An Overview of Structural Approaches to HIV Prevention

Introduction

I. Definition of the Prevention Area

Structural approaches reduce an individual's HIV-related vulnerability by creating the conditions in which people can adopt safer behaviors. For example, making micro-finance loans available to poor women can reduce their need to engage in transactional sex, which may reduce their vulnerability to HIV infection.

Structural approaches include social, economic, and political interventions that can improve public health outcomes by increasing the willingness and ability of individuals to practice prevention.

Auerbach and colleagues (2009) categorize structural interventions that focus on three areas of change:

- *Social change*: These approaches focus on factors affecting multiple groups (e.g., a region or country as a whole), such as legal reform, stigma reduction, and efforts to cultivate strong leadership on AIDS.
- *Change within specific groups*: These approaches address social structures that create vulnerability among specific populations, such as men who have sex with men, mine workers, young women, or poor women. Examples include efforts to organize and mobilize sex workers, micro-finance programs for poor women, and interventions to change harmful male norms.
- *Harm reduction or health-seeking behavior change*: These approaches work to make harm-reduction technologies available to those in need and to change rules, services, and attitudes about these technologies. Examples include efforts to provide safe housing for drug users and 100 percent condom use campaigns.

II. Epidemiological Justification for the Prevention Area

Structural approaches to HIV prevention represent an evolving area of prevention. There is less consensus about this area, yet many agree that structural factors may in part help explain the existence of hyper-epidemics, such as those seen in Southern Africa. The most effective structural approaches will use a combination of strategies that are tailored to a given social, political,

economic, and epidemic context.

View Combination Approaches to HIV Prevention

III. Core Programmatic Components

The nature of an epidemic may necessitate different types of interventions. For example, concentrated epidemics may best be addressed through legal and policy approaches, such as legalizing needle and syringe exchange, facilitating and enforcing condom use by brothel clients, and legalizing same-sex practices.

In more generalized epidemics and hyper-endemic areas, interventions may be broadened to include cultural, social, and economic approaches, such as interventions to reduce the economic dependency of women on men and/or to reduce violence against women. Other approaches might address the social norms that affect sexual risk-taking or enact social protections for poor and/or affected people.

An example of a group that uses a broad range of innovative approaches for prevention is the aids2031 initiative. The organization promotes enforcement of a minimum legislative standard, which includes the following provisions: 1) decriminalize HIV status, transmission, and exposure; 2) decriminalize same-sex practices and sexual diversity; 3) decriminalize sex work; 4) ensure access to harm reduction services for drug users; 5) guarantee equal rights of people living with AIDS; and 6) equalize men's and women's legal rights.

IV. Current Status of Implementation Experience

Structural approaches to HIV prevention have been employed throughout the epidemic, but such strategies have only recently emerged as an internationally recognized, distinct area of HIV prevention. Although there is a growing literature describing and categorizing structural approaches, few programs have been rigorously evaluated. This remains an emerging programmatic area, and work is needed to reach consensus on how to integrate structural approaches into comprehensive HIV prevention.

Quantifying the effectiveness of structural intervention programs can be difficult for several reasons: there is no direct, one-to-one relationship between structural interventions and HIV incidence; structural interventions are not generally amenable to randomization; and causal pathways from intervention to AIDS outcome are usually indirect and complex. It will be necessary to develop

evaluation methodologies not classically used within public health, and to engage more social scientists in program design and evaluation.

What we know

Addressing Social Drivers of HIV/AIDS: Some Conceptual, Methodological, and Evidentiary Considerations

Auerbach J.D., Parkhurst J.O., Keller K.E., et al. Aids2031 White Paper #24 (2009).

This 29-page paper examines the nature of social drivers of HIV as well as the evaluation process of interventions to modify social factors. The authors state that although there is no standard definition of social drivers, UNAIDS refers to them as the "social and structural factors, such as poverty, gender inequality, and human rights violations, that are not easily measured that increase people's vulnerability to HIV infection." Despite the difficulties inherent in measuring these factors and programs, the authors call for an improved evidence base in order to fully understand and distinguish social factors from behavioral approaches. The authors emphasize the need for consistent methods, measurement, and evaluation. They use three case studies to illustrate both failed and successful social interventions that provide insight into the unexpected consequences of certain approaches and the complexity of evaluating programs. The authors conclude that despite the complexity of social drivers, it is possible to identify individual components of social factors in ways that will allow program designers to devise clear and actionable steps.

View Paper (PDF, 835KB)

Understanding and Integrating the Structural and Biomedical Determinants of HIV Infection: A Way Forward for Prevention

Kippax, S. Current Opinion in HIV & AIDS (2008), Vol. 3 No. 4, pp. 489-494.

