

Promoting Healthy Relationships and HIV/STI Prevention for Young Men: Positive Findings from an Intervention Study in Brazil

Introduction

While the importance of involving young men in interventions to prevent HIV/AIDS is well recognized, there is little information about how to improve their attitudes and reduce risk behaviors in ways that promote positive and equitable partner relationships. Around the world many young men aged 15-24 are at high risk of HIV and other STIs, and are victims and perpetrators of sexual coercion and violence. Moreover, young men are less likely than young women to seek health services, making it difficult to reach them with information and other services.

Addressing gender norms—societal messages that dictate what is appropriate or expected behavior for males and females—is increasingly recognized as a key strategy to prevent the spread of HIV infection, particularly among young people. This is because early socialization that promotes inequitable gender roles as the norm may encourage risky behaviors among both young men and women. Common examples of negative gender norms for men are that they should initiate sexual activity early in life, have multiple sexual partners, maintain control over their female partners, and that unsafe or risky sex is more enjoyable than safer sex. Women are often taught that they should not know much about sexuality, including how to protect themselves from HIV and other STIs, nor be able to negotiate protective behaviors with their male partners, such as condom use or monogamy. Gender inequity in relationships—where males have greater power than females—can also lead to sexual coercion and physical violence, circumstances in which HIV-protective behaviors are impossible to initiate and maintain.

But promoting social norms in favor of greater gender equity is challenging. Moreover, few interventions to promote gender-equitable behavior among young men have been evaluated, and relatively little is known about how best to measure changes in gender norms and their effect on HIV/STI protective and risk behaviors.

Billboard used in
"lifestyle" social
marketing campaign.



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To address these gaps, the Horizons Program and Instituto PROMUNDO, with support from USAID, SSL International, the John D. and Catherine T. MacArthur Foundation and John Snow Brasil, examined the effectiveness of interventions to improve young men's attitudes about gender roles and sexual relationships and to reduce HIV risk behaviors and partner violence. The study posits that young men can change their behavior and develop positive attitudes through participation in group educational activities that encourage reflection about what it means to be a man, and that reinforcing these messages on the community level will have additional positive impacts on these young men.



Young men participating in a group education session.

Methods and Study Population

Set in Rio de Janeiro, Brazil, the quasi-experimental study compares the impact of different combinations of program activities to identify which are particularly vital to success. Three groups of young men 14 to 25 years old, with a mean age of 17 (at baseline, $n = 780$), were followed over time. Young men were recruited from local schools and community-based organizations. The study population is based in three different but fairly homogeneous low-income communities or *favelas*. These communities regularly erupt with violence, and armed, drug-trafficking *comandos* have become powerful social forces that have recruited many young men from the community.

One intervention component was interactive group education sessions for young men led by adult male facilitators. The other was a community-wide “lifestyle” social marketing campaign to promote condom use, using gender-equitable messages that also reinforce the messages promoted in the group education sessions. One arm of the study, based in Maré, focused on group education only, while the second arm based, in Bangu, received an intervention that combines group education with the community-wide lifestyle campaign. In the third community, Morro dos Macacos, a delayed intervention served as a control.

To assess program impact, the researchers developed and used the Gender-Equitable Men (GEM) Scale, which includes 17 items that measure “traditional” attitudes about gender roles related to HIV/AIDS and pregnancy prevention, violence, sexual relationships, domestic chores and caregiving, and homosexuality. Informants also provided information on HIV-related risk, such as STI symptoms, condom use, and number of sexual partners.

Surveys were administered to a cohort in each site prior to any intervention activities ($n = 258$ in Bangu, $n = 250$ in Maré, and $n = 272$ in Morro dos Macacos), after the intervention had been ongoing for six months ($n = 230$ in Bangu, $n = 212$ in Maré, and $n = 180$ in Morro dos Macacos; data collection ongoing in the third site) and after one year ($n = 217$ in Bangu and $n = 172$ in

Maré; Maré data collection still ongoing and Morro dos Macacos forthcoming). Response rates in general were very good for this context: 90 percent at six months, dropping to 84 percent at one year in Bangu; 85 percent at six months, dropping to 69 percent at one year (although data collection still ongoing) in Maré; 66 percent at six months for the control group in Morro dos Macacos (data collection ongoing).

