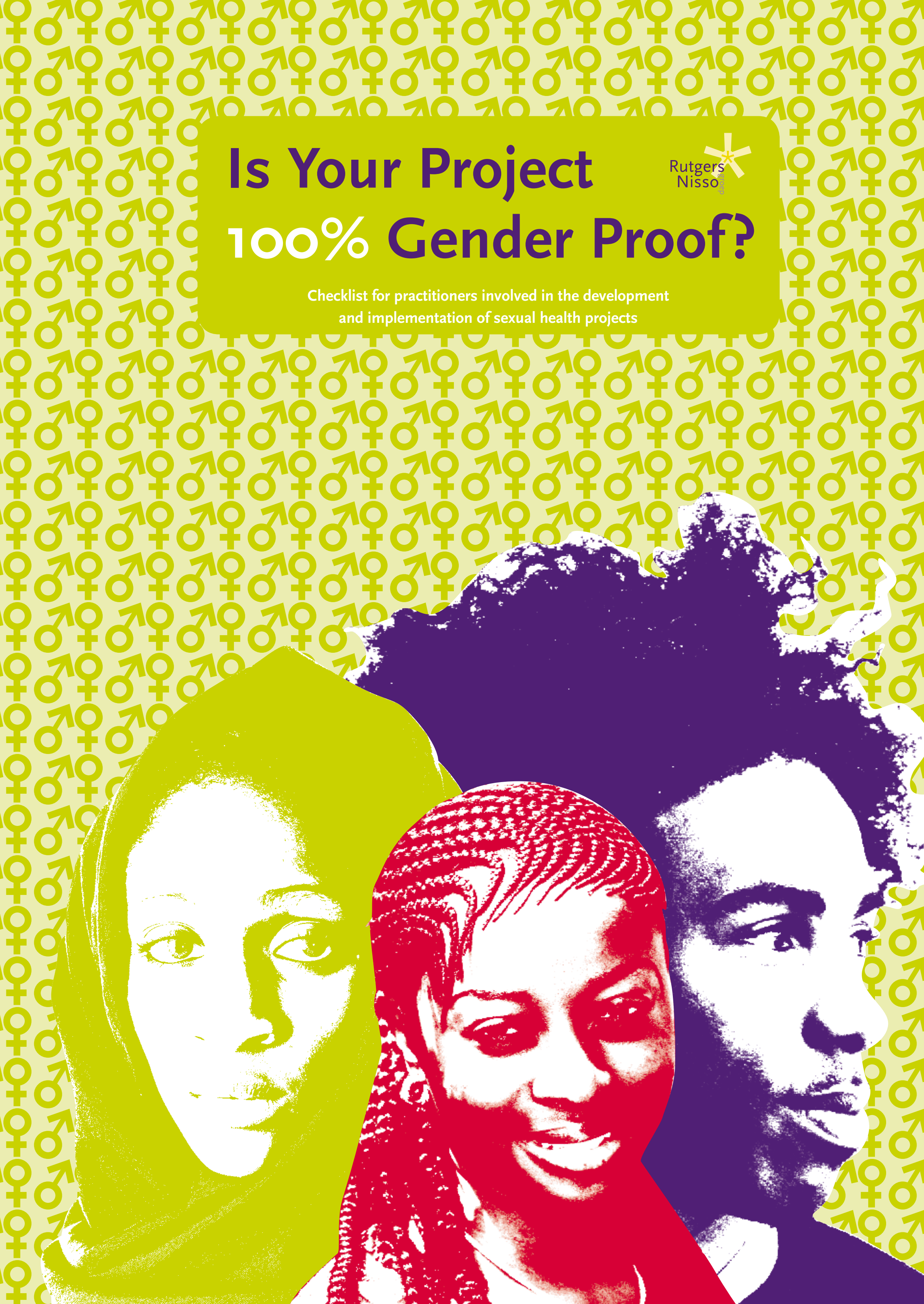


Is Your Project 100% Gender Proof?

Checklist for practitioners involved in the development and implementation of sexual health projects

Rutgers Nisso groep

100% gender proof in five steps

Gender factors can form a risk for sexual health (unwanted pregnancy, STI, HIV/AIDS, unpleasant or coerced sex). By paying attention to gender factors in your project, you will discover how they play a subconscious role in intimate relationships. Make gender a key issue in your project.

1: Make a gender analysis

In determining the target group, the problem and the objectives, pay particular attention to gender factors. Is there a fit between the person who will carry out the project and the target group?

2: Develop your gender project

Participation by the members of the target group will ensure that you stay sharp with regard to gender factors. You also remain attentive to the emancipation and empowerment of vulnerable groups. Ideally, you work on this from a rights perspective.

3: Carry out your gender project

Even once the project is underway, participation by the target group is a must. Is the gender expertise of all project officers up to date? Check the form and the content of your gender sensitive message and means. A mix of working methods always works best. In order to achieve long-lasting results, it is appropriate to pay attention to embedding the project.