According to the author, the two main pathways for HIV infection, sexual behavior and injection practices, are often classified and addressed as if they were primarily biological events. However, these pathways are related to behaviors and practices that are determined by socio-cultural, economic, cultural, and political forces that affect social norms. The author asserts that the ongoing epidemic in South Africa is in part due to the treatment of HIV as an individual health issue rather than a social health issue. The author provides comparisons of successful and unsuccessful prevention programs that address structural determinants of risk. For HIV-prevention programs to be effective, the author states, the focus must shift from behaviors such as vaginal intercourse, to the contexts in which sexual activity occurs, that is, to marriage, concurrent partnerships, sex work, and

so forth

View Article

Structural Approaches to HIV Prevention

Gupta, G., Parkhurst, J.O., Ogden, J.A., et al. The Lancet (2008), Vol. 372 No. 9640, pp. 764-775.

The authors focus on the structural (economic, political, or environmental) factors that affect HIV risk and how interventions directed at those factors can reduce the risk of HIV infection. The evaluation of structural approaches can be difficult, and such assessments are not always amenable to experimental methods. It is critical, say the authors, to link outcomes to the causal pathway of HIV risk prior to the development of any structural intervention. For example, the observation that gender inequality is linked to unprotected sex could derive from two pathways; male physical dominance or male financial control, both of which could cause some women to submit to unprotected sex out of fear of physical violence or of forfeiting financial support. Although the outcome is the same in either case, the necessary point of intervention differs.

View Article

A Structural Model of Health Behavior: A Pragmatic Approach to Explain and Influence Health Behaviors at the Population Level

Cohen, D.A., Scribner, R.A., & Farley, T.A. Preventive Medicine (2000), Vol. 30 No. 2, pp.146-54.

The authors address two fundamental types of health interventions; those that target individuals through behavioral approaches and those that address factors that are beyond individual control (structural interventions). The paper reviews four structural factors: 1) availability and accessibility of health- (or illness)-producing commodities; 2) physical structures (or the physical properties of products); 3) social structures and policies; and 4) media and cultural messages. The authors point out that increased knowledge alone (an individual or behavioral intervention) may not result in changed behavior unless such programs are accompanied by structural changes. For example, people may know that condom use reduces risk, but without a program that provides low-cost or free condoms, such knowledge may not be useful.

View Article

Structural Interventions: Concepts, Challenges and Opportunities for Research

Blankenship, K.M., Friedman S.R., Dworkin S., et al. Journal of Urban Health (2006), Vol. 83 No. 1, pp. 59-72.

This paper reviews four types of structural interventions: 1) community mobilization; 2) integration of

HIV services; 3) contingent funding (which makes receipt of federal or state funds contingent on implementing certain laws or policies); and 4) economic and structural interventions. Social science theories about the structural dimensions of health, according to the authors, might be seen as "pie in the sky" and could be difficult to apply at a programmatic or policy level. Nonetheless, public health scholars and practitioners have taken such interventions as a starting point and created a body of literature that assesses the impact of structural interventions. This approach may also be limited, however, because of its focus on 'tried and true' approaches and proximate causes, which may fail to address more complex, fundamental determinants. The authors conclude that structural approaches are most effective when they occur spontaneously and emerge organically from communities (rather than being 'implemented' by an outside agent), and that they can have unanticipated consequences.

View Article

Structural Barriers and Facilitators in HIV Prevention: A Review of International Research

Parker, R.G., Easton, D., Klein, C.H. AIDS (2000), Vol. 14 Suppl. 1, pp. S22-32.

This literature review addresses the effects of structural factors on HIV risk and vulnerability. Migration, population movement, and political instability have fueled the epidemic in specific areas, including Southern and West Africa, Haiti, Zaire, and Southeast Asia. Male migrant workers may frequent female sex workers and/or maintain a secondary household in their place of migration and sex workers themselves may be migrants. The resulting increase in HIV transmission spills over to the primary household when the male migrant worker returns home. In the primary household, women face economic deprivation and may resort to sex work. The authors review two studies of truck drivers in Africa and the conclusion of the authors of one of the studies, suggesting that raising salaries, limiting overtime, and improving telephone access could allow truckers to maintain contact with their families and reduce their risk of HIV. The authors call for innovative, interdisciplinary approaches in order to move beyond the limited successes of traditional behavioral interventions.

View Article

Structural Interventions in Public Health

Blankenship, K.M., Bray, S.J., & Merson, M.H. AIDS (2000), Vol. 14, pp. S11-S21.

This paper describes three categories of structural interventions; those that target availability, acceptability, or accessibility of health-related products or activities. Each of these approaches can, in turn, be targeted at the individual, organizational or social/legal/physical environmental level. An example of an availability approach is legislation prohibiting the sale of alcohol or tobacco to underage persons. An example of an acceptability intervention might include "shaming" initiatives,

such as boycotts of risky products. Accessibility interventions address unequal access to products, such as condoms, due to unequal distribution of wealth and resources. Implications for HIV programs are discussed and a number of useful examples are provided, including provision of condom vending machines in bars, laws permitting pharmacy sale of syringes, and 100 percent condom policies.

