In general I do not use a condom when I have sex with men because there is no risk of transmission.”

Young man, Phnom Penh, Cambodia⁴⁴

Men, young and old, have sex with other men in every country in the world. Yet sex between men is often still met with stigma, shame and denial. In many richer countries, and in some parts of Latin America and Asia, sex between men is one of the main routes of HIV transmission.

This lack of openness – often extending to persecution and abuse – means that it is often difficult to identify men who have sex with men. To reach them with information and services is even more difficult. As a result, many men having sex with men are not equipped with the knowledge they need to protect themselves. Young men are particularly sensitive in terms of their social status and sexual identity and most likely to remain secretive about their homosexual activity.

Boys often briefly experiment with sex with other boys as part of growing up. Young men – most of whom are unmarried – often find themselves in situations where sex between men is particularly common, for example in military barracks, prisons, male boarding schools, seminaries or living out on the streets. Young men who have sex with other men in these situations may often not describe themselves as “gay” or homosexual, but will take other men as partners because there are no women available, or because they feel the need for comfort and physical intimacy.

In some countries – particularly richer countries – there are signs of greater tolerance and openness about this form of sexual activity, while in many parts of the world, including much of Africa, it remains taboo. Until this changes, men having sex with men will continue to remain a hidden group and are likely to continue placing themselves and their partners at risk from HIV.

Migrants and refugees

Economic migration is a common feature of many developing world economies. Whatever their age or sex, and whether they are single or separated from their partners, many migrants face isolation and poverty in the countries where they seek or find work. Without the support of their community and the social rules and regulations that guide behaviour at home, both men and women are likely to turn to sex as a source of comfort or of income. In Ghana 75 per cent of one sample of migrants had sex within a month of arrival, and 66 per cent of these did not use condoms.⁴⁵

Statistics are hard to come by, but it is almost certain that young men comprise the highest proportion of economic migrants. Although the work is dangerous, difficult and low status, diamond, coal and copper mining attract many young men in sub-Saharan Africa, who earn a higher wage than subsistence farming offers. In many countries seasonal farmwork attracts migrant labour, many of whom are young men. Migration is frequently across continents, an often difficult journey, illegally crossing frontiers, attempted by young men in particular.

*No way up:
migrant workers
from Bangladesh
in Kuala Lumpur,
Malaysia, built
the Petronas
Towers, the tallest
building in the
world, but live in
squalid conditions
in nearby
containers.*

Shehidul Alam/Drirk



In contrast, most refugees are women and children rather than young men. According to UNHCR (United Nations High Commission for Refugees), there are 13.2 million international refugees worldwide and an additional 30 million internally displaced people (refugees who have not crossed an international border). About 800,000 refugees are aged between 5 and 17, with boys representing about half of this figure.⁴⁶

Prisoners

Poverty, frustration, ideas about masculinity, peer group pressure and wider social expectations can combine to create a situation where a minority of young men find themselves on the wrong side of the law and sometimes in prison. There are generally much higher rates of HIV inside prison than outside. In France, HIV prevalence in prisons is about 10 times that of the general population.⁴⁷ In the US it is six times.⁴⁸ The numbers actually infected in the world's prisons is unclear, as many inmates had high-risk lifestyles in the outside world and may have contracted HIV before entering prison. However, it is certain that HIV passes among inmates at a significant rate.

Sex between men and drug injection are common in prisons, placing inmates of all ages at risk from HIV/AIDS. Other prison activities that carry a risk from HIV include tattooing, skin-piercing with shared instruments and blood-brother rituals.

Surveys in Australia, Canada, England and Zambia suggest 6 to 12 per cent of male prisoners have sex with other inmates.⁴⁹ In Nigeria surveys have shown that over half of the prisoners have "at least one partner" and other studies have shown that over 70 per cent of prisoners in Brazil are sexually active.⁵⁰

The plight of young male prisoners under 18 is particularly acute when they are housed in adult prisons. Although this is a breach of young men's human rights, under the Convention on the Rights of the Child, this type of imprisonment occurs in many countries in both the developed and developing world. In many prisons inmates prefer to have sex with young men and this group are therefore more often raped, or forced to exchange sex for protection or gifts. A recent Human Rights Watch report on rape in US prisons cited youth or a youthful appearance as one of the common causes of victimisation.⁵¹ Prison authorities often fail to recognise that there is a real problem, so condoms and other interventions are still scarce.

Drugs are also a problem in many jails. When prisoners have a history of injecting drugs, this habit generally continues despite difficulties in obtaining drugs and other restrictions. Others may

learn it from other inmates. Among prisoners, needles and opportunities for needle sterilisation are scarce. Under fear from surveillance by prison authorities, groups of men hurriedly inject, passing needles from one to another. Where needles are not available, instruments as crude as ballpoint pens are doctored to make alternatives which carry extra health hazards.