4: Evaluate your gender project

Target group participation can also help you in the evaluation phase. Check whether the process was well suited to your gender-sensitive objectives. Take gender factors into consideration when evaluating the effectiveness of the project. Share gender specific outcomes with the target group and publish them.

5: Make sure preconditions are fulfilled

A first precondition is support from the men and women with whom and for whom you are working. People and resources need to be tailored to your gender project. In addition, it should be clear who bears the ultimate responsibility and who is responsible for leading your gender project, in order to

Gender addresses the differences between men and women. Not biological differences, but characteristics which are socially distinguishing. For this reason, gender is not be confused with sex.

A **sex specific** project focuses on a single and specific target group of either men or women. The content of the project is not adapted to the group.

A **gender specific** project is aimed at a single and specific target group of either men or women. In this case, the content is adapted. It is important to develop a specific approach, taking into account the social and cultural context of your

A **gender sensitive** project addresses gender factors (such as different social expectations, roles, status and economic power of men and women) which can

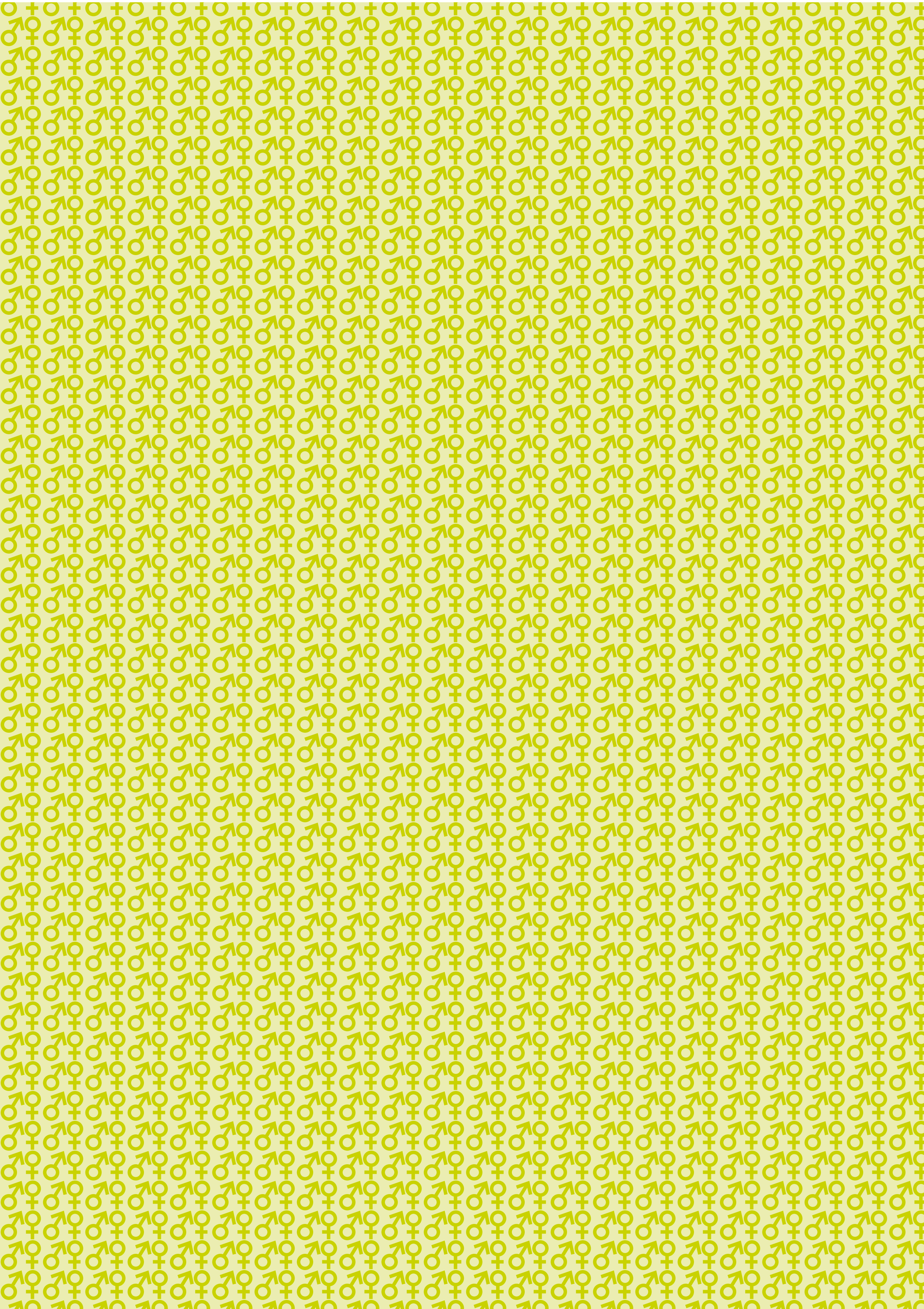
Improve your sexual health project! Read more about the relationship between gender and sexual health in: "Is Your Project 100% Gender Proof? The checklist for practitioners involved in the development and implementation of sexual health projects".