View Article

Putting it into practice

Review of Legal Frameworks and the Situation of Human Rights related to Sexual Diversity in Low and Middle Income Countries

Cáceres, C.F., Pecheny, M., Frasca, T., et al. UNAIDS (2008).

The authors analyze legal frameworks; human rights; and stigma and discrimination in relation to sexual diversity and gender non-conformity in low and middle income countries. The authors rank the legal systems of 153 nations as highly or moderately repressive of sexual diversity; as neutral; or (rarely) as protective. Although there were regional variations and data were limited, the situation was severe in parts of Middle East/North Africa and sub-Saharan Africa, and better in parts of Latin America and Eastern Europe/Central Asia. Substantial information gaps exist on these topics, especially in some regions. Nevertheless, available data suggest that legal frameworks and State practices against sexually diverse populations may present obstacles to HIV prevention and care in many nations around the world where epidemics are concentrated among men who have sex with men.

View Report (PDF, 187KB)

Legal Aspects of HIV/AIDS: A Guide for Law and Policy Reform

Gable, L., Gamharter, K., Gostin, L.O., et al. World Bank (2007).

This comprehensive, 225-page report on legal issues related to HIV covers 12 broad topics, including: Disclosure and Exposure; Sex Work; Clinical Research; Access to Medicines; and World Bank Policies and Procedures. Subsections address topics such as: Criminal Statutes and Police Harassment; International Drug Conventions: Punitive v. Public Health Approach; Confidentiality; IDA (International Development Association) Grants for HIV and AIDS Projects; and Procurement of Pharmaceutical Products.

A section on general discrimination related to HIV includes a description of laws that protect against discrimination based on HIV status or health status, and identifies four locations that have laws explicitly forbidding this type of discrimination (the Philippines, the Bahamas, South Africa, and New

South Wales, Australia). The ways in which disability laws confer protection are explored and workplace issues, including mandatory testing, denial of employment, differential treatment and disclosure and confidentiality are addressed.

Health sector and immigration issues are also examined in depth, as are issues of discrimination in public and private benefits. Specific practice examples are provided for each topic, along with an analytical discussion of legal and policy considerations, and a full list of references.

View Report (PDF, 738KB)

Communities Confront HIV Stigma in Vietnam: Participatory Interventions to Reduce HIV-related Stigma in Two Provinces

Nyblade, L., Hong, K.T., Van Anh, N., et al. International Center for Research on Women, Washington, DC, and Institute for Social Development Studies, Hanoi (2008).

This 37-page report highlights the community interventions and results from a project to increase understanding of HIV-related stigma and to reduce the stigma in two Vietnamese provinces. The study, conducted from 2005 to 2007, addressed: 1) lack of awareness of stigma and its harmful effects; 2) fear of becoming infected with HIV through casual contact with people living with HIV (fear-driven stigma); and 3) value-driven stigma or the shame and blame associated with HIV and behavior considered to be immoral by social standards. Interventions included: 1) stigma-reduction sensitization workshops for authorities and representatives of social organizations; 2) a workshop for community members to develop their own stigma-reduction action plans; 3) communities implementing the action plans with technical support; and 4) monitoring and evaluating the program activities.

The project evaluation used quantitative and qualitative methods, including a household survey administered to a random selection of households at baseline and endline to measure the effect of project activities. All activities used participatory methods, and community members led the design and implementation of the stigma-reduction activities that they devised in the community workshop.

The researchers conclude that the program increased awareness of stigma among the population and reduced fear-related stigma as well as active discrimination against people living with HIV in the community. However, overall levels of stigma remained high at the end of the intervention, indicating the need for ongoing stigma-reduction efforts.

The authors stress the importance of community ownership and stewardship of the stigma reduction process and of ensuring that all materials are tailored to the local setting. Appendices include a list of tools and a timeline to implement the program.

View Full Study (PDF, 1MB)

Social, Cultural and Sexual Behavioral Determinants of Observed Decline in HIV Infection Trends: Lessons from the Kagera Region, Tanzania

Lugalla, J., Emmelin, M., Mutembei, A., et al. Social Science & Medicine (2004) Vol. 59 No. 1, pp. 185-198.

This paper examines the behavioral changes in Bukoba, Tanzania that may explain the declining trends in HIV incidence and prevalence. The research, part of the Kagera AIDS Research Project (KARP), was conducted using data and comments from focus groups dating from 1987 through 2002. The authors report four changes in the social-structural environment that appear to have contributed to changes in sexual behaviors (and to a subsequent decline in HIV): 1) a perceived threat due to seeing many people sick and dying; 2) increased (social) incentives for change; 3) evolving community consensus for need to change to low-risk behaviors; and 4) increased social sanction (stigma) against those who break the new rules (or who are assumed to have broken them).