The problem of prison drug use is often not tackled because authorities refuse to recognise that drug use is a problem. Yet even making household bleach available to prisoners in order to sterilise needles would cut HIV infections drastically.

Sex workers

Although often hidden and frequently denied by political and community leaders, men sell sex to other men in many countries around the world, with young men and boys more likely to be involved in sex work than their older counterparts. Many different motives underlie men's involvement in sex work. While money is often the driving force, some young men, particularly in cultures where sex between men is strongly frowned upon, sell sex because that is the only way they can find male partners, or because they do not acknowledge to themselves their attraction to other men.

The younger the male sex worker is, the less likely he is to be able to protect himself from HIV infection. The lure of payment, physical or emotional force from the client, or the craving for a drug which the money will buy, can all force young men to agree to sex without a condom. Older more experienced sex workers are likely to have the confidence and assertiveness to negotiate safer sex.

In Africa there are over 10 million street children, and most of these are boys. Many are vulnerable to prostitution and sexual exploitation. In Nigeria, for example, truck drivers force many homeless boys living along the transport routes into sexual relations.⁵² In South Africa street boys engage in sex work, and their clients often insist on unprotected anal or oral sex.⁵³ In a study on Phnom Penh's street children, seven out of the 17 boys who had said they sold sex had sold anal sex, but only one had used a condom.⁵⁴ They also reported that their male customers did not ask about using condoms.

In some parts of the world, particularly Southern Africa, older women ("sugar mummies") offer younger men money for sex. In some cases this will be a straightforward single transaction, but frequently the exchange is longer-term and more complex, with some emotional or other psychological bond developing between the two.

HIV and sex work in Chile

"I'd like to have a normal life, work in an office, have a partner," says 22-year-old Danilo, who is part of Santiago's little-known world of male prostitution. "But I don't care what anyone says, you can't just announce that tomorrow you're not a *puto* (hustler) anymore."

Like virtually all his colleagues in the sex trade, Danilo turned to prostitution after failing to find work in Chile's tight job market. When he arrived in Santiago from "down south", no one would hire him, despite five years of study in accounting. "They only hired people with prior experience," he says.

"I was just getting used to being gay when an acquaintance told me about this, and it was a bit shocking. With the first two clients, guys I'd never met, I could hardly function. I felt nothing for them. Then you get used to it."

New recruits face a rigorous initiation. Newcomers, especially attractive adolescents, may be forced to provide sexual favours to police or plainclothes vice agents before being allowed to go about their business.

As is true almost everywhere in the world, police attitudes towards prostitution are an unpredictable mix of tolerance, repression and corruption. Working near women in the same trade carries the risk of being taken for a *cafiche*, or pimp, and being subjected to police abuse.

Most young Chilean men of whatever orientation have few opportunities to acquire knowledge or guidance on matters related to sexuality. Despite some cautious attempts by the government to promote sex education since the end of military rule in 1990, conservative sectors and influential Catholic leaders are adamant about leaving the issue to parents and the principals of each school, many of them private. Sex education is therefore hit-and-miss and often ideologically restricted.

The Chilean Institute for Reproductive Medicine (ICMER), which conducts school-based workshops, always advertises its sessions as "prevention in reproductive health". With this title, says one of the workshop leaders, a midwife, school principals expect cautionary sermons from medical professionals.

"If we call it a sexuality workshop," explains the midwife, "the schools say no immediately."

Although Chile's sexual culture has loosened considerably in the last two decades, being publicly or semi-publicly gay carries considerable stigma among the country's punishingly conformist middle classes.

In a 1999 study by the National AIDS Commission (CONASIDA), only 0.3 per cent of all male respondents declared themselves gay or homosexual. But in this climate of discrimination and prejudice, it is likely that many men have male partners while not admitting it. In addition, the

country retains some of the most conservative personal behaviour laws in the region. Abortion is forbidden, even to save the woman's life. There is no legal divorce, forcing separated spouses to resort to phoney annulments.

Somewhat surprisingly, consensual sodomy was decriminalized in 1999 as part of a penal code reform.

Santiago's male prostitution takes many forms: street contacts, dates by cell phone; or contacts through *privados*, houses or apartments where 10 or 15 young men are on call at certain hours. Each alternative has its advantages and drawbacks. Street prostitution is more independent but also riskier. On the other hand, the owners of the *privados* take a large cut of the profits, usually 50 per cent.

Chile's HIV epidemic remains heavily homosexual, as evidenced by the 9-to-1 male-to-female ratio in official statistics. Within the gay population, estimates of seroprevalence range from 15 to 30 per cent.

The Chile AIDS Prevention Council has offered HIV counselling and testing for the last eight years. It also offers education programmes, which encourage condom use among sex workers.