Statistical tests used to determine change include measures of association such as chi-square tests, t-tests, and logistic regression for correlated data. In addition, qualitative interviews were conducted with a sub-sample of young men and their regular sexual partners to explore the impact of the program on relationships from the perspective of both members of the couple (to date, n = 29). Preliminary analyses are reported on here.

Table 1 Sociodemographic profile of young men in the 3 sites at baseline

	Bangu	Maré	Morro dos Macacos
	n = 258	n = 250	n = 272
Mean age	16.8	17.2	17.3
Completed primary school or more (%)	41	46	34
Currently working (%)	6	15	18
Ethnicity (%)			
Black	38	37	46
Mixed	29	22	28
White	24	30	18
Other	9.4	11	7.2

Interventions

The intervention is called Program H (for *homens*: "men" in Portuguese). Program H focuses on helping young men question traditional norms related to manhood and on promoting the abilities of young men to discuss and reflect on the "costs" of traditional masculinity and the advantages of more gender-equitable behaviors. Intervention activities include two main components: (1) a field-tested curriculum that includes a manual and an educational video for promoting attitude and behavior change among men, and (2) a lifestyle social marketing campaign for promoting changes in community or social norms about what it means to be a man¹. The curriculum was developed in 1999 by four Latin American NGOs, coordinated by Instituto PROMUNDO, and including Salud y Genero (Queretaro and Xalapa, Mexico), Ecos (São Paulo, Brazil), and Instituto PAPAÍ (Recife, Brazil). The lifestyle social marketing campaign was developed in 2001 by Instituto PROMUNDO, John Snow Brazil, and SSL International (makers of Durex condoms).

The curriculum includes an overview and framework for thinking about these issues, a 20-minute cartoon video, and 70 activities that were developed and pre-tested with groups of young men 15 to 24 years old. The activities are organized under five themes: Sexuality and Reproductive Health, Fatherhood and Caregiving, From Violence to Peaceful Coexistence, Reasons and Emotions (including communication skills, substance abuse, and mental health), and Preventing and Living with HIV/AIDS. The activities in the manual are designed to be carried out in a

¹ A third intervention component of Program H includes engaging young men in the public health sector both by outreach activities with young men and the training of health professionals. A separate evaluation study with PAHO/WHO is currently being carried out for this component.

same-sex group setting. The activities consist of role plays, brainstorming exercises, discussion sessions, and individual reflections. Eighteen exercises (plus video) in total were conducted with the young men during once-a-week sessions for about two hours each over approximately a six-month period. Adult men facilitated the exercises to serve as more gender-equitable role models for the young men.

The lifestyle social marketing campaign was developed by working with men to identify their preferred sources of information and cultural outlets in the community, and to craft messages—in the form of radio spots, billboards, posters, postcards and dances—to make it “cool and hip” to be a more “gender-equitable” man. This campaign encourages young men to reflect about how they act as men and enjoins them to respect their partners, to avoid using violence against women and to practice safer sex. The campaign has been called “Hora H”, or “In the Heat of the Moment.” The phrase was developed by young men who frequently heard their peers say, “Everybody knows that you should use a condom, but in the heat of the moment”



Postcard distributed as part of the "lifestyle" social marketing campaign.

Current findings focus on baseline and six-month follow-up data from the two intervention groups in Bangu and Maré. Because data collection is ongoing, preliminary results from the control group in Morro dos Macacos and the one-year follow-up will be presented.

Findings

Young men in the study report substantial HIV/STI risk.

The young men participating in the study typically engage in a number of risky sexual behaviors. At baseline, more than 70 percent of the young men from all three sites combined were sexually experienced, with an average age of 13 for sexual initiation. Of the sexually experienced group, almost one-third (30 percent) reported more than one sexual partner over the last month. Approximately 25 percent of the young men reported STI symptoms during the three months prior to the survey. About ten percent of the young men reported physical violence against their current or most recent regular partner. Fewer than 10 percent had ever taken an HIV test. This profile was similar across all three sites.

Consistent condom use is more frequent with regular partners than casual partners.

At baseline, less than two-thirds (63 percent) reported condom use at last sex with a primary partner, and 85 percent reported condom use with a casual partner at last sex. However, consistent condom use during the last month was higher among men with their regular partners (70 percent). Young men with casual partners were less likely to report consistent condom use with every casual partner over the last month (49 percent).