A number of important changes were observed in marriage and death rituals that can affect HIV transmission. For example, widow inheritance, in which a brother or brother-in-law "inherits" a woman on the death of her husband, declined. Other changes included increased use of condoms; reduced concurrent partnering, and an increase in the use of voluntary testing and counseling services. School drop-out rates among girls declined, suggesting either a decrease in sexual activity or an increase in condom use. Other changes observed were reduced use of alcohol and a decline in polygamy.

These positive changes were accompanied, however, by some increases in negative practices, such as increased separation and divorce, and increased violence against women stemming from increased HIV-related stigma, particularly as women were often blamed for HIV infections. The authors also note ongoing structural challenges such as government ambiguity on condom use and church insistence on HIV testing prior to marriage.

The researchers state that individuals "are more likely to be influenced by group or community dynamics? than by their mere personal knowledge and awareness" and they conclude that the 'agony of AIDS' together with increased health education, a strong National AIDS Control Program, and the presence of an ongoing AIDS research project, all contributed to the observed outcomes.

View Article

To Have and to Hold: Women's Property and Inheritance Rights in the Context of HIV/AIDS in sub-Saharan Africa

Strickland R. International Center for Research on Women, Washington, D.C. (2004)

This 84-page paper discusses the relationship between women's property rights and HIV prevention and mitigation. The authors report that women are frequently prevented from owning or controlling property in developing nations. This can, for example, result in a widow losing her deceased husband's property to his family. Despite laws in some areas that protect women from forced removal from their land or home, social norms and local customs can override the law.

Beyond legal barriers to women's tenure over land, housing, and other property are other barriers, such as lack of awareness of the law; cumbersome and costly legal systems; corruption; threats of domestic violence; and natural and human-made disasters. The authors discuss the gap between the law and social reality in Kenya, Lesotho, Malawi, Namibia and Zambia.

The report provides an overview of activities in East and Southern Africa to promote gender-sensitive legislation and frameworks to protect women's rights; efforts to increase the judicial sector's capacity to uphold women's rights and to provide effective litigation; and to promote awareness and understanding of women's rights. Recommendations for next steps include a special focus on legislation and reform; judicial capacity and litigation; education and awareness; creation of networks; and research and evaluation.

View Full Study (PDF, 404KB)

Women's Property Rights as an AIDS Response: Emerging Efforts in South Asia

Swaminathan, H., Bhatla, N., & Chakraborty, S. International Center for Research on Women, Washington, DC (2007).

The authors present the findings of qualitative data collection provided by forty South Asian organizations working on the intersection between property rights and HIV. Information was collected from program implementers, key informants, and women living with HIV who reported their experiences of property dispossession, including eviction and household asset liquidation; stigma and discrimination; and challenges in resolving their child(ren)'s inheritance claims.

The report examines activities to reduce the economic vulnerabilities of women living with HIV, such as the provision of legal aid to support formal legal recourse for securing property; the use of informal community-based dispute resolution rooted in tradition; and mediation involving the use of "pressure groups" (groups that negotiate on a woman's behalf), which facilitate negotiation of property between a woman and her family. The authors recommend using an integrated, collaborative approach that addresses underlying norms that may influence women's property rights along and other immediate needs.

View Full Study (PDF, 760KB)

Behaviour and Communication Change in Reducing HIV: Is Uganda Unique?

Low-Beer, D., & Stoneburner, R.L. Centre for AIDS Development, Research and Evaluation: Communicating AIDS Needs Project, South Africa (2004)

This 14-page paper reviews the Ugandan experience in light of other prevention successes. The authors state that there has been "considerable confusion at the international level about what happened in Uganda" and they review a wide range of studies and their interpretations, including a UNAIDS reanalysis of Ugandan data, which according to the authors, "greatly underestimated sexual partner reduction, suggesting only a 9% decline and not using standard WHO indicators (which showed the 60% declines noted in Ugandan analyses in 1995-96 and in their final report on the survey in 1995)."

The authors note that some countries with far greater resources than Uganda, which have "implemented most of the recommended elements of HIV prevention," nonetheless experienced rising rates of HIV, causing some confusion about the actual factors underlying declines in HIV in Uganda and elsewhere.

Despite these challenges to identifying the factors underlying the decline in HIV in Uganda, the authors identify elements that were key to the Ugandan success story and that appear to be common to declines in HIV among sex workers in Thailand and in the U.S. gay male community. Those elements were 1) direct communication programs focused on HIV, partner reduction, and the importance of not blaming or finger pointing, but caring for those living with HIV; 2) AIDS case surveillance, which permits communication among health personnel, families and communities; and 3) legitimization and support for civil society organizations focused on providing care and information.

Additional components that underlie these successful programs include provision of condoms and treatment of HIV. The authors conclude that HIV prevention efforts provide a "social vaccine" that is "more powerful than any of the programs or bio-medical approaches proposed from outside."