Although the male sex workers interviewed all say they insist on condom use, clients will sometimes importune them to have unsafe sex in exchange for a big premium. "People say they are careful, but who knows?" reflects Danilo. "I just don't think it's worth the extra money."

Another pitfall they face is drug use. Most have tried cocaine, and some are regular users. Almost all drink or smoke marijuana before going to work, and this substance use is likely to diminish their perceptions of risk, or their ability to insist on safer sex.

The severely skewed distribution of income and opportunities in Chile today means that exchanging money or commodities for sex is never far from the reality of virtually everyone. When boyfriends or couples have enormously divergent levels of income, doubts inevitably creep in about whether sexual companionship is being exchanged for material benefits or upkeep.

The scarcity of real economic opportunity for a large sector of Chile's population means that all gay youth, not just those actively engaged in prostitution, lack essential control over their own lives. Although only a few will opt for commercial sex, emotional vulnerability, frustration and risk will often mark their sexual and emotional development.

As Danilo states sarcastically, "They (other gays) think they could never end up in this. But you see them leave with different guys, anyone who comes along. It's not that different."

Jimmy Esparza and Tim Frasca

The uniformed forces

Most police and nearly all soldiers are male. Personnel in these services tend to be sexually active, with numbers of sexual partners measured as “conquests”, adopting the language of military activity. Sexually transmitted infection rates among the armed forces are two to five times that of the general population. In times of conflict the difference can be 50 times higher or more.

Young recruits may be encouraged by their fellow troops to take many sexual partners or they may compete in sexual activity just as they are encouraged to compete in other forms of physical activity. Men in uniform are often stationed away from home for long periods of time. Because of their high social status and relative wealth, these young men have access to many sexual partners, often sex workers. They may be located in fairly remote areas, with limited opportunities for mixing with the local population. In these situations, sex workers may be attracted to the camps where the young men are staying. Large numbers of men may end up having sex with relatively small numbers of women. The men eventually move on, but the women remain and the same situation occurs with the next group of men to arrive.

There is another link between the military and HIV. In some circumstances, soldiers, often young men, may rape the women associated with an opposing force in order to instil fear, obedience, or humiliation in their enemy.

Many young soldiers use drugs, often at a very early age – and often encouraged by their seniors. These young men fight while under the influence of drugs. They may form rebel groups, and then break away from all systems of authority, armed and dangerous, with their appetites for drugs, sex and violence the main determinants of their behaviour.

Those fighting in these conflicts and perpetrating such violations of human rights, are often victims themselves. These young men may be conscripted when very young, taken away from their families and taught to hate and kill. They may have witnessed atrocities and possibly the loss of their friends and relatives, becoming brutalised in the process.

4 Bringing about change

It often seems that there are more negative than positive factors impacting on the lives of young men, explaining why they so often place themselves and their partners at risk of contracting HIV and other sexually transmitted infections. These factors are often self-fulfilling: young men are expected to behave in negative ways, such as violence and thoughtless sex, and so they behave in such ways in order to confirm their status as young men.

But ideas of masculinity are never static and even long-standing traditional ideas have at their core positive elements of inner strength, respect and care for partners and children. These positive elements can be a basis for promoting concepts of masculinity that instil values and sexual and other behaviour that do not put both the young men and the people around them at risk. Furthermore, as reproductive health programmes in several Latin American countries have proved, simple changes in vocabulary can have a considerable effect on people's behaviour; for example telling young men that they have a right to care for their child frequently leads to a young father's involvement in a baby's upbringing, whereas telling them they have a duty to look after the child often leaves them uninterested and uninvolved.

Perhaps one of the most persuasive arguments for targeting boys and young men is the fact that they are receptive to influences while they are still in the process of developing their attitudes and sexuality. Catching them while they are still finding out about their bodies and responsibilities to others makes more sense than trying to counter habitual attitudes and patterns of behaviour in older adults. In addition, many youths are still at school, where structures are in place to deliver education.

In the developing world, more than 70 per cent of children currently complete at least four years of schooling – with young men accounting for more of this number than young women. Many young men are members of youth clubs, sports teams or other youth organisations. These formal and informal educational institutions already have a number of the necessary resources necessary for providing AIDS-related services. Where there are ready-made venues, teachers, role models, and large catchments of young men, the foundations of HIV-prevention programmes are already in place.

Reproductive health projects, although not specifically HIV-oriented, have accumulated experience that can inform strategies for

working with young men. Approaches that simply involve an exchange of information – just teaching the facts about sex – are effective in terms of increasing knowledge but not so effective in changing behaviour. Effective approaches impart knowledge, but also give the means to apply that knowledge. They involve looking more closely at every aspect of young men’s lives, to find out what shapes their attitudes and practices. Recognising that each individual is influenced by their stage of physical and psychological maturation, these programmes take into account the broader social environment, which gives meaning and structure to adolescence and manhood.

