

Illustrative Program Examples Related to Gender, Sexuality, HIV

Facilitator Note: You may use these examples to amplify speaker notes for the Powerpoint presentation "Gender, Sexuality, and HIV: So What?" and also the sexuality examples referenced in the Gender Analysis and Integration section of the master "Gender 101 PPT" presentation. The speaker notes refer to these examples where they might be most appropriate to include, but further details for many of these examples are found below.

Neglected dimensions of sexual pleasure, practices, and intimacy (and programming opportunities):

Example 1: Sexual pleasure within marriage in Mozambique. An HIV prevention project in Mozambique sought to promote safer sex among married couples by tackling one of the reasons that husbands were having sex outside of their marriages—because they were bored with their sex lives at home. Preliminary research showed that men justified extra-marital sex by complaining that their wives would not agree to sexual experimentation, especially with regard to sex positions. Women, on the other hand, reported that, "I am never asked what I like in sex, if I like sex, and if I even want sex, so why should I do anything that gives him pleasure?" The project successfully advocated with local churches (including Catholic churches) by explaining to church-affiliated participants the importance of talking more openly about sex and helping them understand that open dialogue among married couples about sex and pleasure is not a threat to culture, religion, or people's sensibilities. Religious leaders supported the project, teaching couples about better sex by getting women and men to talk openly about what they like and do not like about sex in group and couple settings. (Philpott et al., 2006, P.26)

Example 2: Research with sex workers in Cambodia discovered that sex workers did not use condoms because there would not be enough lubrication during repeated sexual intercourse unless semen was present—and that lack of lubrication was also a reason MSM were not using condoms. Research findings resulted in new packaging of condoms with lubricants and attention to the lubricants being high quality and pleasing to use (with a nice smell and consistency, in addition to being water-based). (Philpott et al., 2006, P.26–28)

Example 3: Work with Nicaragua's Men Against Violence network included not only tackling violence perpetuated by men and others, but "encourages men to discover the pleasures of tenderness, intimacy, and equality in both sexual and nonsexual relations." (Correa and Jolly, 2008, P.38)

Example 4: People living with HIV may experience difficulties related to libido and sexual arousal due to a combination of factors, including depression and side-effects of medication. Fear that treatment may produce (further) challenges with sexual performance may be a factor in non-adherence. Some evidence suggests that sexual difficulties may increase unprotected anal sex for MSM (Mao et al., 2009). The

opportunity and importance of sexual pleasure to the well-being of PLHIV and their partners, or to specific program areas like treatment adherence, is often explored only within circumscribed settings (such as positive living courses) and not linked to broader programming efforts and priorities.

Social construction of sexuality (and mis-assumptions in programming):

Example 5: Meaning of monogamy. Research in the 1990s showed that for many young people 'monogamy' meant serial monogamy (Boyce et al., 2007, P.17).

Example 6: Practices to maintain abstinence. Campaigns designed to encourage 'abstinence' have not considered how sex is defined; young women and men may engage in anal intercourse, considering it a means to 'preserve virginity' as well as to protect against pregnancy (Gupta, 2002).

See also Example 1 above (for mis-assumptions—about lack of condom use in sex work).

Linking challenges to underlying homophobia and gender inequality:

Example 7: Proyecto D (Diversidad) in Brazil is a forthcoming addition to the prior resources from Instituto Promundo. The other resources are Proyecto H—their well-known and evaluated resources for programming for men and boys (hombres); and Proyecto M—programming for women and girls (mujeres). Proyecto D focuses on developing tolerance for sexual diversity, building on the recognition of the foundational role that homophobia plays in the construction of masculinities and gender inequalities. A currently available companion video, *Afraid of What?* is available through the Instituto Promundo website, available at <http://www.promundo.org.br/en/for-youngers/>.

Example 8: Strategic Alliance between MSM and HIV-positive Women in Mexico. The POLICY project helped to foster policy dialogue and recognition of the links between sexism and homophobia, which resulted in an explicit strategy articulated within Mexico's national HIV strategy to pursue a linked approach of working with both positive women and MSM communities (HPI, 2010). The Health Policy Initiative has also fostered policy dialogue and planning to foster linkages between health services' responses to gender-based violence faced by women and by MSM/trans (Betron, 2009).

Investing in analysis and capacity building:

Example 9: Participatory Learning and Action with Truck Drivers in India. The program example of CARE & ICRW's work through ISOFI in India combined ongoing staff reflections and capacity building related to sexuality and gender; the program also used participatory learning and action activities to unpack sexuality and gender in the lives of community members. This work with mobile men (working in the long-distance trucking industry), for instance, enabled exploration of male sexual pleasure and power... and eventually led to an understanding of different forms of sexual practices, including 'cab sex' with junior, male truck conductors. Building on the space created for understanding these relations, the project then was able to design HIV prevention interventions that addressed these specific practices (CARE, 2007, P.48–49).

References:

Betron, M. 2009. *Screening for Violence against MSM and Transgenders: Report on a Pilot Project in Mexico and Thailand*. Washington, DC: Futures Group, USAID | Health Policy Initiative, Task Order 1.

Boyce P., M. Huang Soo Lee, C. Jenkins, S. Mohamed, C. Overs, V. Paiva, E. Reid, M. Tan, and P. Aggleton. 2007. "Putting Sexuality (Back) Into HIV/AIDS: Issues, Theory and Practice." *Global Public Health* 2(1): 1–34.

CARE. 2007. *Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health*. Atlanta: CARE.

Correa, S. and S. Jolly. 2008. "Development's Encounter with Sexuality: Essentialism and Beyond." P.22–44 in *Development with a Body: Sexuality, Human Rights and Development*, edited by Cornwall, A., S. Correa, and S. Jolly). London: Zed Books.

Gupta, G.R. 2002. *Vulnerability and Resilience: Gender and HIV/AIDS in Latin America and the Caribbean*. Washington, DC: International Center for Research on Women (ICRW).

Health Policy Initiative. Forthcoming 2010. "Gender Integration: Gender and Health Policy." From *Innovate and Integrate: A Project Framework for Health Policy*. Washington, DC: Futures Group International, USAID | Health Policy Initiative, Task Order 1.

Mao, L, C.E. Newman, M.R. Kidd, D.C. Saltman, G. Rogers, and S.C. Kippax. 2009. "Self-Reported Sexual Difficulties and Their Association with Depression and Other Men Attending High HIV-Caseload Gender Practices in Australia." *Journal of Sexual Medicine* 6:1378–85.

Philpott A, W. Knerr, and V. Boydell. 2006. "Pleasure and Prevention: When Good Sex is Safer Sex." *Reproductive Health Matters* 14(28): 23–31.