The GENDER EQUITABLE MEN Scale

Drawing on qualitative research with young men in Rio de Janeiro and on an extensive literature review, the GEM Scale was developed and tested with a community-based sample of 749 men aged 15 to 60 in low- (Bangu and Santa Marta) and middle-income (Botafogo) neighborhoods in Rio de Janeiro. In the initial testing of the GEM Scale, “traditional” attitudes were reported by some men in both middle-income and lower-income neighborhoods. Men with lower educational levels tended to hold more traditional views about what it means to be a man. For the intervention study with young men, the 17-item subscale of “traditional” norms was deemed most reliable (at baseline, $\alpha > .78$), and was used as the gender norms measure.

Examples of “Traditional” Gender Norms from the GEM Scale

- Men are always ready to have sex.
- Women who carry condoms on them are “easy.”
- I would never have a gay friend.
- Changing diapers, giving the kids a bath, and feeding the kids are the mother’s responsibility.
- I would be outraged if my wife asked me to use a condom.
- A woman should tolerate violence in order to keep her family together.
- There are times that a woman deserves to be beaten.

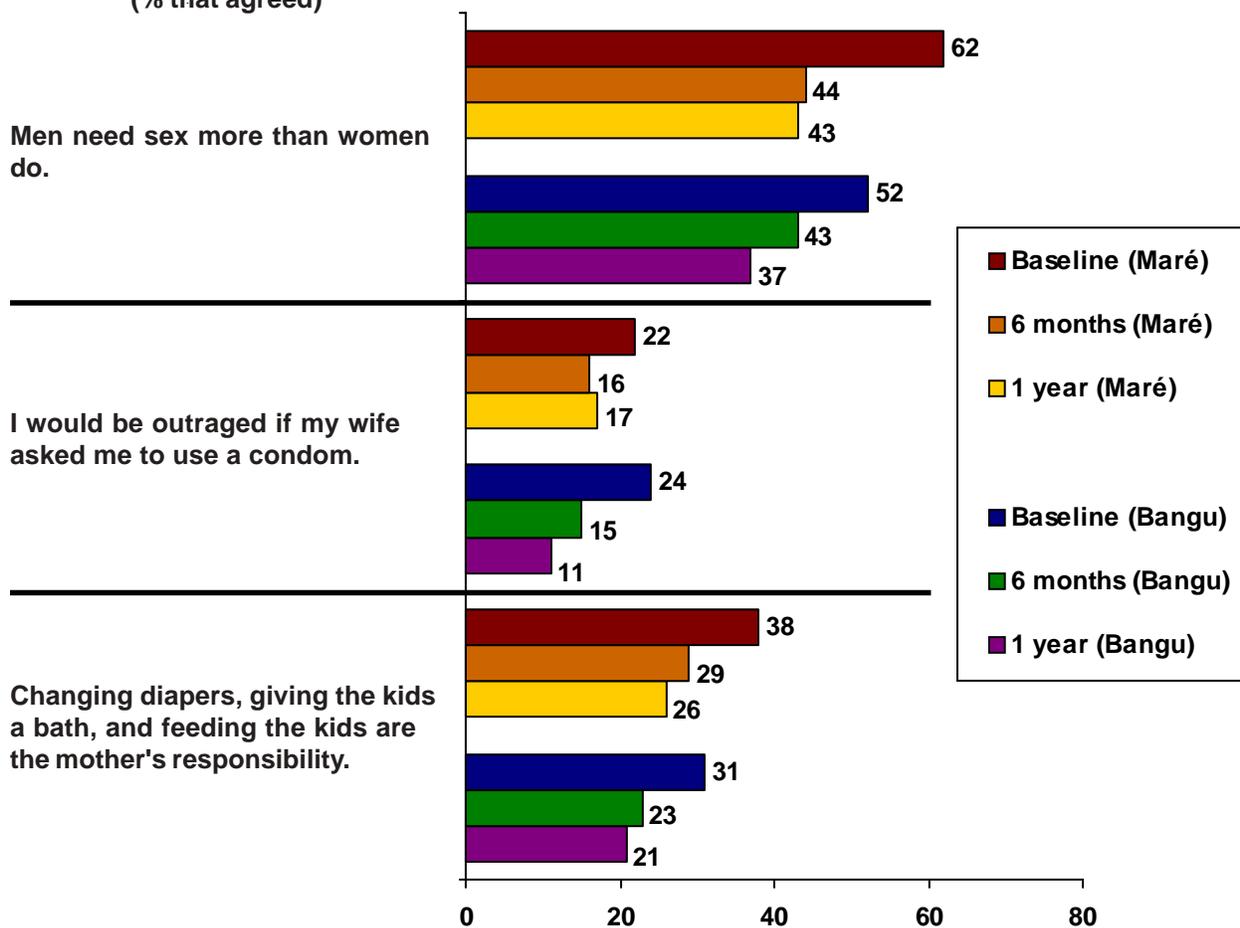
At baseline, agreement with inequitable gender norms is associated with more risk.

