

# Changing gender attitude and reducing HIV risk and gender based violence among Young Men in Low Income Setting of India

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In India, young people aged 15-24 accounted for 37 percent of people living with HIV (IIPS and Macro International 2007). Although there is increasing awareness of the role that gender norms play in fostering partner violence and HIV risk for young men and their sexual partners, few interventions have attempted to influence these norms as a key strategy for HIV and violence prevention. And, few evaluation studies have attempted to measure the impact of prevention interventions that focus on gender-related issues, including changes in support for inequitable gender norms. In response to this gap, the Horizons Program, CORO for Literacy, MAMTA, and Instituto Promundo conducted operations research to examine the effectiveness of interventions to improve young men's attitudes toward gender roles and sexual relationships, and to reduce HIV risk behaviors and partner violence. The interventions were based on a successful program that addressed gender norms in Brazil. Support for the various phases of this project was provided by the MacArthur Foundation, USAID, SSL International and the European Union.

## Methods and Intervention

Set in urban slums in Mumbai in the state of Maharashtra and in rural villages in Gorakhpur (Uttar Pradesh), the study used a quasi experimental design to test the impact of different combinations of intervention activities on young men's support for inequitable gender norms, HIV/STI risk behaviors, and partner violence. The sample included married and unmarried young men aged 16-29 years old in urban settings and aged 15-24 years in rural settings.

In Mumbai, the study used a three-arm design. Participants in arm 1 received Group Education Sessions and a Life Style Social Marketing Campaign (GES + Campaign); those in arm 2 received only Group Education Sessions (GES). Arm 3 was the comparison site and received a delayed intervention. In each of these three sites, surveys were administered before any intervention activity (n=886) and after the intervention had been ongoing for six months (n=537). In the rural areas of Gorakhpur, young men in one block of villages were exposed to group education sessions only (GES) and in the other block of villages they were exposed to an unrelated intervention. A survey was administered to the participants prior to the intervention in the intervention arm and in the comparison site (n=1040) and six months later (n=601). In this paper, matched cohort data of young men who were interviewed both during baseline and follow up are presented.

Attitudes towards gender norms of the young men were assessed using a version of the Gender Equitable Men (GEM) Scale developed initially in Brazil and adapted to the Indian context. A change in GEM Scale scores, as well as in a number of behavioral indicators including condom use, violence against partners, and communication with partners, were evaluated. Further, associations between the GEM Scale and behavioral indicators were determined at baseline and endline, and across the intervention arms.

## **Key Findings**

### **At baseline, the majority of young men supported inequitable gender norms.**

GEM Scale scores were trichotomized into “high equity,” “moderate equity,” and “low equity.” At baseline, less than 10 percent of the young men in all the sites were categorized as “highly equitable.” The majority of young men were distributed across “medium” and “low” equity categories. There was not much difference across the rural and urban sites.

### **Young men reported substantial HIV/STI risk practices at baseline.**

Report of at least one of STI symptom or other factor indicative of poor sexual health in the three months prior to the survey was substantial in all groups, but highest in the rural sites. Less than 10 percent of the young men had ever taken an HIV test. More than one-third of young men in both urban and rural sites reported they had been physically or sexually violent against a partner in the three months prior to the survey. Across the urban sites, 44 percent of respondents were sexually experienced with an average age of 18 years at sexual initiation. Young men from the rural area were somewhat more likely to be sexually experienced; 50 percent reported having had sex with any type of partner and their mean age of sexual initiation was 16.

At least a fourth of young men in the rural and urban sites who reported having had sex in the last 3 months had sex with two or more partners. Condom use at last sex with all partner types in the last three months varied from one-fourth to 43 percent, depending on the study site.

### **Support for inequitable gender norms was associated with HIV risk.**

At baseline, lower scores on the GEM Scale were associated with more reported HIV risk behaviors. Combined data from the three urban sites indicates that young men reporting more support for inequitable norms were significantly ( $p < .05$ ) less likely to use condoms and more likely to report symptoms of poor sexual health. In rural sites, there was a significant association ( $p < .05$ ) between lower GEM Scale scores and reporting at least one symptom of poor sexual health, partner violence, and sex with more than one partner.

