

HIV and Development Programme



Gender and the HIV Epidemic

MEN AND THE HIV EPIDEMIC

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I. INTRODUCTION

As the epidemics of HIV and AIDS have developed over time, international organisations, national authorities and non-governmental organisations (NGOs) have recognised that social inequalities and power relations have an important impact on HIV transmission. Factors such as poverty, migration and urbanisation have a key role to play in facilitating HIV infection (Sweat and Denison, 1995). Other variables known to influence the vulnerability of individuals and groups include social background, age, race, gender and sexuality. Not infrequently, these different variables interact with one another so as to render some groups systematically more vulnerable and other groups more protected (Piot and Aggleton, 1998).

Importantly, and for the purposes of this review, there has been increasing awareness that prevailing relationships within and between the sexes, or gender relations as they are more usually called, affect not only the development of the epidemic (Carovano, 1992), but the manner in which individuals, groups and communities respond (see, for example, Aggleton and Warwick, 1998). As used here, the term gender refers to the social shaping of femininities and masculinities, and challenges the idea that relations within and between the sexes are ordained by biology or nature (Ankrah and Attika, 1997). Unequal gender relations can be seen in many ways but are particularly visible in the special vulnerability of women to HIV and AIDS in developing countries, and in men's risk taking behaviours. Economic and social vulnerability, as well as stereotypical gender roles, influence women's and men's vulnerability to HIV infection, while fuelling the overall course of the epidemic. As Meursing and Sibindi (1995: 66) have recently written 'the AIDS epidemic thrives on rigid sex-role definitions.'

Recent reviews also suggest that women in many parts of the developing world are less likely to control how, when and where sex takes place, thereby increasing the likelihood of unwanted pregnancy, STDs and HIV (see, for example, International Center for Research on Women, 1996). Women's vulnerability to HIV infection is enhanced for several reasons including their economic dependence on men, lack of access to education, poverty, sexual exploitation, coercion and rape, as well as by the fact that women are more likely than men to sell sex in order to survive (Aggleton and Rivers, 1999). Surrounding and to some extent legitimating these inequalities are ideologies of masculinity and femininity which make it seem 'natural' that men should have the upper hand when it comes to economic decision making, opportunities for advancement, expressing their sexual desires and satisfying their sexual needs.

While traditional gender roles render women less able to control the nature and timing of sexual activity, men are more able to determine how, when and with whom sex takes place. Despite this, dominant ideologies of masculinity (which emphasise male sexual pleasure, value the display of sexual prowess and encourage men to have multiple sexual partners) place men and their partners at heightened risk of HIV and AIDS. While women may be prepared to take measures to protect themselves from HIV infection, and while men may have some investment in protecting themselves, their partners and families, women's desire for safer sex not infrequently runs 'into a wall of un-cooperation from men' (Meursing and Sibindi, 1995). In this paper we will examine what it is about gender relations and dynamics, and dominant versions of masculinity in particular, that enhances risk and hinders men from protecting themselves and

their partners from HIV infection. Men's relationships with women and with other men will be examined, and the importance of involving men more fully in programmes for improved sexual health and greater gender equality will be stressed.

Before doing this, however, it is important to stress that the dangers of working from a stereotypical description of 'men' and their desires, motivations and interests. There is enormous variability between individuals, not only between societies but within them. While some men display little interest in protecting themselves and their partners against disease, perhaps believing themselves to be 'invincible', others behave with the utmost responsibility and consideration for others. Moreover, while perhaps the majority of men prefer to have sex with women, a not insubstantial number of men have sex with members of both sexes or with other men alone. Whether the individuals concerned understand this behaviour to be 'heterosexual', 'bisexual' or 'homosexual' varies considerably, since in perhaps the majority of countries these terms only enjoy currency in the scientific, medical and epidemiological literatures, and rarely form part of the local vernaculars within which sex is talked about and understood. Analysing the position of 'men' in relation to the HIV epidemic is therefore a complex and difficult task, and one which cannot adequately be accomplished within the confines of a review such as this. We are aware, therefore, that we will probably raise as many questions as offer answers, yet hope that our analysis of men and masculinities in relation to the epidemic offers some useful leads for future programme development.