Support for inequitable gender norms and inequitable attitudes toward gender roles were significantly associated with HIV risk at baseline. Across all three sites, agreement with more “traditional” gender norms in the GEM Scale was significantly associated with reported STI symptoms ($p < .05$), lack of contraceptive use ($p = .05$), and physical or sexual violence against a current or recent partner ($p < .001$).

Young men in the intervention sites reported greater support for more equitable gender norms.

Comparing baseline and post-intervention results gathered at the intervention sites reveals that a significantly smaller proportion of respondents support traditional gender norms over time. At six months, overall scale scores significantly improved for both the Bangu ($p < .001$) and Maré ($p < .05$) groups. The majority of individual items significantly improved as well, with 10 of 17 items improving in Bangu and 13 of 17 items in Maré (see figure 1 for examples). These positive changes were maintained at the one-year follow-up in both intervention sites. In Morro dos Macacos, the control/delayed intervention, no significant improvement in the overall gender norm scale scores was detected to date between baseline and six month follow-up, and only one of 17 items significantly improved.

Figure 1 Examples of decreased support for "traditional" gender norms in intervention sites (% that agreed)



In in-depth interviews with some of the young men after they participated in the activities, they discussed how the workshops helped them question views about manhood. One young man said:

“...I learned to talk more with my girlfriend. Now I worry more about her... it’s important to know what the other person wants, listen to them. Before (the workshops), I just worried about myself.”

This same young man’s girlfriend, in a separate interview, confirmed that he had in fact initiated discussions with her on a number of new topics, and he began to respect when, how, and if she wanted to have sexual relations, and to see that having sex was not the only important part of their relationship.

There were significant improvements in key HIV/STI risk and prevention outcomes, with greater changes often taking place among the young men in the site with the combined group education and community activities.

A number of key HIV/STI-related outcomes improved between baseline and 6 month follow-up in the two intervention sites. At both intervention sites, reported STI symptoms (e.g., penile

discharge, pain during urination) decreased, and in Bangu, the site where group educational activities were combined with the lifestyle social marketing component, the improvements were statistically significant ($p < .05$; See figure 2). In Morro dos Macacos, the control site, there was no significant decrease in reported STI symptoms at six months. Findings related to condom use are similar. Condom use at last sex with a primary partner increased significantly in Bangu ($p < .05$; See figure 3). In Maré and Morro dos Macacos, no significant increase in condom use was found at six months. In all three sites, there was no significant increase in condom use with casual partners. The percentage of sexually experienced informants at both intervention sites who reported having two or more partners over the last month decreased slightly, but not significantly. In contrast, the percentage of sexually experienced respondents in the control site with multiple partners increased slightly.

Results at one-year follow-up indicate that the improvements in both condom use and a reduction in reported STI symptoms were maintained for both Bangu and Maré. In fact, the positive changes were greater at one-year follow-up, including a significant reduction in reported STI symptoms for both Bangu and Maré. The proportion of young men in Bangu and Maré who report multiple partners during the previous month at one year, compared with baseline, decreased somewhat (39 percent to 34 percent for Bangu, and 45 percent to 37 percent for Maré), and increased somewhat in the control group (39 percent to 42 percent for Morro dos Macacos.)