View Full Study (PDF, 581KB)

Was the "ABC" Approach (Abstinence, Being Faithful, Using Condoms) Responsible for Uganda's Decline in HIV?

Murphy, E.M., & Greene, M.E. Public Library of Science Medicine (2006), Vol. 3 No. 9.

This paper highlights the structural changes implemented by the government of Uganda in the mid-1980s that contributed to the reductions in HIV prevalence in the 1990s. This paper underscores the

importance of gender inequity as a driver of HIV in the region, and posits that the efforts made by Uganda's president to address this issue made an important contribution to the behavior changes that ultimately took place. According to these authors, critical components of Uganda's success in bringing their prevalence rates down included nationwide social mobilization, gender empowerment policies, and honest talk about AIDS (and gender inequality) by those at the very top of government, including President Museveni himself.

View Article

The Association between School Attendance, HIV Infection and Sexual Behaviour among Young People in Rural South Africa: Evidence-based Public Health Policy and Practice

Hargreaves, J.R., Morison, L.A., Kim, J.C., et al. Journal of Epidemiology and Community Health (2008), Vol. 62, pp. 113-199.

This study examined the hypothesis that school attendance among a rural South African population would be associated with lower HIV prevalence and less sexual risk-taking. The investigators also explored the mechanisms through which HIV risk and education might be mediated. The findings were encouraging. The researchers found that school attendance was indeed associated with lower-risk sexual behaviors. For example, school attendees of both sexes had fewer sex partners than their non-attending counterparts and were more likely to use condoms during sex. School-attending young women were less likely to have sex partners greater than three years their senior, and young, male, school attendees had a lower prevalence of HIV. The authors conclude that "[s]econdary school attendance may influence the structure of sexual networks and reduce HIV risk. Maximizing school attendance may reduce HIV transmission among young people."

View Article

HIV Prevention Among Sex Workers in India

Basu I., Jana S., Rotheram-Borus M.J., et al. Journal of Acquired Immune Deficiency Syndromes (2004), Vol. 36, No. 3, pp. 845-852

This interventional study attempted to replicate the Sonagachi Project, a sex workers cooperative in northern Kolkata that helps sex workers use condoms and resist abuse. The study was conducted in two small urban communities and involved 100 sex workers at each site, with one site serving as the control arm. The project used "community organizing and advocacy; peer education; condom social marketing, and establishment of a health clinic" to promote condom use and to reduce HIV transmission. Condom use was 39 percent among sex workers in the intervention group and 11 percent in the control community after a 15-month follow-up period. The authors conclude that the Sonagachi-model intervention is effective in increasing condom use and maintaining low HIV

prevalence among sex workers.

View Article

Effect of a Structural Intervention for the Prevention of Intimate-partner Violence and HIV in Rural South Africa: A Cluster Randomized Trial

Pronyk, P.M., Hargreaves, J.R., Kim, J.C., et al. The Lancet(2006) Vol. 368 No. 9551, pp. 1973-83

Because intimate partner violence has been tied to HIV risk (women may be physically or financially pressured to submit to unsafe sexual relations) some researchers have recommended interventions to empower women in order to reduce their vulnerability to violence and the attendant risk of HIV. The authors of this interventional study examined how microfinance loans to poor women affected intimate partner violence, their use of condoms, and the incidence of HIV. To do this, they combined loans with a "gender and HIV training curriculum" in pair-matched communities of South Africa, in which one community served as a control for the active intervention. Over the two-year study period, intimate partner violence decreased by 55% in women in the intervention group relative to the comparison group. Positive effects on women's economic well-being, social capital, and empowerment were observed. However, there was no change in condom use or the incidence of HIV.

View Article

Evaluation of Stepping Stones: A Gender Transformative HIV Prevention Intervention

Jewkes, R., Nduna, M., Levin, J., et al. Medical Research Council, South Africa (2007).

This study evaluates the impact of the Stepping Stones project, which focuses on improving sexual health through participatory learning approaches. Villages were randomized to receive either this 50-hour program, or a three-hour intervention on HIV and safer sex. The program included critical reflection, role-play, and drama, drawing on the everyday reality of participants' lives. Sessions covered topics such as, sex and love; conception and contraception; unwanted pregnancy; sexually transmitted diseases and HIV; and gender based violence. The investigators found reductions in the proportion of men reporting perpetration of intimate partner violence, and of men engaging in transactional sex and alcohol abuse. Two years after the baseline assessment, the women in Stepping Stones had a trend toward fewer new HIV infections than those in the control arm, and a similar downward trend of HSV 2 (genital herpes) among men was seen but neither result reached statistical significance.

View Full Study (PDF, 3.6MB)

Micro-credit, Women's groups, Control of Own Money: HIV-related Negotiation Among Partnered Dominican

Ashburn, K., Kerrigan, D., & Sweat, M. AIDS and Behavior (2008), Vol. 12 No. 3, pp. 396-403.