II. GENDER AND THE HIV EPIDEMIC

Gender and Development

Policies and programmes to promote greater equality between men and women are considered to be crucial to HIV prevention (see, for example, Rao Gupta, 1995; d'Cruz-Grote, 1996). Despite increasing recognition of the importance of more equal gender relations, many programmes continue to work solely with women in an attempt to help empower them in sexual relationships. As Wood and Jewkes (1997) point out, however, this focus is often based on an erroneous set of assumptions about women's ability to control and sustain their sexual health. Only rarely do women have direct control over the contexts, occasions and forms within which sex takes place, and there is a substantial literature to indicate how difficult it is for women to persuade men to use condoms and/or reduce the number of partners in circumstances where the latter are unwilling to do so (see, for example, World Health Organisation, 1994). In the field of international development, and while several programmes have recently altered their terminology from 'women in development' to 'gender and development', perhaps the majority of initiatives to challenge and transform prevailing gender relations still focus on women alone. Relatively few start from a recognition of the needs of both women and men (White, 1997).

This over-emphasis on reaching women who are particularly vulnerable to HIV infection has led to a neglect of two key factors: men's participation in programmes and programming and broader social circumstances (Mbizvo and Bassett, 1996). For example, while numerous HIV prevention programmes and interventions have focused on women sex workers, considerably less attention has been given to their male clients. Even today, men are rarely written about in the literature on development and, where accounts do exist, men usually appear as background figures and are rarely centre stage within the analysis. By way of contrast, in much of the literature on gender and development, women are written about as hard working and caring with a strong orientation towards community, while men are constructed as individualists who put their own desires first. The overtones here of 'colonial stereotypes about 'lazy natives' are uncomfortable, to say the least' (White, 1997: 16). Indeed, men in developing countries have almost uniformly been characterised as inconsiderate, unreliable, predisposed to coercion, rape and violence, as well as being relatively unable to control or change their behaviour. As such, they offer a counterpart for images of women as disempowered and with little control over their social and sexual lives. A more complex situation does in fact pertain (Sweetman, 1997).

While some commentators have called for increased male participation in work towards greater

gender equality and improved sexual and reproductive health, concern has also been expressed about shifting the focus, and resources, from women to men. Berer (1996: 7), for example, has suggested written that '...just as women's specific problems are finally getting some attention on the world stage ... it seems that focusing only on women is no longer acceptable.'. For Berer and other writers, the key may lie in involving men in ways which are more supportive of both women and women's concerns: 'If empowering women is to remain the end point ... policies for change that involve men must also be grounded in a woman-centered and gender-sensitive perspective, not just taking men's perspectives or needs into account.' (ibid: 9).

Gender Inequalities and Masculinity

Gender differences, and the inequalities associated with them, can be explained in a variety of ways. However, while it is widely accepted that gender roles are not 'natural' but are culturally produced (Hearn, 1987), there is no consensus as to what causes them to emerge in the first place, or what leads them to change over time. Still less have the links between gender roles and broader sexual inequalities been fully explained. This poses major problems for any effort to explain the 'position' of men in relation to the sex and sexual matters, or the ways in which masculinities 'as sets of ideologies governing thoughts, actions and behaviours' are constituted and reproduced over time. Yet some understanding of these phenomena is important if we are to develop programmes to engender greater equality within and between the sexes, to reduce HIV related risks, and to promote sexual and reproductive health more generally.

Connell has recently argued that research has failed to produce a 'coherent science of masculinity' (Connell, 1995: 67). In his view, masculinity is not a static and unchanging social norm, rather '[it]...is simultaneously a place in gender relations, the practices through which men and women engage ... and the effects of these practices' (Connell, 1995: 71). Multiple masculinities influenced by class and race as well as gender clearly exist, and it is important to examine not only gender relations between men and women, but also gender relations between men in making sense of gender inequalities and their effects.

Notions of 'hegemonic masculinity' help explain why certain versions of masculinity become the most successful and powerful in particular environments. Men who do not meet the 'standards' set by hegemonic masculinities, which in themselves can and do change over time, are viewed as unsuccessful and powerless, since within a society one or more forms of masculinity is likely to be 'culturally exalted'. Although not all men conform to the dominant versions of masculinity that circulate at any one moment in time, those who do not often find themselves discriminated against.

Despite this, all men probably share in what Connell (1995: 82) has called the patriarchal dividend through which men gain honour, prestige, the right to command, and material advantage over women.