Young men as partners

Raising awareness of young men’s role in the HIV pandemic involves listing the bleaker aspects of some men’s behaviour. While it is important that policymakers worldwide recognise the pivotal role young men play in the epidemic through such behaviour, it is equally important to stress that around the world many young men are already allies in the response to AIDS.

Young men’s positive contributions may be through the many family planning associations, anti-AIDS clubs, or other youth initiatives, or just through responsible attitudes to their well being and that of their partners.

“I think that as soon as your partner hints to you about sex the next question should be about protection and then you may think about taking the dreaded HIV test; once we both agree on the first part then we can move on.”

Young man, Tobago⁵⁵

Many – indeed most – young men respect their partner’s needs, including their sexual needs. For most young men, the idea of beating a girlfriend or casual partner is abhorrent. Media depictions of young men often represent them as only interested in sex and selfish in their pursuit of sexual gratification. But the reality is that many young men are keen to share sexual pleasure with their partners, and most find safe and mutually satisfying sex by far the most enjoyable.

“You should know how to go about sex. You should also bear in mind that it should be enjoyable to both partners and not just to one.”

21-year-old man, Zambia⁵⁶

And while young men are particularly likely to report having large numbers of sexual partners, most are faithful to a single sexual partner and many refuse to have any sexual partners at all before marriage.

"The way things are now, it's better to wait and find the right partner."
22-year-old man, Tobago⁵⁷

Many young men who do have more than one sexual partner know the risks and take precautions accordingly.

"There is nothing wrong with it [casual sex] if, and only if, the people are using contraceptives."

21-year-old man, Botswana⁵⁸

There are countless examples of young men who can demonstrate the kinds of gender- and HIV-awareness that are required in the struggle against HIV/AIDS. These qualities need to be encouraged and young men need to be recognised as key partners in the response to AIDS.

So what kind of projects are we talking about? Ideally, programmes for young men should educate about HIV/AIDS while fostering the well-being of the participants – empathising with their needs and appreciating the challenges they face. Included in these programmes should be components that address the roots of risk behaviour, for example by creating opportunities for social and economic advancement. Young men often lack the life-skills or the emotional or material security to negotiate safe sex. Young men – and young women – need to be able to earn money and have fun, safely.

Young men must be involved in the response to HIV. But this is not going to be a straightforward process. Change needs to come from every level of society; from individuals, families, communities, governments and international agencies. AIDS will continue to spread until men – particularly young men – alter their behaviour. This basic change will only arise from more fundamental ones. Among young men, this means not only new attitudes towards women, but new thinking about what it means to be a man. Among the broader community there needs to be more understanding of young men's needs and more done to create opportunities for boys to develop into healthy responsible men.

Strategies for reaching young men

Existing services for young men's sexual health vary from country to country. Most programmes are small-scale and work in isolation from each other, not within some broader regional or national strategy.

The key principle common to all successful strategies is considering the needs of young men, from the point of view of the

young men themselves. This can vary from culture to culture and within cultures. For example, the age and sex of educators and other health professionals needs to be considered. Most young men prefer to discuss some aspects of sex with other men. Sometimes an age gap can put them at ease, for example when the impression of authority or expertise is required during an intimate physical examination. At other times an age gap can be an obstacle, particularly when trying to talk to young men in their own language or to get them to discuss some aspects of their sex lives. Yet there are also occasions when young men want to talk to young women in non-sexual settings so as to gain an understanding of young women's opinions and ideas. And some women educators and health practitioners have built a deep rapport with young men around issues of sexual activity and reproductive health.

Principles for change

Drawing upon the insights of the UNFPA/WHO/UNICEF 1998 study group on adolescent health and the 13th World AIDS Conference, there are seven principles for improving sexual and reproductive health programmes for young men.

- 1 Young men's needs differ according to age, sexual experience and other social characteristics.
- 2 Sexual health organisations need to assess what young people actually want, and what they are already doing to obtain information and services.
- 3 Instead of just providing information, service providers need to build life skills, such as assertiveness, confidence and a respect for the opposite sex.
- 4 More settings need to be used to provide sexual health and AIDS-related services. These should include formal and informal and community-based settings.
- 5 Build upon what exists by linking existing organisations and services in new ways so that they reach larger numbers of young people.
- 6 More opportunities need to be created for young men, both for income generation and for safe recreation.
- 7 Educational and recreational activities that promote dialogue and mutual respect between the sexes need to be encouraged.