Figure 2 Change in reported STI symptoms

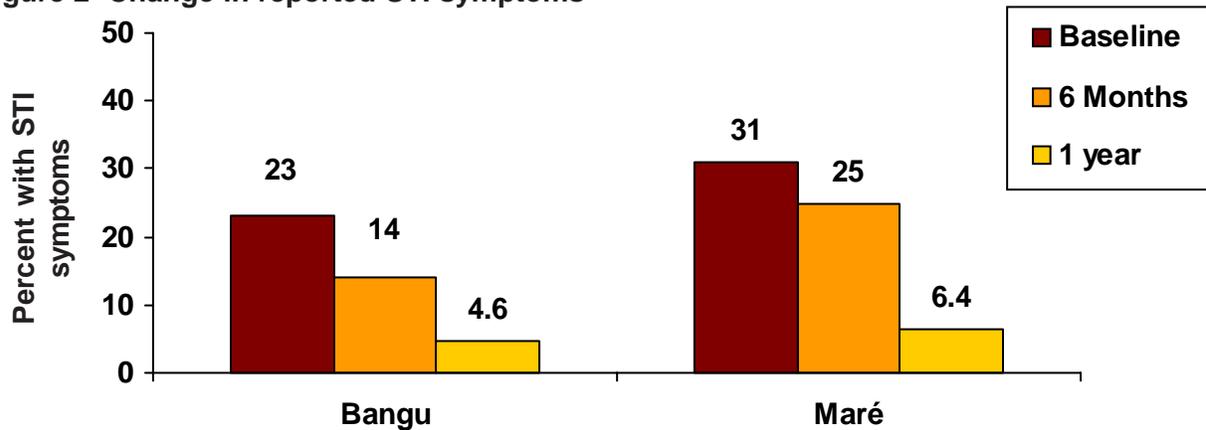
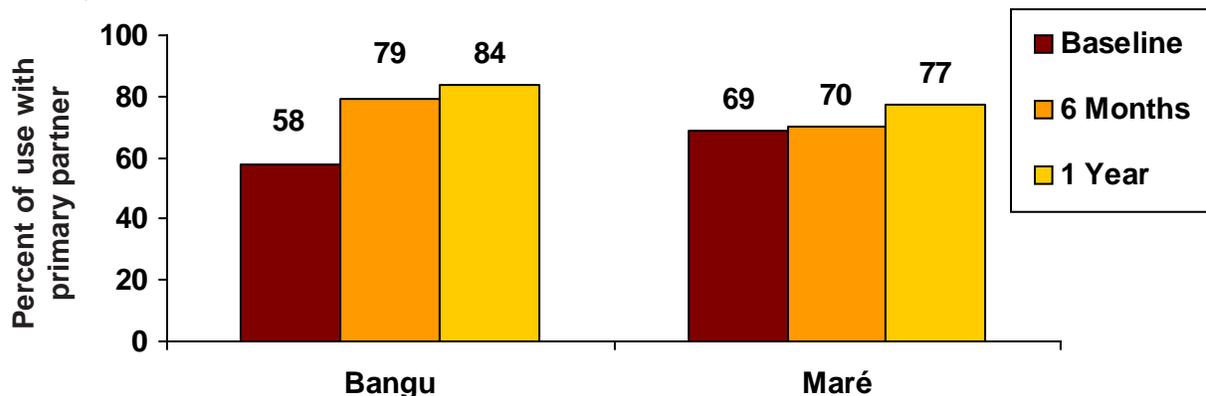


Figure 3 Change in condom use at last sex with a primary partner



Agreement with more equitable gender norms was associated with changes in HIV/STI risk outcomes.

A key objective for this study concerns quantifying how gender dynamics are related to HIV risk, and if greater support of equitable gender norms will lead to a reduction in HIV-related risk. Preliminary analyses indicate that improvements on the gender norm scale were associated with changes in HIV/STI risk outcomes. For both Bangu and Maré, positive change in gender norms over one year was significantly associated with decreased reports of STI symptoms ($p < .001$). For the group in Bangu, young men with more equitable norms were approximately four times less likely to report STI symptoms, and young men in Maré were approximately eight times less likely to report STI symptoms. For condom use, a significant association was not found, but a trend in the expected direction was seen in Bangu; young men with more equitable gender norm scale scores were 2.4 times as likely to use condoms with a primary partner at last sex.

These quantitative findings were reinforced by comments concerning other HIV risk related behaviors from the young men themselves during in-depth interviews. One young man indicated that since participating in the gender-focused education sessions, he now had respect for his girlfriend and was delaying sex with her, saying:

“Used to be when I went out with a girl, if we didn’t have sex within two weeks of going out, I would leave her. But now (after the workshops), I think differently. I want to construct something (a relationship) with her.”