Challenging dominant ideologies of masculinity, and their consequences for women and men's lives, is not easy. Like hegemonic ideologies of all kinds, dominant beliefs about what 'real' men are like (and by extension what women and children are like) seek to incorporate all alternative images, accounts and explanations within their sphere of influence. Thus, hegemonic masculinities legitimize not only unequal roles and relationships between women and men, but also between men. They encourage us to see men who do not live up to the ideals of hegemonic masculinity as effeminate, weak, subservient or immature. And they seek to deny men an active role in changing prevailing gender relations and inequalities for the better (Cornwall, 1997).

Masculinities and Sexual Health

Prevailing gender relations have a serious impact on men's sexual health and the sexual health of partners and families, in addition to shaping the broader oppression of women. Estimates suggest that between 60-80 per cent of women currently infected with HIV in sub-Saharan Africa have had only one sexual partner (Adler et al, 1996). Research in many parts of the world suggests that men have a greater lifetime number of sexual partners and that there are

clear double standards regarding the behaviour of men and women (de Bruyn et al, 1995; International Center for Research on Women, 1996). For example, while in many cultures women are expected to preserve their virginity until marriage, young men are encouraged to gain sexual experience (International Center For Research on Women, 1996). Indeed, having had many sexual relationships may make a man popular and important in the eyes of his peers (Abdool Karim and Morar, 1995). Male sexuality is often thought of by both men and women as unrestrained and unrestrainable, and in some parts of the world having an STD is considered a badge of honour which confirms manhood (de Bruyn et al, 1995). So, while lack of knowledge and sexual inexperience remain highly valued for young women, men may be stigmatised if they cannot demonstrate having had a wide sexual experience.

Research also suggests that sexual decision-making is usually controlled by men. In many cultures, coercive sex and sexual violence are not unusual (see, for example, de Bruyn et al, 1995; Wood and Jewkes, 1997). According to both boys and girls recently interviewed in Recife in Brazil, for example, girls and women are often coerced into sex and some young women may obey their boyfriends' wishes because they believe that girls are 'meant' to be compliant and subservient (Vasconceles, Garcia and Mendonca, 1997). While there may be differences in prevailing definitions of masculinity, greater freedom, power and control characterise male sexuality across a wide spectrum of different cultures. Furthermore, where women are most economically dependent on men, their ability to make decisions about sex may be most constrained. This reinforces the importance of economic development for enhanced levels of gender equality (Rao Gupta, Weiss and Mane, 1996).

In order to avoid the problems which come from failing to conform to dominant gender stereotypes, women risk the damage associated with conformity (Overall, 1993). Men on the other hand may find that by conforming to stereotypical versions of masculinity, they place themselves and their partners at heightened risk. These contradictions need to be exposed so as to identify the dividend that accrues to both women and men when existing gender roles are transformed or cease to be obeyed. By working to show how many men do not meet idealised forms of masculinity, discussion about how some men are marginalised can begin to take place. As Cornwall (1997: 12) has recently put it, 'If gender is to be everybody's issue, then we need to find constructive ways of working with men as well as with women to build confidence to do things differently.' The intimacy, complexity and entrenched character of prevailing gender relations and ideologies mean, however, that work of this kind will need to be sustained over time (White, 1997). While women may be the initiators of this kind of dialogue, their task will be 'impossible unless a dynamic is generated amongst men to question their personal practice' (ibid: 15-16). A first step in analysing men and masculinities, therefore, may lie in examining men's 'private stories', and how these accounts and experiences support or contradict the ideologies promulgated by more hegemonic masculinities (White, 1997).

Long and Ankrah (1996) have recently argued that sexual responsibility among men is central to the health of both men and women (ibid: 392). In their eyes, funding priority should be given to programmes and activities which aim to reach both men and women, rather than women alone. Community mobilisation and other techniques may be used to help increase awareness among men of how HIV/AIDS can affect the lives of their daughters, wives, mothers, kin and friends. For Long and Ankrah, women's empowerment cannot be achieved by women alone, but requires the support of men for its successful realisation (Long and Ankrah, 1996: 395).

Gender and Other Inequalities

Cornwall (1997: 9) has recently written that in much development work, gender analysis is used to guide planners by 'delineat[ing] distinctions between men-in-general and women-in-general'. Little is usually said about the intersection of gender with 'other differences such as age, status and wealth' (ibid: 9). In reality, gender relations and ideologies interact with other social inequalities, including those based on class, sexuality, age, religion and race.