For further information and to order the booklet, please visit our website **www.rutgersnissogroep.org**

Gender factors influence sexual health. Gender factors can increase risks, but may also provide additional protection. The factors are:

- **sexual scripts**
- **inequality in the relationship**
- **sexual preference**
- **lack of knowledge**
- **cultural traditions and upbringing**

This brochure was developed and financed by the AIDS Fund ("Aidsfonds")



Foreword

Sex plays a role in almost everyone's life. Not everyone however, shares the same thoughts, desires and ideas about sex. People are different and so are their sexual interests. A 16 year-old girl has different interests than a middle-aged man. A woman in her menopause has different desires and ideas that a homosexual aged 28.

In the Netherlands, we believe that everyone has a right to decide for himself or herself how he or she wishes to experience sex. A condition is that this must not be at the expense of the other. It must be free of coercion and violence and it must not lead to sexually transmitted diseases, such as HIV.

In my policy, I pay a great deal of attention to sexual health of people. In the Netherlands, sexual health is good, but still, there are problems. Such as the increasing numbers of people living with HIV, teenage pimps (Dutch: loverboys) and a lack of sexual knowledge among young people. In cooperation with various organisations, I aim to tackle the problems, in order to raise the level of sexual health in the Netherlands.
Your support in this is crucial. You are the one who is dealing with sexual health of minority groups. You think of projects and implement them. It matters highly to me, that you are able to carry out your work under the best possible circumstances. For this reason, I am most pleased with this handbook. It will help you make your project 100% gender proof. This is a requirement in order to reach as many people as possible. Drawing up and implementing a standard strategy is not the way forward. After all, people are different. A tailored approach is indispensable. A way of working which takes into account, among other factors, people's cultural or religious backgrounds, their age and the fact that they are men or women. This checklist will help you deliver tailored, custom-fit work. With the checklist in hand, you will be able to set up projects and implement them, with the certitude that you are reaching the right target groups. In this way, you are contributing to good sexual health in the Netherlands.

I wish you every success!

State Secretary Jet Bussemaker
Ministry of Health, Welfare and Sport ("VWS")
January 2010

As long as the relationship is based on equivalence

"In every sexual relationship, it is important that partners lend meaning to it together. It goes without saying that the way they do that is determined by gender. Most vital is that the relationship is based on equivalence and that partners make it clear to one another, how they wish to shape their sexual relationship. Because men and women are inherently different, it follows that prevention and information should be, at least in part, gender specific."

Rebecca van Riel, *Policy Officer at the Ministry of Health, Welfare and Sport ("VWS")*

This is no plain sailing

"Embedding gender doesn't happen of its own accord. What counts is that people who develop, finance and implement projects, realize the importance of working in a gender sensitive way."

Paulien van Haastrecht,
Manager Rutgers Nisso Groep

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We all struggle with it

"By taking a gender oriented, respectful approach, I am now able to look behind the veils of both women and men from other cultures. I find myself in a realm of intimacy. We have conversations about secrets, taboos, insecurity, frustrations and especially about desires. I now know that we all struggle with gender factors."

Hettie Mellink, *Health Information ("GVO") Officer*

Why this checklist?

This handbook is for all professionals involved in the promotion of sexual health of ethnic minorities. This checklist will help you make your project 100% gender proof. It shows you how to take into account the differences between men and women. Not the biological differences, but characteristics that are socially distinguishing: the gender factors.
By being attentive to gender factors in your project, you will discover how they play a role, subconsciously, in intimate relations. Do you want your sexual health project to succeed? Then make gender a key issue in your project.

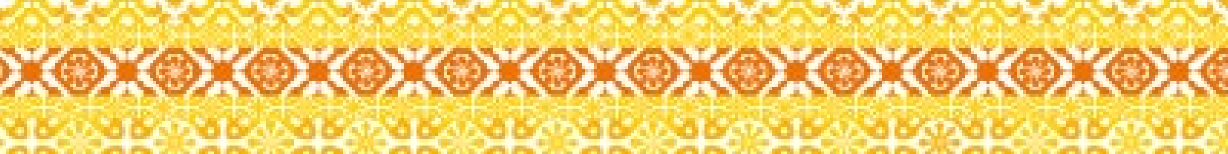
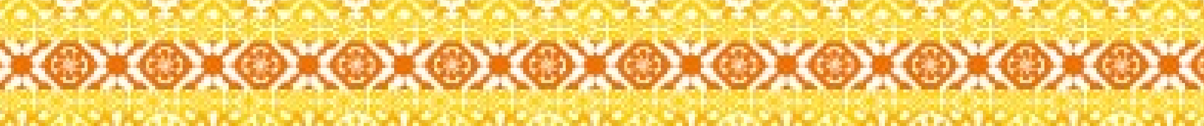
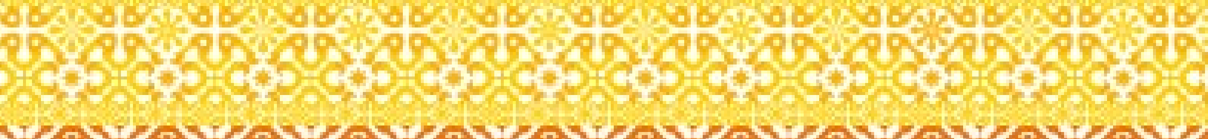
TIP