Discussion

These preliminary findings suggest that educational interventions focused on positive, less traditional roles for men can successfully influence young men's attitudes about gender roles. The findings also suggest that a behavior change intervention focused on gender dynamics can decrease HIV/STI risk.

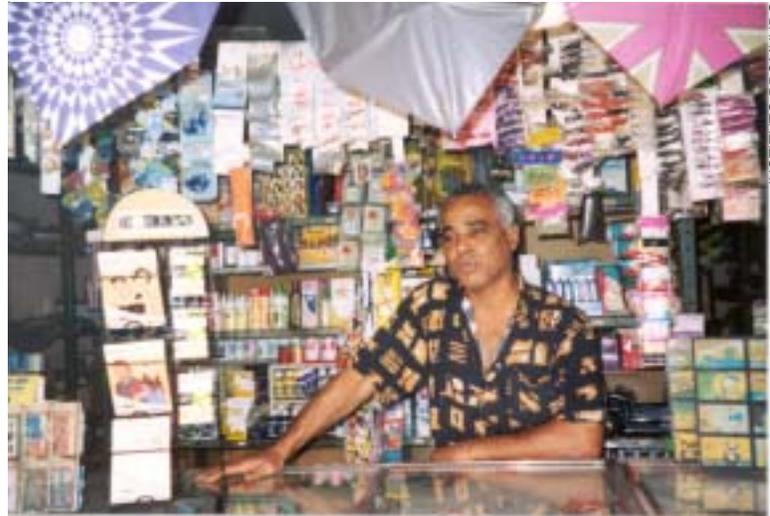
Support for equitable gender norms increased for both intervention groups, and a corresponding change was not seen in the group that was not exposed to any intervention, supporting the



Facilitator and young men in group education session.

contention that the intervention had an impact on these views. Key HIV/STI-related outcomes also improved for young men in the intervention groups, and the change was often greater for young men exposed to the combination of group education activities and the community-based lifestyle social marketing campaign. This finding highlights the importance of combining both interpersonal communication and reinforcing gender equity messages on the community level.

Emerging findings suggest that directly addressing gender and relationships in an HIV/STI prevention intervention for young men can result in positive outcomes for both young men and young women. These outcomes include both increased caring and respect in relationships, as well as more health-protective behaviors, such as more condom use, and decreased risk, such as decreased STI symptoms. For condom use, this effect was evident at both six months and one year after the intervention began in Bangu. For reported STI symptoms, the



Store selling Hora H condoms.

effect was even greater at one-year follow-up than at six months in both Bangu and Maré. Qualitative evidence further demonstrates that some relationships, and sexual and reproductive health behavior within the relationships, have been substantially positively affected by the experience and by the shift in views about gender roles and relationships among young men.

Condom use in Brazil is relatively high, compared to most cultural settings, due to wide availability and promotion of condom use as the norm, and by a strong national AIDS program that has made condom use a central goal. But condom use as a norm has most often been promoted for casual partners, and limited attention has been paid to risk and protection within primary relationships. Findings confirm that a higher proportion of young men use condoms at last sex with casual partners than with primary partners.

Yet findings also indicate that condoms are used less consistently with casual partners than primary partners. Perhaps the process of negotiation within an ongoing relationship with primary partners permits the maintenance of the behavior, while the need to renegotiate condom use with every partner leads to more inconsistent use with casual partners. Post-intervention findings demonstrate that condom use with primary partners increased significantly, while condom use with secondary partners did not. This is important, given the substantially lower rates of condom use with primary partners within a context of frequent sex outside of the partnership. The results may also indicate that the gender and relationship-focused intervention led to better relationship dynamics and more successful negotiation around risk reduction and condom use, while there was less incentive for change from the perspective of these young men outside a regular, ongoing relationship.

Measuring “gender-equitable” norms and behavior directly provides useful information about the prevailing levels of gender-related norms and behavior in the community as well as the effectiveness of any program that hopes to influence or promote a modification of those norms. However, the relatively few studies that do measure these concepts directly rarely use measures that have been evaluated for their psychometric properties and for their appropriateness in specific cultural contexts. To address these issues, the study team developed and tested the GEM Scale. The resulting scale appears to capture gender dynamics well, and is sensitive to locally relevant issues.