White (1997) has recently described how some men in Bangladesh are exploited by other men because of their ethnicity, and a clear interaction between gender, ethnicity and class as determinants of sexual risk taking has also been shown among mine workers in South Africa

(Campbell, 1997). Here, as in other countries, lack of employment opportunities close to home encourages men to migrate. Working in highly dangerous conditions, and removed from the usual sources of familial and social support, life in cramped conditions is both stressful and lonely. Drinking and paying for sex too readily become normative, heightening the HIV-related risks faced by the men and their partners.

In contrast, women's interests are often understood as relatively little influenced by social class, and 'gender sensitive' development programmes which aim to make women less poor are often conducted in isolation from work of other kinds. For some writers, 'Gender [has become] the justice issue, women the minority (... [and]) social development (...) at least in some agencies (...) very largely commandeered by 'gender specialists' (White, 1997: 21). A broadening and deepening of our understanding of power and inequalities seems called for if we are to better understand the sometimes complex vulnerabilities linked to class, gender and ethnicity which structure women and men's lives. While men clearly benefit from gender inequality (i.e. through their greater access to schooling, economic advantage and power), we might profitably focus on masculinity and its effects by examining the institutions, cultures and practices that sustain both gender inequality and other forms of domination, such as those attributable to class, religion and race (White, 1997). As Cornwall (1997: 11) has put it, it is important to remember that 'not all men (...) have power; and not all of those who have power are men'.

Developing a more sophisticated understanding of gender inequalities and their determinants requires an examination of sexual divisions and ideologies beyond those that operate to structure men's relationships with women. The importance of men's relationships with one another has already been mentioned in relation to the way in which men who do not conform to dominant ideologies come to be seen as unmanly and effeminate. These social perceptions not infrequently link to the homophobia and heterosexism that can be witnessed in almost every society. They also fuel the existence of homosexual relationships and roles modelled strongly on heterosexual lines, for example, the activo/passivo relationships characteristic of men who have sex with men across much of central and southern America and north Africa, and the emergence of strongly gendered 'types' of male sex work that emerge in these same contexts (Aggleton, 1996, 1998).

Sex between men remains highly stigmatised in many societies, and men who have sex with other men (and who are open about this) not infrequently experience marginalisation, stigmatisation and severe social sanctions (McKenna, 1996). In perhaps the majority of countries, homosexual masculinities lie at the bottom of the gender hierarchy among men, and overt expressions of 'gayness', for example, are often equated with femininity (Connell, 1995). While it is less useful to talk about specifically gay identities outside the West and its spheres of socio-sexual influence, men who have sex with men and who do not subscribe to dominant versions of masculinity are clearly discriminated against in the majority of societies worldwide.

Interestingly, in some cultural contexts it is not sex between men per se which generates disapproval, but rather the behaviour of those men who show attributes which are traditionally associated with women. It is important, therefore, to examine sexual identities from a culturally sensitive local standpoint rather than through Western frameworks and understandings. Khan (1997) for example, has recently written about sex between men in India and Bangladesh, both countries in which social identity is much influenced by familial relations. Here, men who have sex with other men may not be penalised so long as their activities remain hidden. In this kind of context, hegemonic masculinity seems threatened less by sexual preference and habit than by the refusal to enter into contractual and reproductive relations with women. Similar findings have been reported from research conducted in Islamic societies including Pakistan (Murray and Roscoe, 1997)

Generational issues are also important determinants of sexual inequalities and discrimination. Young people often have less access to information and services than older people, have less economic power and are at heightened risk of sexual exploitation (Aggleton and Rivers, 1999). Recent research in Tanzania (Seel, 1996), in Zimbabwe (Runganga and Aggleton, 1998) and many other countries suggests that young men may attempt to redress inter-generational inequalities through sexual activity with multiple partners, which is seen by them as symbolising

adulthood and enhanced status.

Overall, analyses of gender, sexuality and inequality need to take account of the manner in which factors such as age, class, ethnicity and culture interact to determine the form that gender and sexual divisions take. It should be clear from what has been said so far that the most successful programmes and interventions are likely to be those which move beyond a narrow focus on women's concerns and needs (while recognising these as important) to look at the ways in which contemporary masculinities are constructed and reproduced in particular societies at a given moment in time. By understanding more about the relationship between hegemonic masculinities and more subordinate forms, we may be better placed to challenge the former and their divisive effects (both for women and for men), so facilitating the transformation of social relations within and between the sexes.