The authors of this study of sexually active women in two provinces of the Dominican Republic sought to examine factors related to a woman's ability to negotiate her partner's behavior and to avoid HIV. Nearly half of the women had received loans and nearly half relied completely on their partner or others for financial support. While the majority of women (62 percent) reported that they did negotiate with their partner to avoid HIV, there was no observed difference between those who received loans and those who didn't. However, obtaining a loan did not guarantee that women remained in control of the money. When control was taken into account, those women who retained control of their money were significantly more able to negotiate their partner's behavior.

View Article

Tap and Reposition Youth (TRY) Program: Providing Social Support, Savings, and Microcredit Opportunities to Adolescent Girls at Risk for HIV/AIDS in Kenya

Hall, J. Population Council, New York (2006).

The Tap and Reposition Youth (TRY) Program used a group-based microfinance model to provide credit, savings, business support, and mentoring to out-of-school women aged 16 to 22 years who lived in low-income and slum areas of Nairobi, Kenya. Participants were provided with livelihood skills training, and HIV and reproductive health education. Participants saved more money than young women in the control group, and were three times more likely to be able to negotiate condom use and twice as likely to refuse sex.

View Full Study (PDF, 953KB)

How Do We Know if Men Have Changed? Promoting and Measuring Attitude Change with Young Men. Lessons from Program H in Latin America

Barker, G. UNAIDS Meeting Presentation, Brasilia, Brazil (2003).

Program H helps young men question traditional norms related to manhood. It consists of four components: 1) a validated curriculum that includes a series of manuals and an educational video for promoting attitude and behavior change among men; 2) a lifestyle, social marketing campaign for promoting changes in community or social norms related to what it means to be a man; 3) a research-action methodology for reducing barriers to young men's use of clinic services; and 4) a culturally relevant, validated evaluation model (the Gender Equitable Attitudes in Men Scale, or GEM Scale) for measuring changes in attitudes and social norms around manhood. The manuals are accompanied by a no-words cartoon video, called "Once Upon a Boy," which presents the story of a young man from early childhood through adolescence to early adulthood.

View Full Study (PDF, 51.7KB)

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

Horizons Final Report, Population Council (2004), Washington, DC

This 10-page paper reports the results of a program aimed at changing gender norms toward more equitable relationships between men and women. Downstream effects of gender-norm changes were measured with regard to condom use, risk behaviors, and sexually transmitted infections (STIs). The results, measured at baseline, six months, and one year, were mixed: only one of three intervention sites showed a statistically significant increase in condom use. However, young men with more equitable gender-norm-scale scores were over twice as likely to use condoms with a primary partner at last sex. This effect was evident at six months and one year after the intervention. In all three sites, there was no significant increase in condom use with casual partners. At one year follow up, two of the three sites, men reported a reduction in STI symptoms. Project H materials and training are used in 20 countries in Latin America and in Asia, and the US. In Brazil and Mexico, Program H materials are being used in collaboration with the public health sector to make the approach part of national adolescent health activities.

View Full Study (PDF, 147KB)

Fatatki Campaign, Tanzania

This project seeks to end the acceptance of cross-generational sexual relationships in Tanzania. The program consists of a radio show and posters depicting a pathetic and lecherous older man named Fataki, who is repeatedly thwarted by community members and young women who reject his unwanted advances. The program targets the families and friends of young women, and is intended to reduce acceptance of cross-generational sex and to provide family and community members with a language for protecting their loved ones from being lured into such relationships. The program is broadcast six times a day on 15 radio stations nationwide. The messages conveyed in these programs are reinforced with 1,000 banners and posters shown in 10 regions of the country. The project is showing striking success - community members surveyed are more aware of the problem of cross-generational sex and are more likely to reject it in their communities. An increasing number of people report having intervened in an effort to protect a loved one. The word "Fataki" has also entered the mainstream lexicon as a new moniker for a predatory older man.

View Fataki Campaign Website

Beyond the Biomedical and Behavioral: Towards an Integrated Approach to HIV Prevention in the Southern African Mining Industry

Campbell, C., & Williams, B. Social Science & Medicine (1999). Vol. 48 No. 11, pp.1625-39

The authors provide an in-depth overview of the mining industry in South Africa, how it has (and has not) responded to HIV, and how a complex chain of factors that can make mineworkers vulnerable to HIV. Many of these issues, the authors argue, are not addressed by the HIV prevention programs offered by mine management, which focus only on information-based education, and testing and treatment of sexually transmitted diseases. The authors contend that the most important factors shaping HIV vulnerability in this population include economic inequality, unequal gender norms, and the dangerous conditions in the mines, which leads to a sense powerlessness and fatalism among the miners. The paper describes an intervention that addresses HIV vulnerability in this population in a more comprehensive manner.