Peer Education

Undoubtedly one of the greatest influences on adolescents and other young adults is other people of the same age – their peers. In adolescence boys tend to break away from the dominating influence of their parents and start turning to friends for social and emotional support. This may mean spending time on street corners or some other space away from the authority of adults. These youths chat, exchanging views and information about the world they live in. Nearly all boys talk about sex at this stage, and for many this is one of the key methods for attaining information about sexual relations and HIV/AIDS. Several studies have shown how young men tend to get sexual health information from their peers, whereas women tend to get it from a health service, or from their families.^{59,60} Similarly, if boys learn to take drugs it is usually from their peers.

“You learn to be a man in the streets with your friends. Your friends tell you: ‘You have to be like this or that, because if not, you’re not a man.’”

Young man, Brazil⁶¹

Peer education works on the principle that the best people to address young men are other young men. Peer educators provide information in schools, bars, sports groups, religious groups and street gangs. This form of intervention is cheap, and is often the only way to reach the most marginalised boys and young men – for example sex workers, street kids and young men who have sex with men.

ACORD, a non-governmental organisation working in Africa, runs peer-education projects in East Africa, especially Uganda and Tanzania, for young men in and out of school.⁶² They are selected by fellow youth to be trained as peer educators. They are equipped with knowledge and skills related to HIV/AIDS, sex and sexuality, reproductive health, and communication skills. Their major role after training is to open up discussions with their peers. Some are also trained to help distribute condoms.

In Mexico, another non-governmental peer-education project has yielded success, as peer educators report more and more young men seeking information about contraception.⁶³ In Ghana, the Red Cross and Scout Associations have organised a peer-education programme that provides training in negotiating safer sex and other life skills.

Peer education not only benefits its target audience. Peer educators themselves can gain a lot from the experience. For young

men who feel that society has little to offer and that they lack the resources to cope with the poverty that surrounds them, becoming involved in such a programme can provide a crucial boost to their self-esteem.

One Brazilian organisation tells this story:

“One young boy, age 13, came to work as an outreach/peer worker. He was shy and had problems expressing himself; low self-esteem. Staff worked with him during the group, particularly on his self-esteem, encouraging his participation and helping him see his potential.

His improvement was notable, he began to express himself and participated more in the group. He has taken on increasing responsibility in the peer outreach group, making presentations in groups with as many as 40 teenagers.

He has shown lots of creativity, using his school’s computer network to develop educational campaigns related to reproductive health. The staff report that these success stories are not always common but they exist and inspire the work with adolescents, particularly with adolescent boys.”⁶⁴

School-based intervention

“If I had any questions, I wouldn’t trust the teachers. I’d rather go to the Internet.”

Young man, Mumbai, India⁶⁵

The largest intervention in resource-poor countries is school-based education. In many countries, education includes a reproductive health component in which issues around HIV are taught. A review of 12 evaluations of school-based sex education from developing countries around the world found all of them increased pupils’ knowledge, changed their behaviour and their attitudes.⁶⁶

In school-based education one of the key points emerging from a number of evaluations is that “chalk and talk” is not enough. In Zimbabwe, for example, researchers compared a lecture on AIDS prevention with a session in which students put a condom on a model and practised negotiating condom use. When interviewed four months later, those who took the practical skills course knew more about condoms and reported having fewer sexual partners than did those who had only attended the lecture.

School-based HIV interventions vary greatly from country to country. In many areas schools still refuse to work realistically with



Sharing a lesson – peer education to demonstrate condom use in Tangail, Bangladesh.

adolescent sexuality and fail to advise young people how to protect themselves from HIV. In many communities, teachers reflect local values and beliefs. It may be difficult to teach about condom use and sex when the common view is that condoms are bad and sex between young unmarried people is at best ignored or even denied.

However, there are many examples of innovative school-based interventions. In Zimbabwe there are high-school quizzes which form a National League with prizes awarded for pupils displaying the most reproductive health knowledge. Zambia is using child-to-child education methods in the school setting, and supporting extra-curricula anti-AIDS clubs.

The most effective education materials are those with which people can identify. Organisations such as CEMICAMP⁶⁷ in Brazil involved young people as partners in producing texts on HIV prevention. By getting young people to identify the most important issues, and the best way to communicate these issues, accessible materials were produced which they found interesting and enjoyable. However, there are still very few educational materials aimed at male adolescents which have this kind of input from the young men themselves.

Indian Schools and HIV education

In the crowded slums which are home to more than 50 per cent of Mumbai's population, many children learn about sex from sleeping in the same room as their parents. For boys, the other main sources of information on sex and HIV/AIDS are television, erotic films and friends.

These were the findings of a study conducted by Dr Leena Abraham of the Tata Institute of Social Sciences (TISS) among low-income college students in Mumbai in between 1996 and 1998. "But what kind of messages do they get?" she asks. "For example, they believe it is okay [for men] to use force [with their partners]." And this informal 'education' leaves boys with many doubts and questions about what is 'normal' and expected in sex.