III. WORKING WITH MEN

A number of researchers and practitioners have recognised the importance of involving men in work designed to prevent HIV infection, as well as to address the broader inequalities which pose a threat to sexual health (Hadden, 1997; Wood and Jewkes, 1997). One of the most important 'gaps' in work for improved sexual health, however, is the absence of clear information about men's attitudes toward sex and sexuality. We need to know much more about men's perspectives and interests if we are to engage them productively in work for the prevention of HIV infection and improved sexual health.

For example, many women report that men refuse condom use, and may even become violent when safer sex is requested. Women in Thailand, for example, report that condoms might be seen as appropriate for 'casual sex', but not within the context of a longer term relationship (Cash and Anasuchatkul, 1993). Other women have reported that suggesting a partner use a condom may be tantamount to accusing him of infidelity (Heise and Elias, 1995; Ankrah and Attika, 1997). Interestingly though, we know very little about men's own perceptions on the same issues and concerns.

Orubuloye et al (1997) have argued that there has been a consistent failure to enquire into men's belief systems in relation to sex and sexuality. Where researchers have enquired into men's beliefs, findings have sometimes confounded commonly held views about male attitudes with the opinions of respondents themselves. For example, recent research conducted among South African men, suggests that the timing of requests for condom use is important in mediating likely responses. Against an overall background of reticence towards condom use, men reported that if they were asked to use condoms prior to sexual arousal, they were more likely to use them. However, they also acknowledged that if asked to use a condom when they were highly sexually aroused, they might become coercive and violent (Hadden, 1997).

Similarly, research has provided new insight into the meanings of anal sex when it takes place between men and women. In much of the development literature, heterosexual anal sex is commonly assumed to be a method of preserving virginity and preventing pregnancy. However, recent studies suggest that for some Brazilian men at least, anal sex may also be symbolic of increased power and control over women. For men interviewed, anal sex was seen as a 'conquest' to be equated with 'taking' a woman's virginity for a second time (Goldstein, 1994). Learning more about what sex means to men in different contexts is therefore an important prerequisite for the design of more effective programmes and interventions (Hadden, 1997).

Because women have less control over sexual communication, a substantial number of programmes have concentrated on work to empower girls and women. But, failures in helping women to change sexual behaviour and bringing about more equal gender roles demonstrate that boys and men too must be involved (Mbizvo and Bassett, 1996; Barnett, 1997). As Rao Gupta, Weiss and Mane (1996) have suggested, it is essential '... that interventions to strengthen women's sexual negotiation skills be conducted concurrently with educational programs designed for boys and men. Such programs must go beyond teaching condom skills

by promoting men's participation as equal partners in safer sex planning,' (ibid: 345).

Reaching men in the manner advocated remains something of a challenge, however, because it remains unclear what messages will appeal to men and what are the key factors motivating safer sexual practices (Robinson, 1991). While only a small number of programmes have been designed to involve men, even fewer have attempted to systematically evaluate and report on the impact and effects of the work undertaken. Our review of the available evidence is therefore limited, and the programmes, projects and activities examined often describe work undertaken with relatively small groups of men. We will begin by reviewing work designed to increase condom use among men. Subsequently, we will look at programmes and projects that have tried to work with men considered to be at high risk of HIV infection, including truckers, migrant workers, clients of sex workers and STD patients. Next, some workplace based programmes will be described. Finally, some specific initiatives and activities addressing issues of relevance to men who have sex with men will be discussed.

Condom Use

Much of the HIV prevention work so far undertaken with men has been designed to increase condom use. Consistent condom use, one of the few effective strategies available to prevent HIV transmission, seems however to be problematic for men, and in consequence for women (Hulton and Falkingham, 1996). In Senegal, as in a number of other countries, it has been reported that men may suspect that a woman is a sex worker or has other lovers if she requests condom use (Niang, Benga and Camara, 1997). Some men in this same context reported believing that condoms could make men impotent (ibid). A programme aimed at both men and women was designed to increase safer sex and condom use in Senegal using traditional women's associations. The programme proved relatively successful with women, especially in terms of increased levels of knowledge, but the impact on men was much less pronounced. This was not perhaps surprising given that women were the main channel of communication in the programme. The authors conclude that more research is necessary in order to understand how to effectively reach men (Niang, Benga and Camara, 1997).

