

# HIVUpdate

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## Engaging men & boys

Men have their own specific sexual and reproductive health needs, and these needs are as diverse as men are. Addressing gender inequities in health, promoting sexual and reproductive health and rights, and preventing HIV and gender-based violence is not possible without efforts to directly engage all men and boys.

**HIV has highlighted** that 'getting to zero' is not possible without reaching and involving men and boys in HIV and sexual and reproductive health (SRH) programmes. Men are often poorly served by existing SRH and HIV services and are reluctant to use them, which has direct implications for their well-being and that of their partners and children. Some men feel

that they must live up to gender stereotypes by proving their masculinity, which can contribute to an unwillingness to seek help, information or treatment (see page 2).

Service providers have often focused on reaching women and girls, and clinics and services are often perceived as 'female-only' spaces. It is important to develop services that meet men's specific

SRH needs and that are more appealing and accessible to them. Encouraging men to attend as partners and integrating services are some ways to achieve this (see page 3).

It is vital that all service providers have a good understanding of the SRH issues of different men, as not all men are the same! Younger men, older men, men living with HIV, men who have sex with men, married men, and others, all have additional or slightly different SRH needs. A wide range of SRH-related services should be offered to address issues from HIV and other sexually transmitted infections – to positive prevention, non-communicable conditions (such

as male-specific cancers), sexual dysfunctions, family planning, and parenting choices. Service providers should also be able to refer clients to related services, such as harm reduction, mental health and/or other social services.

Men and boys are already changing their attitudes and practices towards sex, relationships, their own health, and their dreams and desires of fatherhood (see page 2). Men can be fathers, brothers, partners, and friends. For all men we need to ensure our efforts continue to value, support and better serve them in all of these different roles.

Love  
Kevin



### Stamping out stigma

To stamp out stigma, and succeed, we need converging efforts at many levels. For IPPF, this means focussing on three levels: political advocacy (through the 'Criminalize Hate Not HIV' campaign and website, which is now available in French, Spanish and English); good quality services (through the provision of 'stigma-free' services for all); and institutional commitment (through HIV policies and training in the workplace). This convergence at multiple levels is a critical component of IPPF's efforts to promote and protect social justice for all.



# Masculinity as a barrier to SRH and HIV services

By Hayley Thomson, Research and Policy Officer (Sonke Gender Justice Network, South Africa)

As HIV testing and treatment services become more widely available across the world, it is becoming apparent that fewer men than women are accessing them. For example, in South Africa, according to 2010-2011 data, men represented only 30 per cent of those who tested during a national, and widely publicized, HIV counselling and testing campaign. Despite this, very few efforts are made to specifically target men to increase their uptake of testing and treatment services. Some policymakers and service providers may feel that the only barrier to men accessing services is men themselves, and that it is more important to focus energy on providing services to women. While it is obviously necessary to ensure services are available to women, it is unhelpful to assume that there is nothing that can be done to encourage men to access testing and treatment services. We should also not overlook the fact that men's access to HIV and SRH services benefits women.

Men are shown from a young age that clinics and hospitals are female spaces – staffed by women and attended by women. From the onset of menstruation women are encouraged to prioritize their health, attend annual check-ups, go for pap smears, and so on. It is acceptable for girls and women to discuss such female health issues with their mothers and other female relatives and friends. What do we do to encourage men and boys to prioritize their health?

To be considered a man, men are also taught from a young age that they need to be strong and in control. As South African President Jacob Zuma recently expressed in an interview when discussing his childhood, "You could not afford to be a coward or they would tell you that you have to cook like a girl, instead of eating the food that is cooked by the girls". Any behaviour that does not conform to this hegemonic notion of masculinity runs the risk of being labelled as unmanly, feminine, or even 'gay'. Within our social hierarchy men have more power than women, but heterosexual men have more power than homosexual



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men, therefore in order to be accepted as a 'real' man, boys are conditioned to realize that any behaviour that could elicit the label of being 'gay' should be avoided. Going for medical check-ups, getting tested or seeking treatment, just doesn't fit in with this masculine ideal – it seems weak, it involves asking for help, making oneself vulnerable, and therefore could be viewed as womanly. It is clear that men's uptake of HIV and SRH services are a far more complex issue than a question of individual choice.

There is much that needs to, and can, be done to enable and encourage men to access SRH and HIV services. Interventions focussing on these issues have been shown to effectively increase men's support for their partner's SRH and improve the health of men, women and children.<sup>1</sup> Sonke Gender Justice Network, along with their partners and other CSOs, worked hard to ensure that South Africa's *National Strategic Plan on HIV, STIs and TB 2012-2016*<sup>2</sup> acknowledged the need to address men's health-seeking behaviour and masculine gender norms. Sonke, along with their MenEngage partners, also conduct policy advocacy work to address this issue throughout the region.