"Is my penis too small? Will wet dreams make me weak? Is it unnatural to be attracted to another boy? Will masturbation make me impotent after marriage? Is it bad to go to a prostitute?" Young boys express such fears to peer educator Ashish Wagh of the Family Planning Association of India (FPAI). Most young people must cope with such unanswered doubts and anxieties on their own.

"Some boys are experimenting with sex very young, though they may not know what they're doing," says Ms Sara D'Mello, director of the Committed Community Development Trust, a health non-governmental organisation in Mumbai. "For example, one boy wanted an HIV test but didn't know if he'd had sex."

Lack of knowledge is a key factor in the spread of HIV. According to UNAIDS estimates, 3.5 million adult Indians were living with HIV/AIDS as of 1999, of which 2.2 million were men. The National AIDS Control Organisation estimates that over 50 per cent of new HIV infections occur in people below the age of 25, the majority in men – though this is expected to change as the epidemic progresses.

"For cultural reasons, adolescents aren't seen as a high-risk group," says Dr Ravi Verma of the International Institute for Population Studies in Mumbai, and co-author of a study on men's sexual problems in a Mumbai slum. "So programmes for adolescents are weak." Until recently, young people's health was not seen as a priority, despite the fact that one in three clients of clinics for sexually transmitted diseases are under the age of 25. Most of them are young men.

"Less than one in three of the boys interviewed had attended a sex education or family life education class," notes Dr Abraham. "Of those who attended, fewer than 20 per cent mention it as a main source of information on pregnancy and sex," she adds. The medical college

programmes conducted by apathetic teachers are poorly attended. "When we conducted interviews after one such college programme, students could not recall the material."

"If girls have periods, what do boys have? If I have sex with a girl, what are the chances of her getting pregnant? I wanted answers to such questions, but missed school the one day they had the sex education class," says 18-year-old Joseph [all boys' names have been changed], a Mumbai college student. "And they wouldn't let me attend it the next year." Sixteen-year-old Nilesh attended the class but was no better off: "I wanted to know exactly how children are made, and couldn't figure this out from the lectures and diagrams."

In 1993, the Mumbai Municipal Corporation and the Mumbai District AIDS Control Society launched the innovative AIDS Prevention and Education Programme for ninth grade students (age 14–15). Funded by UNICEF, it started with the city's 51 municipal secondary schools and was expanded to reach an estimated 125,000 students in 600 schools this year – around half of the 300,000 students of that age in 1,230 schools.

The programme consists of sessions on 'population education', reproductive health, anatomy, conception, contraception and HIV/AIDS knowledge as well as discussion and role playing on attitudes, values, life skills, relationships and pressures. A 'question box' permits children to have their anonymous queries answered in group meetings. "The questions told us children were already experimenting," says Dr Padmini Shetty, who started the programme in Mumbai.

"When we started we felt the ninth grade was too early to discuss sex," says Dr Thelma Sequeira, currently in charge of the school education programme. In fact this may be too late. Boys like Joseph would prefer sex education much earlier and throughout high school.

"We've got teachers motivated and that's some achievement for this massive project," says UNICEF's Dr Gurnani. "Still, all existing sex education programmes put together don't reach more than one in four boys in this age group in Mumbai."

Sandya Srinivasan

The media

The media – newspapers, magazines, radio, television, and increasingly the Internet – play two significant roles in young men's lives. It reflects images of masculinity that many young men consciously or subconsciously imitate, and it provides information, or sometimes misinformation, that young men frequently act on and repeat to friends and acquaintances.

Which media has most influence varies from society to society, but there are common themes. Radio, particularly popular music and the comments of disc jockeys; films in the cinema and on television, and articles and photographs in magazines, often portray handsome and successful young men as aggressive, sexually active and dominating. Only a few soap operas and magazine articles give an alternative, realistic portrait of young men's lives. The media seldom portrays the reality of most young men's lives, where realistic solutions to the problems of unemployment, difficult relationships with families and girlfriends, temptations of crime and drugs can be worked out.

And yet the media is an important source of information about sex for young people. In Senegal, for instance, 61 per cent of young people named the media as a major source of sexual information.⁶⁸ In Zambia over 70 per cent of men had received information about HIV from the radio.⁶⁹

The key in reaching young men is to channel messages into existing information networks. Any communication initiative needs to first assess the needs of its audience or audiences. Messages that are appropriate for high-school boys may not be appropriate for semi-literate hawkers living out on the streets. There are very few examples of the media addressing the needs of young men for sexual health information, especially the needs of marginalised young men. This is partly down to resource constraints.