View Article

Improving Hospital-based Quality of Care in Vietnam by Reducing HIV-related Stigma and Discrimination

Oanh, K.T.H., Ashburn, K., Pulerwitz, J., et al. Population Council, Washington, DC (2008)

These two reports by the Population Council discuss programs for stigma reduction within health care settings. Both reports suggest that reductions in stigma and discrimination against people living with HIV in hospital settings are possible. In order to achieve these benefits, two issues must be addressed: 1) fear of occupational exposure and contagion; and 2) moral judgments and value assumptions about people who are living with HIV. Interventions need to be developed in partnership with key stakeholders including patients and health providers, and need to include the full range of hospital staff.

View Full Study (PDF, 1MB)

Reducing AIDS-related Stigma and Discrimination in Indian Hospitals

Mahendra, V.S., Gilborn, L., George, B., et al. Population Council, New Delhi (2006).

This 59-page report is described above.

View Full Study (PDF, 341KB)

Campaigns Against Homophobia in Argentina, Brazil, Colombia and Mexico

Pan American Health Organization, Washington, DC (2007).

Brazil's Ministry of Health instituted a mass media campaign in the early 2000s to promote condom use among same-sex practicing men, and to combat homophobia and discrimination among the general population, and health providers in particular. The authors discuss Brazil's "Acceptance

Begins at Home" program, which includes a mass media campaign that triggered some controversy. The campaign included advertisements for television, movie theaters, and magazines, as well as posters and leaflets promoting respect for those from sexually diverse populations, particularly homosexual men. The television advertisement was a dramatization of family life, modeling support of parents for their homosexual son.

A key part of this structural approach was management of the controversy sparked by the campaign. At the outset, actions were taken to deal with possible counter-campaigns (and possible increases in violence) including mobilization of key opinion leaders and institutional representatives. Support was provided to journalists covering the debates, and the National AIDS Program created space on its website for sharing of opinions about the campaign, both positive and negative. The program was not formally evaluated, but 70% of those who were aware of the campaign expressed positive feelings about it. The TV ads had the greatest reach and recall power.

Key sectors of the community showed support for the campaign, including the homosexual movement and NGO community; civil servants, including members of the House of Representatives; and the Federal Government. Two years after the launch of the campaign, the Ministry of Justice launched "Brazil without Homophobia," a campaign to fight discrimination and violence. This program included concrete initiatives for providing equal access to education, health care, and justice for same-sex practicing men.

View Full Study (PDF, 1,018KB)

Combining Community Approaches and Government Policy to Prevent HIV Infection in the Dominican Republic

Kerrigan, D., Moreno, L., Rosario, S., et al. Population Council, Horizons Final Report (2004).

This 50-page paper evaluates the impact of two structural intervention models to promote 100 percent condom use in 34 female sex establishments in Santo Domingo (basic intervention) with 34 female sex establishments in Puerta Plata (enhanced intervention). The basic intervention focused on building solidarity among sex workers, sex establishment owners, and other members of sex work community. The enhanced intervention included the above, plus regional government policy requiring condom use in all participating sex establishments (including frequent monitoring by government officials).

The results of the interventions showed that there was an increase in consistent condom use (CCU) with new clients in both sites but there was a significant increase in CCU with regular partners during the last month only in Puerta Plata (the enhanced intervention group) where there was also a significant increase in verbal rejection of unsafe sex. Sexually transmitted infections declined in both

groups, with a stronger effect in Puerta Plata. Participants with high levels of reported exposure to intervention were almost twice as likely to use condoms consistently. The researchers conclude that the enhanced intervention model (Puerto Plata) was more cost-effective than the basic intervention.

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Housing Status and HIV Risk Behaviours: Implications for Prevention and Policy

Aidala, A., Cross, J.E., Stall, R., et al. AIDS and Behavior (2005).

This paper explores the relationship between housing and sexual and drug-related risk behavior in people living with HIV. Conducted in Australia, this study suggests that structural-environmental factors can be critical in HIV prevention even in a well-developed economy. The odds of recent drug use, needle use, or sex exchange at baseline were higher among people who were homeless than in the those with stable housing. Similar patterns were observed for those who were in unstable housing situations. People whose housing status improved at six to nine months follow-up compared to baseline, had reduced risks of drug use, needle use, needle sharing, and unprotected sex compared to those whose housing status did not change. For those whose housing situation worsened, the odds of recently exchanging sex was over five-times higher than for those whose status did not change. Authors conclude that the provision of housing is a promising structural intervention to reduce the spread of HIV.

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Tools and Curricula

Understanding and Challenging HIV Stigma: Toolkit for Action

Academy for Educational Development, International Center for Research on Women, and International HIV/AIDS Alliance

This toolkit is a revision of a 2003 report written by AIDS activists from over 50 NGOs in Ethiopia, Tanzania and Zambia. The activists participated in workshops where they explored the implications of stigma and designed exercises on different aspects of the issue, which are intended for use by AIDS professionals and community groups.