Hulton and Falkingham (1996) have collated survey data collected in the early 1990s in ten countries including Pakistan, Egypt, Niger, Ghana and Kenya. Data from over 69,000 women and 18,130 men was available. Reported lifetime use of condoms by men was significantly higher than that of women. Hulton and Falkingham (1996) suggest that large differences in ever-use of condoms may be because of past use by males with sexual partners before marriage and in extra-marital relationships. In Zimbabwe, for example, of those men having sex in the prior four weeks with a spouse, 12 per cent reported having used a condom, while for those men who had sex with a non-spousal partner the figure was 60 per cent (ibid).

Other research findings support the finding that condoms are not consistently popular with men, especially with their wives (Meursing and Sibindi, 1995). Amamoo (1996), for example, writes that men may interpret requests for condom use as betrayal or attempts to deprive them of their rights in sexual decision-making within the relationship. Women in a diverse range of countries have reported being unable to act upon what they know about HIV and AIDS for fear of implying through condom use that a partner is not loved or trusted. Such requests disturb the intimacy which is central to many relationships and can result in violence, abandonment or rape (Ankrah and Attika, 1997).

Wilton's work (1997) offers some interesting insights into the reasons why condom use may be so unpopular among men. She suggests that masculinity itself is threatened by condom use. There are several reasons for this: first, if condom use is requested by a woman this allows women to define the terms of sexual engagement; second, condom use may involve men having to deprioritise their own sexual pleasure; third, for men to demonstrate a degree of control over sexual behaviour may be feminising since male sexuality is most usually understood as uncontrollable; and finally, risk-taking in itself is considered to be typically masculine. Wilton (1997) points out that non-penetrative sex is rarely an option in heterosexual relationships since vaginal sex tends to be understood as adult sex, and other forms of sexual pleasure may be seen as a kind of backsliding into adolescence. Her work is important since it

stresses the importance of working with men as well as women to de-construct stereotypical gender roles if HIV transmission is to be reduced.

Because of male resistance to condom use and the difficulties which women may have in negotiating the use of condoms, some authors have suggested that female controlled protection is central to HIV prevention (see, for example, Heise and Elias, 1995). The female condom, although more expensive and less widely available, provides women with an extended choice of protection, and recent research suggests that male resistance to the female condom may be less than to the male condom (Aggleton, Rivers and Scott, 1998).

Hawkins (1996) has observed that current programmes to meet women's immediate sexual and reproductive health needs, including those designed to promote condom use, may inadvertently reinforce and preserve inequalities in gender and sexuality. Marketing strategies which attempt to encourage condoms to be used often use stereotypical and 'macho' images which may further entrench gender stereotypes and inequalities. Gupta (1995) recommends that efforts be made to support the marketing of new and more egalitarian images of masculinity and femininity. Messages which promote images of predatory males and passive females may have brought about some short-term increases in condom sales to men, but have done so only at the expense of reinforcing damaging gender stereotypes.

Men at Special Risk

Programmes aimed at groups of men considered to be at special risk of HIV infection have taken place in some developing countries. These groups include truck drivers, who are highly mobile and may spend long periods of time away from home, migrant workers who are separated from their families and communities, the clients of sex workers, and STD patients.

Truck drivers in a range of countries work under conditions which directly promote risk behaviour through mobility, the time they spent away from families, and the use of sex workers (Robinson, 1991; Madrigal, 1991). Evaluations of the effectiveness of HIV prevention programmes with truckers in Africa and Asia offer important insights into what can be achieved through this kind of work. Raman (1992), for example, has recently described work recently undertaken by the AIDS Research Foundation of India (ARFI) with sex-workers' clients, including truck-drivers, in Madras. As part of this programme, condoms were distributed at transit-stops and educational cassettes played. Peer opinion leaders were also recruited to tell port and dock workers stories about men who practise safer sex, and posters were put on display in barbers and wine shops. Short street plays were performed and free STD services provided. Informal monitoring of the project's activities suggested that sales of condoms increased (Raman, 1992).

Elsewhere in India the Bhoruka AIDS Prevention (BAC) Project has concentrated its work on the trucking routes between Calcutta and Kathmandu which have been identified as important sites of high-risk sexual behaviour (Amin, 1996). Among other initiatives, the BAC Project has

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