Gender factors are not limited to heterosexual relationships. They can also have a role to play in homosexual and lesbian relationships. This means that specific attention to gender issues is required in projects targeting men who have sex with other men, women who have sex with other women and transgenders.

RAP in the Netherlands

RAP is the Dutch approach to sexuality. It entails that both (young) women and men have a *R*ight to adequate information about sex, sexuality and sexual health. We *A*ccept that every person has sexual feelings as well as the desire to express them. Readily accessible information and services helps people make responsible choices. For projects, target group *P*articipation is important. If the target group recognizes the problem and is willing to share responsibility for the project, this will increase support for the project and enhance results.

Make gender the key issue in your project.

Gender is everywhere

"I was a young boy in the sixties and have seen many changes over time, so I thought gender was behind us. Since I started working with migrants, I noticed quite the opposite, that gender is very important. Gender is everywhere."

Bram Tuk, *Senior Advisor Pharos*

1. What is gender?

Gender addresses the differences between men and women. Not the biological differences, but characteristics that are socially distinguishing. For this reason, gender is not be confused with sex.

The English word ‘gender’ is not easy to define or translate into Dutch. Some would use “sex” as a synonym, though it does not quite seem to cover the same meaning. Sex touches on the biologically determined differences between men and women. Gender addresses the characteristics that are socially distinguishing. It is about the differences that arise because of our ideas and expectations of masculinity and femininity. For example, that men are responsible for work outside of the home whereas women take on the chores within the household. These ideas and expectations breed inequality between men and women in a social sense, but also from an economic, cultural, religious and sexual perspective.
The ideas and expectations of masculinity and femininity further cause men and women to differ substantially in their views of the world.

All of us hold views on masculinity and femininity.

Why do girls cry after having sex?
"In a focus group, boys explained to me that they tried very hard to please a girl when they had sex with her. They were very surprised when the girl started to cry after having had sex. They failed to understand, but the boys did not dare ask any questions, nor did the girls dare say anything."
Stephan Cremer, Manager of the Adults Product Group Municipal Health Service ("GGD") of Amsterdam

2. Gender & Sexuality: Who Runs a Higher Risk?

Gender factors influence sexual risks. Read about the five factors in this chapter. Gender factors can increase risks, but may also provide additional protection.

Factor 1: sexual scripts

A sexual script is literally a kind of instruction manual or film script which describes ideas and expectations held by sex partners. For example, who gets to take initiative? Can you talk about sex? Which positions are acceptable and which are not? Who is responsible for birth control and contraconception? To use a condom or not to use one? Sexual scripts are both culturally and socially determined. They are deeply rooted and have an impact on sexual risks.
When conducting a project, it is important that the project officer is aware of these scripts. Ask yourself, who runs a higher risk, as a result of these expectations? Deep-seated norms, values and patterns in a relationship can make it perfectly natural for a partner to omit taking the initiative to engage in safe sex.

What are sexual risks?

Sexual risks" is a term used to designate potential negative effects on sexual health, such as unwanted pregnancy, sexually transmitted diseases (STI), HIV / AIDS, unpleasant sexual encounters or coerced sex.

Factor 2: Inequality in the Relationship

An imbalance between dependence and independence in a relationship brings on greater sexual risks.

Women

Difficult access to employment and education can make people more prone to sexual risks. Throughout the world, often (poor) women are affected, although there are differences from one project to another. Women are more often economically dependent on men than vice versa. This means they have less room to negotiate the use of a condom, less possibilities to leave a relationship, less access to sound information and a greater probability of resorting to sex as a means of trade or payment.

Dependent partner

A dependent partner is often susceptible to sexual risks. It is the dominant partner who, after all, determines when, how, where and whether or not to use contraceptives.

Newcomers

Newcomers are more exposed to sexual risks. They face unfamiliar legislation, different social norms and a different political context. In addition, they often lack a social network and a cultural identity of their own. Sometimes prostitution is the only realistic way to cover their cost of living. Sexual acts often take place in public areas, which makes the use of a condom difficult or impossible. Sex is sometimes negotiated in exchange for goods, in which case prevention of STI or HIV are a lesser priority.