View Toolkit Introduction and Module A: Using the Toolkit; and Naming the Problem (PDF, 1.6MB)

View Toolkit Modules B and C: More Understanding, Less Fear; and Sex, Morality, Shame and Blame (PDF, 2MB)

View Toolkit Modules D and E: The Family and Stigma; and Home-based Care and Stigma (PDF, 2MB)

View Toolkit Modules F and G: Coping with Stigma; and Treatment and Stigma (PDF, 1.9MB)

View Toolkit Module H: MSM and Stigma (PDF, 1.8MB)

View Toolkit Module I: Children and Stigma (PDF, 2.2MB)

View Toolkit Module J: Young People and Stigma (PDF, 2MB)

View Toolkit Moving to Action Module (PDF, 1.1MB)

View Toolkit Picture Booklet (PDF, 3.3MB)

Reducing Stigma and Discrimination Related to HIV and AIDS: Training for Health Care Workers

EngenderHealth (2004).

This two-volume training course guides health workers through an investigation of the root causes of stigma and discrimination while helping them to understand their own attitudes about HIV and AIDS and how they might affect the people they care for. The curriculum consists of a 75-page participant's handbook and an 85-page trainer's manual. Both are available separately in French and English. The training uses role-playing, small- and large-group discussions, and brainstorming. Topics include clients' rights to receive health care services; the use of standard precautions and proper infection prevention techniques to minimize the risk of occupational exposure to HIV; and guidance in developing action plans to help participants put what they have learned into practice at their service settings.

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Safe and Friendly Health Facility: Trainer's Guide

Oanh, K.T.H., Muc, P.D., & Kidd, R. Population Council (2008).

This 98-page booklet is used to train health workers about HIV, including HIV stigma and discrimination; universal precautions; and support processes to develop new policy guidelines. After being used in more than 20 trainings, the guide was revised and updated to incorporate what was learned from the trainings for adaptation and application across a broad spectrum of national settings

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Guidelines for Inclusion of Individuals with Disability in HIV/AIDS Outreach Efforts

Groce, N.E., Trasi, R., & Yousafzai. A.K. Yale University, New Haven, U.S. (2006)

Available in English, Spanish, French, and Portuguese, this 17-page report based on a Global Survey on HIV and AIDS and Disability, provides guidelines for a range of "no-cost" and higher cost approaches that can be used by program implementers, policymakers, advocates, and educators to ensure that individuals with disabilities are included in HIV prevention efforts.

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Men as Partners: A Program for Supplementing the Training of Life Skills Educators, 2nd Edition

Planned Parenthood Association of South Africa, EngenderHealth (2001).

This 295-page manual is aimed primarily at Men as Partners (MAP) master trainers, who train and supervise life skills educators to implement MAP activities with the public, and at MAP life skills educators themselves. It contains a variety of interactive educational activities on such topics as gender and sexuality; male and female sexual health; HIV and other sexually transmitted infections; relationships and violence; and provides general resources for facilitators, including tips for improving facilitation skills and sample introductory and icebreaker activities.

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People Living with HIV Stigma Index

International Community of Women Living with HIV (ICW), International Planned Parenthood Federation (IPPF), Global Network of People Living with HIV (GNP+), UNAIDS (2008), South Africa.

This tool provides a process that can be used by programs to help measure and monitor changes in stigma and discrimination experienced by people living with HIV. The data collected can be used to influence national policies and program design. Groups can use the index to understand experiences of stigma and discrimination in their communities. The use of the tool over time, in conjunction with surveys, can enhance collective understanding and detect changes and trends.

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Program H

Instituto Promundo, Rio de Janeiro, Brazil.

Five manuals, available in Spanish, English, and Portuguese, support work with young men in order to explore their concepts of masculinity. The program uses interactive activities and theoretical

content. Each manual contains an introduction on a specific theme; a description of the group activities; and a list of references for further research, including videos, websites, and organizations that work in the area. The five manuals are:
Volume 1: Sexuality and Reproductive Health
Volume 2: Fatherhood and Care-giving
Volume 3: From Violence to Peaceful Coexistence
Volume 4: Reasons and Emotions
Volume 5: Preventing and Living with HIV/AIDS

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Stepping Stones

This manual outlines a participatory, human rights-based approach for working with communities that are affected by HIV. The process engages all community members ages 11 years and older in a series of meetings. The process employs a "bottom-up" response to the epidemic and has been used with a wide range of communities to address sensitive issues including violence, stigma, gender inequalities, homophobia, and coping with grief.

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Learn more

Men as Partners Program
EngenderHealth, New York.

This program helps men play constructive roles in promoting gender equity and health in their families and communities. The program works with individuals, communities, health care providers, and national health systems to enhance men's awareness and support for their partners' reproductive health choices; to increase men's access to comprehensive reproductive health services; and to mobilize men to take an active stand for gender equity and against gender-based violence. To date, EngenderHealth has developed Men As Partners programs in over 15 countries in Africa, Asia, Latin America, and the United States.

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