1. Colvin, C. Human, O. Peacock, D. (2009) Report on Formative Research Conducted for Sonke Gender Justice Network's "One Man Can" Campaign. Sonke Gender Justice Network: South Africa.
2. Available at <http://www.sanac.org.za/index.php/component/content/article/80-nsp-2012-2016/national-strategic-plan/100-nsp-documents>

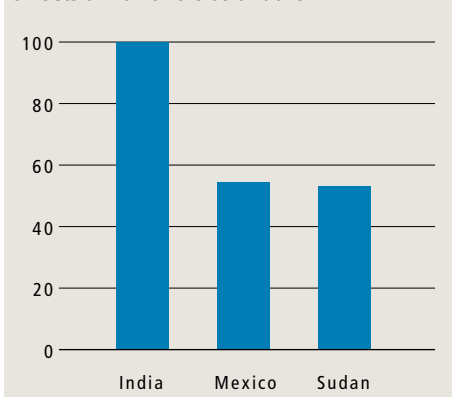
## Perceptions of positive parenting

By Jon Hopkins, HIV Officer (IPPF Central Office)

In 2011, IPPF supported qualitative research in nine countries to document the perspectives and experiences of young people living with HIV accessing standalone or integrated sexual and reproductive health (SRH) and HIV services. Young people living with HIV were interviewed in each country including young men and women under the age of 30 some of whom were men who have sex with men (MSM), sex workers, transgender people and migrant workers.

Further analysis has been done on the results of the survey in Sudan, Mexico and India. Interesting gender differences can be seen in the perceptions of parenthood among young people living with HIV, with a greater concern that HIV status affected parenting choices more for men than women. In all three countries, a majority of respondents felt that being HIV-positive affected a man's role as a father. The reasons given were that men had a greater sense of responsibility

Figure 1: Agree that being HIV-positive affects a man's role as a father



towards their children as their primary role was providing social and financial security and this was affected by being HIV-positive (see chart 1).

The importance of male involvement can be clearly seen in these findings. Young men and young women living with HIV see the importance of male involvement when

considering their own parenting choices. This shows that attention, support and services need to focus not only on the sexual and reproductive health and choices of young women, but also on men and their dreams and desires of fatherhood.

"If I was an HIV negative father, my worries on my own self or on my life and my medicines would have been less. It can happen with any disease, but the stigma attached with HIV deepens the impact and stresses you out. The worry for the future of your children increases multi-fold. It increases one's responsibilities multi-fold too"

Father living with HIV, India

## Essential sexual and reproductive health services for men



Adapted: IPPF (2009) *The truth about... men, boys and sex: Gender-transformative policies and programming*.

## The potential to enhance male involvement in HIV services – an example from Swaziland

By Joshua Kikuvi, Fieldwork Coordinator, Swaziland (Integra Initiative)

At one of the Integra Initiative sites in Swaziland (King Sobhuza II Public Health Unit), there exists the potential of increasing men's access to HIV services in a high HIV prevalence setting. The facility is located on the outskirts of an urban industrial zone, and offers both maternal and child health (MCH) services as well as dental, STI and dermatological services. All clients presenting themselves for any of these services are asked to state their HIV status (if known). Regardless of their status, basic HIV and STI counselling is offered to all clients before referral to the ART department for more comprehensive counselling (and testing, if the client consents).

Although the facility caters predominantly to women and children, there is a huge potential to use these services to create linkages that strengthen integration of HIV services with other curative and preventive services. These can be creatively tailored to promote male involvement in say, family planning and couples testing in such service packages as antenatal care, prevention of mother to child transmission and antiretroviral treatment, so that when women use these services, they also encourage their partners to seek healthcare. These baby steps towards integration of HIV and other services could improve men's access to sexual reproductive health and HIV services.

## Integrating services to increase men's uptake of services

By Joelle Mak, Research Fellow (London School of Hygiene and Tropical Medicine, United Kingdom)

It is well documented that men's use of health services in general, and sexual and reproductive health (SRH) services in particular, is much lower compared to women's. Despite recognizing the need for male involvement in SRH, men are still engaged predominantly to improve women's health rather than their own health and results in very little increase in men's uptake of SRH services.<sup>3,4</sup>

One approach that may work better is to integrate different health services. Integration of services allows clients to receive more services in a single visit. Variations of integration models mean that some services are provided by the same health care worker, or in the same consulting room or at the same facility. In general, integration of services is expected to produce benefits for both clients and service providers through improvements in the quality, uptake and efficiency of services.<sup>5,6</sup>

Reviews synthesizing the evidence-base of SRH and HIV service integration identified studies primarily from low-income settings and found largely positive results across various outcome indicators including: increases in uptake of HIV testing, reduction in STI incidence, increases in condom use and improvements in quality of care,<sup>7-10</sup> although a lack of vigorous evaluation and analysis that accounts for confounders reduces the possibility to draw firm conclusions. Many evaluations focus on female-orientated facilities or departments, such as family planning, ante or post-natal care, or maternal and child care which have little relevance for men. A consistent finding in different settings was that of substantial missed opportunities by service providers to address other SRH issues when clients present to clinics.