Factor 3: Sexual Preference

Several sex partners

Engaging in sex, without using condoms, with several partners or multiple sexual relationships makes men and women prone to STI or HIV. In some cultures, concubines or visiting relationships are common. Equally susceptible to contracting STI or HIV: relationships based on polygamy and relationships in which men have sex with both men and women.

Homosexuals

Deviation from the social norm makes people more vulnerable. Homosexuals, for example, who have not yet had their coming-out and who display heterosexual behaviour, are extra vulnerable. In permanent relationships, both heterosexual and homosexual, condoms are usually skipped. Also, homosexual behaviour sometimes clashes with existing expectations of manly behaviour.

Factor 4: Ignorance

The less people know about sexuality, birth control, STI and HIV, the higher the sexual risks. This holds true for both men and women. In some cultures, women are expected to take on an ignorant and passive attitude. This means potentially that they know less about sexuality, engage in unprotected sex and that they are unable to protect themselves adequately. Ignorance may also give rise to myths, e.g. the idea that use of condoms is unhealthy.

Factor 5: Cultural Traditions and Upbringing

Traditions and cultural norms, which are passed on from a very young age, affect the likelihood of sexual risks. This is why it is important for project consultants to establish, per ethnic target group, which traditions and cultural factors potentially come into play. Some culturally determined traditions can also be the reason to take an entirely different approach. For example, in some cultures, having children is of great importance, both for men and women. The knowledge that sexual diseases could cause infertility is a protecting factor in terms of STI/HIV/wwAIDS. It can help both men and women in their resolve always to have safe sex.

Parochialism

Strong differentiation between typically male and typically female characteristics increases sexual risks. In cultures where men look towards the world outside of the home and women focus on the family, men have better access to information. This makes men more aware of risks. By the same token, it puts pressure on them to know everything there is to know about sexuality. Men with a poor education often do not know where to get the information.
In cultures where women venture out of the home only when accompanied by a male member of the family, women run greater risks because their opportunities to search for information and ask questions are so scarce. Within a society, clinging on to these patterns of expectations can keep people from changing their behaviour, because doing so would cause a negative reaction or suspicion on the part of the other person. Growing up in a society or subculture in which taking the initiative to have sex is strictly a man's prerogative, it takes a lot of courage for an individual girl to take responsibility and always carry condoms on her.

A Virgin Bride

In some cultures, girls are expected to preserve their virginity until marriage. Decent girls do not easily boast about condoms or the pill. They could give the impression that they do not take the virginity norm seriously. If, in spite of this norm, they still have sex, in most cases they taken o precautionary measures and so they run the risk of an unwanted pregnancy and STI/HIV. Sometimes, this is a reason to have anal sex. Because anal sex brings on a greater risk of injury, the risk of contracting STI and HIV increases.

Tough Guys

In many communities, men are expected to present themselves as independent, overbearing, invulnerable, strong, fertile and brave. Men experience so much peer pressure that they uphold the stereotypes. In such circumstances, they are less inclined to seek help. In addition, men feel less vulnerable and underestimate their risk of contracting STI and HIV.

Desire to Have Children

In some societies, having children is a status symbol. That goes for both men and women. In many cultures, it is important for men to have many children. For women, proving fertility can be crucial: in some societies, motherhood is the key to social identity and status. Young and single parenthood is also common within certain cultures. The importance of fertility and of healthy progeny can be the alibi to talk about safe sex.

Young People

It is sometimes difficult for young people to lay their hands on dependable information on sex, including information on adequate protection from sexual risks. The influence of adults in their social environment often determines the information they get and how they get it.
In settings where female virginity is imperative and in which girls are traditionally expected to fulfil family tasks, the plight of girls is often even more difficult than that of boys. Young girls also have an increased risk of HIV because the tissue surrounding the vagina is still very tender and tears easily. Boys think they do the right thing for the young girl, but often they have qualms on questioning her about this. This causes confusion for both young girls and boys.

Shame has a restraining effect

"It is taboo to talk about sexuality, especially among men and women. Shame has a strong restraining effect. This is why I take a dual approach: with women, I encourage empowerment. Working with men, I concentrate on the transfer of knowledge and insight into the benefits of behavioural change. In this way, I hope to stimulate equivalence between men and women in relationships."

Shamsa Said, *Project Manager FSAN*

Aversion against Contraceptives

Some people find condoms a nuisance and unpleasant. Some men believe the use of condoms is a sign of weakness: after all, a real man can assess the risk of STI or HIV, can't he? Sometimes, people associate condoms with infidelity, which is then a reason not to use them. All of these situations increase the risk of contracting STI or HIV.

Feeling of Being Responsible

In many cultures, it is thought that men are less responsible for the consequences of their sexual behaviour than women. The idea behind this is that men are driven by their instincts and are not capable of controlling them. This gender factor causes men to exhibit more risk behaviour. Meanwhile, this gender factor makes it more difficult for women to protect themselves. Many women, for example, feel awkward about buying condoms. They fear others may think they will use them to seduce men.