### **Intervention participants reported less support for inequitable gender norms after the intervention.**

There was a significant positive shift ( $p < .05$ ) of young men moving from the ‘low gender equity’ category into the ‘medium gender equity’ and ‘high gender equity’ categories in the intervention sites. Changes in the comparison sites were not significant. Logistic regression analysis at endline found that a positive change in gender attitudes was correlated with exposure to the intervention.

### **Partner communication significantly improved in the intervention sites.**

In both urban intervention sites the number of men discussing condoms, sex, STIs, and/or HIV with a partner increased by almost one and a half times from baseline to follow up, while it decreased in the comparison site. The proportion of men communicating about any of these topics with a partner more than doubled in the rural intervention arm. However, it also more than doubled in the comparison arm.

### **There was a significant increase in condom use at last sex with all partner types in the intervention areas.**

Among the young men who had sex in the last 3 months, condom use at last sex with all sexual partners increased significantly ( $p < 0.05$ ) in the urban and rural intervention sites from baseline to follow-up. In contrast, condom use stayed the same or decreased slightly in the comparison sites. Logistic regression analysis at endline showed that men in the intervention arms were 1.9 times more likely to have used condoms at last sex with all partners in Mumbai ( $p < 0.001$ ) and 2.8 times more likely to have used them in Gorakhpur ( $p < 0.001$ ) than those in the comparison arms in each setting.

### **Self-reported violence against a partner declined in the intervention sites.**

The proportion of men in the urban and rural intervention sites who reported violence against a partner (either sexual or non-sexual/romantic) in the last three months declined significantly ( $p < 0.05$ ). In contrast, reported partner violence increased significantly in both the urban and rural comparison groups.

### **There was a positive trend towards improvements in GEM Scale scores being associated with decreases in HIV/STI risk behaviors.**

Analysis was conducted to determine if there was a correlation between positive changes in attitudes among respondents (calculated by subtracting the GEM Scale score at endline from the baseline GEM Scale score) and reductions in HIV risk behaviors. Although these correlations were not statistically significant, there was change in the right direction.

### **Young men in the intervention sites reported more positive attitudes toward PLHIV.**

Young men in the intervention arms showed significant improvements in their attitudes toward PLHIV, while attitudes significantly worsened among the comparison groups in both Mumbai and in Gorakhpur.

## **Discussion and Conclusions**

The results of this study suggest that young men became less supportive of inequitable gender norms after participating in the interventions, whereas in the comparison groups, there tended to be little or no positive change, or the changes were in the wrong direction. Similarly, there were significant improvements among intervention participants in key outcome indicators, including condom use, partner communication, partner violence, and attitudes toward PLHIV. The study also found that the impact of the group education intervention alone was comparable with the impact of the combined intervention that included the lifestyle social marketing campaign. The intervention activities were also considered culturally appropriate for both rural and urban different settings in India, based on qualitative findings.

Our study showed that change in attitudes and behaviors is a complex and gradual process. Qualitative observation of those who attended the sessions suggests that changes among the young men happened in stages. In the initial stages of the intervention, young men who came into the sessions often denied the idea of gender-based inequality in their society and in their individual actions. As they progressed through the sessions they moved their position toward accepting that gender-based inequality does exist. Further on, they acknowledged that some of their attitudes and behaviors were gender inequitable, and that it would be beneficial to change these views.

To maximize the chances of long-term sustainability of these positive changes, there is a need to regularly reinforce the messages related to alternative forms of masculinity and to further facilitate a supportive environment for these changes. It will be important to build alliances for large scale and on-going discourse on men and masculinities. An immediate response that is recommended is explicit inclusion of discussions of manhood and masculinities in educational activities and widespread promotion of critical reflection about violence and manhood.