There are examples of media outputs with a more general audience, where the audience includes young men. *Soul City* is one of the most popular soap operas in South Africa, reaching some 80 per cent of the population. This TV show puts enjoyment and interest first, but has ongoing HIV-related themes and has been shown to be one of the key information sources on gender relations and AIDS within the country. Audiences relate to the life-like characters, and then learn through the characters' experiences of various HIV issues. Stigma, sexual relationships between young people and disclosure of HIV status have all been touched upon in *Soul City's* fictional world.

Straight Talk is a well-known monthly newspaper produced by Uganda's Ministry of Information. It provides advice to literate urban youth on sexuality, relationships and sexually transmitted diseases. *Straight Talk* encourages young people's contributions and the letter pages feature many queries from young men about penis size, masturbation and other issues.

Social marketing is another major influence. It employs the same highly effective forms of advertising used by big businesses. It has

been used to promote condoms worldwide, and has shown a strong record of success. In Tamil Nadu, India, one such campaign promoted condoms in a humorous way. Surveys following the campaign showed a marked increase in condom use, and also a decline in various forms of risky sexual behaviour.⁷⁰

While these media interventions are shown to have a good impact among mainstream youths, it is not clear how more marginalised groups can identify with their outputs. More work is needed on making messages appropriate for young men on the margins of society, for example street boys, gang members and drug injectors.

Mixed messages

Young people are told many different things about sex. In Africa school children are often given talks by religious groups who preach that sex before marriage is bad, condoms evil and ineffective. At the same time the young people are exposed to television, radio, music or the press, where they hear about the virtues of a liberal sexuality and where casual sex is the norm. Another day they may come into a sexual health service which promotes condoms and responsible sexual behaviour – although they have heard negative rumours about condoms, and suspect that the nurse or health promoter may actually be promoting immoral behaviour.

The world is full of messages about sex, HIV, and the kinds of behaviours that are moral, “cool”, fashionable or responsible. These messages may be found on billboards, on TV, in the family, at school or at any other of the information sources to which young people are exposed.

Studies show that young men often hold a number of contradictory perspectives on HIV and risk-taking.⁷¹ When there is no one “truth” about AIDS, then judgements on sexual health and partnerships may be based on superstition, harmful gender stereotypes, the latest youth culture or some other kind of non-scientific information.

Decision-makers in the churches, media and health and education services can have a huge impact on the ways that young people understand their bodies and HIV. Steps need to be taken to bring these decision-makers together so that the messages reaching young men about HIV and sexual health can be less fragmented and more coherent.

Sport

Sport is popular with many young men – and many interventions have used it as a means to reach this group. Sport not only enhances physical fitness and life skills; it also keeps young men away from many of the situations where sexual risk can occur. It is often cheap to organise and allows young men to develop and express their masculinity in ways that cause no harm to the rest of the community.

In Zambia the Youth Sexual and Reproductive Health Football Camp is a seven-day residential programme for 50 boys at a time. To date, 400 boys have been trained in eight different sites. They are taught about HIV/AIDS, puberty, masturbation, relationships and gender stereotyping. They are also taught negotiation and decision-making skills.

Some of the work at the camp involves a focus on fatherhood and local fathers participate in many of the activities. Having children can be a rite of passage, where boys become men. In every society there are ideas about what it is to be a good father, and many role models who can influence the young. Projects such as the football camp which bring youths and these role models together are drawing on a valuable local resource, promoting positive gender relations and the reasons and methods for protecting against HIV/AIDS. Unsurprisingly, research from Brazil and the US has found that when adolescent boys find positive role



Giacomo Pirozzi/Panos Pictures

Out of sight – boys play ball in a camp for displaced people in Angola.

models, this is closely related to them becoming less violent, more respectful of women and more likely to take responsibility for contraception.⁷²

The Mathare Youth Sports Association, another high-profile project, has involved some 9,000 boys from the poorest slums in Kenya. The boys are organised into football teams, which then compete enthusiastically and energetically against one another. Reproductive health education is provided on issues ranging from HIV/AIDS to family planning. A 10- to 15-minute talk is given to both players and supporters before each game. Initially, girls were not welcomed into the clubs by the boys. When they started showing up, the boys would request that they wash the team's shirts! However, over time this situation changed, and now the young men and women appear to have more equitable relationships. Recently, while the female players are out on the pitch, the young male football players have started to help looking after the girls' siblings.

Evaluations of these types of sports programmes do show improved knowledge on sexual health issues. However, the extent to which they actually change behaviour, for example increase condom use, is unclear. More thorough research is needed to establish this, research that goes beyond merely asking young men how they behave. To find out how young men really behave may be impossible, but if young men's reports could be compared with those of young women and the wider peer group, then a clearer picture would emerge.