Sexual Assault

Sexual assault is found in all cultures. Physical sexual violence can lead to unwanted pregnancy and can cause vaginal and anal tearing, making it easier to transmit STI and HIV. Circumcised women are more prone to tearing of the vagina and therefore more vulnerable for STI / HIV. Violence can instil fear to broach the subject of condoms or testing of the other for STI or HIV. Sexual violence can be inflicted on men too. This is still a huge taboo.

Religious Belief

Religion can influence sexuality, the experience of it and gender. Some religions regard a subordinated role of women as a mark of purity. This can entail that their lives are led mainly at home and that the man manages life outside of the house. Social isolation makes it hard for women to protect themselves against risks. Certain religions discourage the use of contraceptives. This too, increases the chances of unwanted pregnancy and infections. Homosexuality is mostly prohibited within religious beliefs, and discussing it is considered a taboo. This enhances sexual risks (see also Risk Factor 3: Homosexuals).

Group Beliefs

Group beliefs influence sexual risks. Sometimes, spices are used to make the vagina dryer or tighter. The group belief is that this allegedly increases the man's pleasure. A dry vagina is harmful to the vagina however and makes the woman more prone to infections. "HIV as a punishment from God" is another widespread belief. This too, can lead to sexual risks, for example consciously not protecting yourself against sexually transmitted ailments or by not getting treatment in case of STI or HIV infection.

Social Pressure

Social pressure by the community can increase the risk of infection. If talking about safe sex with the outside world or with your partner is not allowed, then you could be lured into having unsafe sex. This increases the chance of unwanted pregnancy and HIV infection.