As part of the Integra Initiative ([www.integrainitiative.org](http://www.integrainitiative.org)), different models of service delivery for integrated SRH and HIV services are being evaluated. Two rounds of cross-sectional household surveys have been conducted in Kenya and Swaziland. These will be analyzed to explore changes in service uptake among men and women as well as changes in the levels of demand for integrated services. It is anticipated that these findings will contribute to our limited knowledge about whether integrated services can improve men's and women's uptake of SRH services.

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## People at IPPF



## Felicitas Bergström, International Programme Manager, The Swedish Association for Sexuality Education (RFSU)

Member Associations, I work to further enhance their thematic knowledge and capacity to carry out their work in the area of sexual and reproductive health and rights. I also provide advice on issues related to HIV and AIDS and have written a policy guiding RFSU's work in this area as well as other sexually transmitted infections.

My passion to work on these issues comes from the fact that the HIV epidemic has highlighted the inequalities in access to power and resources, which I would like to challenge and see change. HIV has the strongest foothold and gravest consequences in societies and situations that are

characterized by social injustice, inequality and restrictions on human rights. To me, it makes sense to focus on those that are most severely affected by the epidemic and whose human rights are being restricted, including men who have sex with men, people living with HIV, migrants and women.

From a Swedish perspective, where HIV prevalence is low but HIV-related stigma is high, I find it a challenge to develop methods that decrease stigma and discrimination while also encouraging young people to practice safer sex. Some of our work at RFSU involves working with clinicians and social workers

to improve their skills in talking about sexuality. This is key to help a client to disclose their HIV status to a sexual partner. I have also been involved in developing information materials for young people that challenges the idea that safer sex is only about condom use. Safer sex is also about the sexual practices you engage in, testing and communication skills, and understanding the factors that prevent people from using condoms.

Working with so many knowledgeable and inspiring colleagues enables me to keep on learning and developing profession almost every day. I truly enjoy being able to work with issues that really matter and I hope that our work can make a real difference.

**For over two years**, I have been working at RFSU as a programme manager in our international work. Collaborating with partner organizations in other countries, some of which are also IPPF

## Related resources

### MenEngage

[www.menengage.org/](http://www.menengage.org/)

### Sonke Gender Justice Network

[www.genderjustice.org.za/](http://www.genderjustice.org.za/)

### Men are changing: Case study evidence on work with men and boys to promote gender equality and positive masculinities

[www.ippf.org/resources/publications/men-are-changing](http://www.ippf.org/resources/publications/men-are-changing)

### The truth about... men, boys and sex: Gender-transformative policies and programming

[www.ippf.org/resources/publications/Truth-About-Men-Boys-and-Sex-gender-transformative-guide](http://www.ippf.org/resources/publications/Truth-About-Men-Boys-and-Sex-gender-transformative-guide)

### Fulfilling fatherhood: Experience from HIV positive fathers

[www.ippf.org/resources/publications/fulfilling-fatherhood](http://www.ippf.org/resources/publications/fulfilling-fatherhood)

### Men-streaming in sexual and reproductive health and HIV: A toolkit for policy development and advocacy

[www.ippf.org/resources/publications/Men-streaming-sexual-and-reproductive-health-and-HIV](http://www.ippf.org/resources/publications/Men-streaming-sexual-and-reproductive-health-and-HIV)

## New publications

### Integra Newsletter

**Making the most of scarce resources**



The third issue of the Integra newsletter highlights the emerging results from the economic aspects of the research – including the cost, saving, and efficiency gains from the integration of SRH and HIV services. The Integra Initiative is a five-year operations research project managed by IPPF in partnership with the London School of Hygiene and Tropical Medicine and Population Council, with a quarterly newsletter that spotlights the latest emerging research findings.

The newsletter is available at: [www.integrainitiative.org](http://www.integrainitiative.org)

## Key dates

### Men's Health Awareness Month (November)

1-30 November 2012

[www.movember.com](http://www.movember.com)

### International Day for the Elimination of Violence against Women

25 November 2012

### World AIDS Day

1 December 2012

## Upcoming conferences

### Integration for Impact: Reproductive health & HIV services in sub-Saharan Africa

12-14 September 2012

**Location:** Nairobi, Kenya

[www.integration2012.org](http://www.integration2012.org)

### FIGO World Congress of Gynecology & Obstetrics

7-12 October 2012

**Location:** Rome, Italy

[www.figo.org/congress/congress\\_2012](http://www.figo.org/congress/congress_2012)

### 11th International Congress on Drug Therapy in HIV Infection

11-15 November 2012

**Location:** Glasgow, UK

[www.hivdrugtherapy.com](http://www.hivdrugtherapy.com)

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