Health clinics

Young men often like to portray themselves as thick-skinned and courageous. However, when confronted with a visit to adult-dominated health clinics, where services are often provided for and by women, they may feel intimidated. In one study in South Africa, a group of teenage researchers went in search of condoms. Their results showed that the clinics were hard to find, and the services offered did not address their needs. They found the process uncomfortable and in some cases intimidating.

Ideally, specialised clinics catering for young men or adolescents could be set up. PROFAMILIA in Colombia offers men over age 19 their own all-male clinic located in a different building from the regular clinics where staff are trained to understand male needs. But specialist youth clinics are too expensive for many less wealthy countries, and studies in Mexico, Zimbabwe and Kenya have shown that even such specialised youth clinics still fail to reach the



Handing out advice – a counselling session for men at a family planning centre in Jordan.

most vulnerable of the young.⁷³ For this reason, in poorer countries at least, existing clinics and health centres can be adapted to create more male-friendly spaces – perhaps with male staff, and youth-friendly design.

Even more efficient is the linking of health centre services to youth clubs and other existing youth institutions; for example, through regular outreach programmes. Community programmes can be cheaper to run, and more accessible to young people.⁷⁴ There is an innovative project in Zimbabwe where the Zimbabwe National Family Planning Council (ZNFPC) is working with the local government in a remote rural district to improve sexual and reproductive health services. The organisers liaised with young people to find out where adolescents obtained information and services. Private doctors and local influential elders were identified. These formal and informal service providers were then trained up to provide basic information and counselling, shown where to refer young people and how to give them coupons if they needed subsidised care.

Youth clubs

Where young men are offered a chance to participate in fun and educational activities relating to HIV/AIDS, then they are often keen to join in. Kara Choma, an HIV/AIDS counselling and testing service in Zambia, managed to dramatically increase the number of

youth clients by creating a club for those who used the service.⁷⁵ For many of the young men using the service, the club and the associated football, volleyball, drama and rap activities represented the only organised recreation available.

There are a number of different ways in which youth groups can serve as fora for the exchange of sexual health education. Anti-AIDS clubs have already been mentioned. In urban settings there may be specially designated youth centres. In Spain “Under 20s” clubs let adolescents gather to socialise, but have a strong and effective sexual health component.⁷⁶ Such services are few and far between in less wealthy settings. But even here, places of worship often have youth groups, as do political parties and international bodies such as the Lions Club International. In Africa, for example, the Boy Scouts are trained to serve as community health promoters. They can even earn a “Family Life Education Badge”. In one country – Egypt – teams of scouts, guides and medical experts tour rural villages by bus. At each stop, scouts set up a makeshift clinic and participate in ensuring that local mothers and babies are in good health.

Traditional rituals

Traditional rituals and ceremonies can serve to help boys become responsible men, for example the *lusekwane* ceremony in Swaziland. The essence of this annual ceremony is to encourage the postponement of sexual activity among unmarried youth. It attracts thousands of young men from rural and urban areas who march together to a distant destination to cut a sacred shrub, *lusekwane*, which grows only in a few areas of the country. While marching the regiments are led by *tindvuna*, older responsible men who educate the youth on growing up and how to become responsible adults. It is said that a sexually active young man or one who has had sexual relations with a woman will be betrayed by the wilting of his shrub, embarrassing his regiment, his area and shaming his parents. This is an example of a powerful indigenous sexual health programme effective in its own right and with the potential to be more effective if the *tindvuna*, the male instructors, were trained up on issues relating to HIV/AIDS.

5 A new era?

Young men are an extremely diverse group with many different experiences and needs. But whatever their diversity, until the millions of individuals currently entering manhood are included within the response to HIV/AIDS the pandemic will continue to affect young adults of either sex.

Most young men are responsible in their relationships and willing to become involved in the fight against HIV/AIDS. Where marginalised groups of youths are seen lingering on street corners, experimenting with drugs or causing trouble of any kind, we need to recognise that this is not because “boys will be boys” but because society has failed these youths. Young men can and do learn to engage in constructive activities and practise responsible sexual behaviour.

The UNAIDS-sponsored World AIDS Campaign 2000/2001, with its focus on men, hopefully marked the start of a new era. In this campaign, the emphasis is on engaging men as partners in the effort against AIDS. What does this mean for young men? It is clear that before young men are persuaded to become partners in the response to HIV, organisations need to reach out, creating opportunities and meeting young men’s needs.

Young men are a huge resource in terms of energy, strength and resilience. It is essential that this resource is not wasted.

“There are certain rights that are fundamental. Sexual and reproductive rights are one of those. The attitude we should adopt concerning sexual and reproductive rights, is to be conscious and responsible so we can make those rights a reality. That’s our obligation. When I say OUR, I mean both men and women.”

Young man, aged 21, Portugal⁷⁷

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