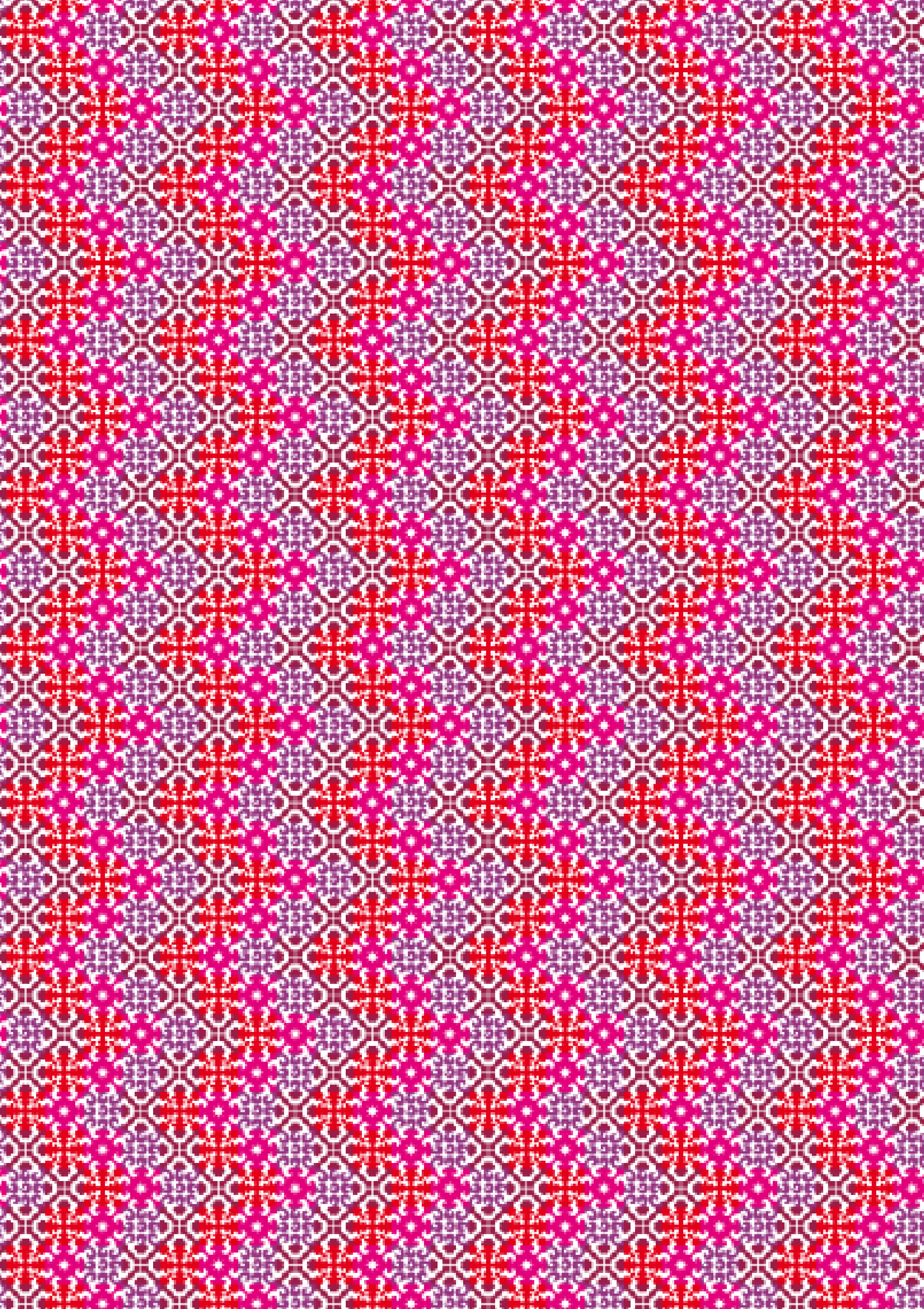
The Stigma of HIV

The stigma of HIV and of being HIV-positive can cause both men and women to become isolated or prevent them from broaching the subject of safe sex. The stigma which HIV positive persons experience from their environment is determined by people's assessment of the likelihood of contagiousness, how serious the HIV virus infection is considered to be and the degree of responsibility attributed to that person for contracting the HIV infection. This shows how important it is to know about HIV (see Risk Factor 4), about how it is transmitted, including ways to avoid transmitting it.

Drugs

Using means to enhance sexual experience, like alcohol, drugs, and khat influences the ability to think straight. This can cause you to do things you will regret the following day. This can lead to unsafe sex.

The importance of healthy progeny can be the alibi to talk about safe sex.



Making gender comprehensible

"As a professional working in the health sector, making gender comprehensible in daily life situations is a real challenge."

Aryanti Radyowijati, *Research Consultant*

3. Gender Proof in Five Steps

How can your project become gender proof? This chapter describes five steps. Per step, you can check whether you comply with the conditions for a gender proof sexual health project.

Step 1: Make a gender analysis
In determining the target group, the problem and the objectives, pay particular attention to gender factors. Is there a fit between the person who will carry out the project and the target group?

Step 2: Develop your gender project
Participation by the members of the target group will ensure that you stay sharp with regard to gender factors. You also remain attentive to the emancipation and empowerment of vulnerable groups. Ideally, you work on this from a rights perspective.

Step 3: Carry out your gender project
Even once the project is underway, participation by the target group is imperative. Is the gender expertise of all project officers up to date? Check the form and the content of your gender sensitive message and means(page 18). A mix of working methods always works best. In order to achieve long-lasting results, it is appropriate to pay attention to embedding the project.

Step 4: Evaluate your gender project
Target group participation can also help you in the evaluation phase. Check whether the process was well suited to your gender sensitive objectives. Consider gender factors when evaluating the effectiveness of the project. Share gender specific outcomes with the target group and publish them.

Step 5: Make sure preconditions are fulfilled
A first precondition is support from the men and women with whom and for whom you are working. People and resources need to be tailored to your gender project. In addition, it should be clear who bears the ultimate responsibility and who is responsible for leading your gender project, in order to make it a success.

Make clear choices

In setting up a sexual health project, it is important to know which gender factors determine the sexual risks within your target group. Examples are age, ethnic background, sexual behaviour, sexual orientation, social economic status, education, income, work and family composition. In Step 1, you look for the most important factors. Include these from the very beginning, so that your project focuses on the differences in vulnerabilities per target group. Make clear choices: which differences do you take into account and which not?

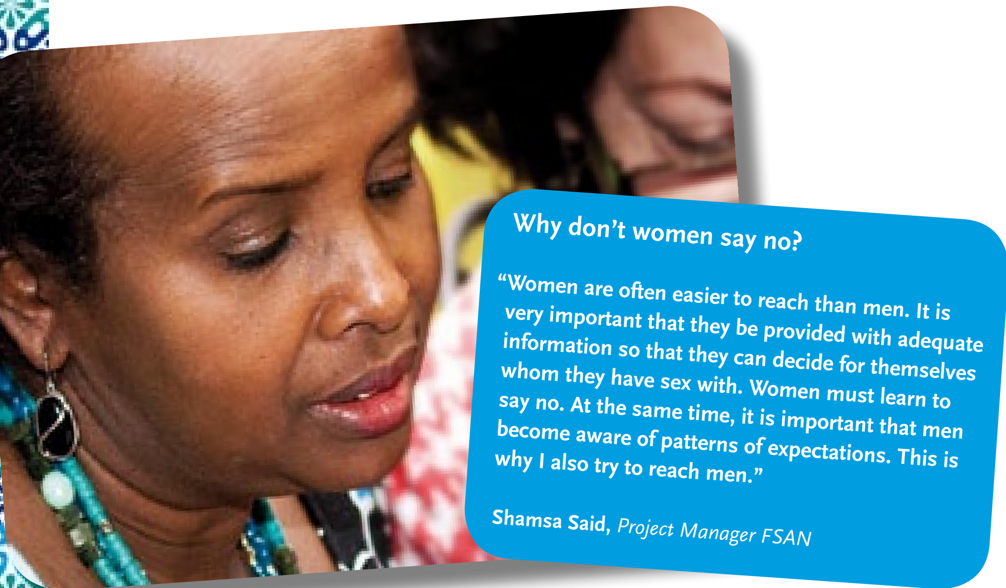
Tune in to men and women

Make sure your project meets the needs and desires of the men and women for whom the project was intended. Involve representatives of the final target group as much as possible in developing the project. Emancipation is the magic word. Emancipation, after all, encourages independent decision-making and action. In terms of sexual risks, this means that young men and women have equal access to sufficient information in order to make sound choices in their sexual behaviour. It is also important that both male and female master the skills to exercise control over their sex life. These skills vary from talking and negotiating about safe sex and electing the right contraceptive to using a condom correctly.

Gender specific or gender sensitive?

A gender specific project is aimed at a single and specific target group of either men or women. This is based on an analysis that points to social cultural aspects within the target group, demanding a specific approach to that target group.
A gender sensitive project takes things a step further: in addition to differentiating between different target groups, it addresses the gender factors that play a role within the target group. A gender sensitive project takes into account how different social expectations, roles, status and economic power of men and women can influence sexual health, and vice versa.

Projects can be gender specific without being gender sensitive. Also, sometimes a project is not focused on a specific target group of either men or women, but does take into considera-tion how various social expectations, roles, status and economic power of men and women can influence sexual health, and vice versa.



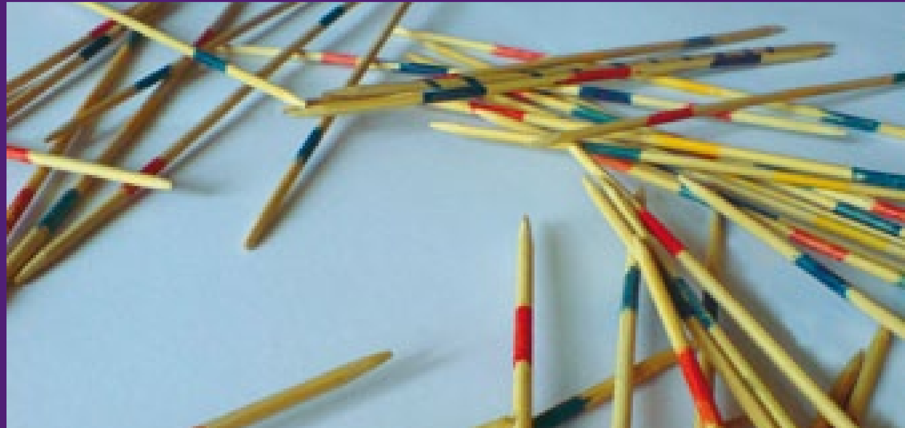
Why don't women say no?

"Women are often easier to reach than men. It is very important that they be provided with adequate information so that they can decide for themselves whom they have sex with. Women must learn to say no. At the same time, it is important that men become aware of patterns of expectations. This is why I also try to reach men."

Shamsa Said, *Project Manager FSAN*

Intersectionality: everyone is different

We all know that there are differences between people in terms of sex, ethnic and cultural origins, religion, age, social economic situation and sexual orientation. These differences can contribute to social inequality, differences in power and health. Intersectionality puts an end to these stereotypes and gives insight into the complex ways in which the differences are interrelated. It shows that a person is the intersection where diversity factors come together. Thus, every individual takes a unique position in society. Some combinations and positions within society are more powerful: for instance being a highly educated, native male. We are not always conscious of how this plays a role when we form our images of people.



Intersectionality can be compared to pick-up sticks. Every stick stands for an aspect of diversity, for example sex. The ends of the sticks represent opposites: male and female. The stick for ethnic /cultural origin opposes the poles of being native and non-native. Every person has his or her position on several sticks. In addition, the position on the stick can vary, for example all the way towards the end or somewhere in between opposite poles. Moving a stick causes the other sticks to shift. This can influence a person's position. Just as in the game, the sticks are always in different positions and different sticks are touching each other.

Step 1: Make a gender analysis

In determining the target group, the problem and the objectives, pay particular attention to gender factors. Is there a fit between the person who will carry out the project and the target group?

What is the target group?

The differences between men and women can be substantial. In your analysis, begin by making a difference in sex. At the same time, bear in mind that within the group, not everyone is the same either. Differentiate, therefore, and make choices. Differences can be made

Don't be misguided

"In making a target group analysis, it is important to be conscious of sex and gender. Even though men and women often differ greatly in terms of behaviour, their views on masculinity and femininity can still concur: women should be 'real women' and men ought to be 'real men.'"

Madelief Bertens, *University Lecturer in Health Communication at the Athena Institute, VU University Amsterdam ("Vrije Universiteit")*

between older and younger women, rich and poor men, women with and without jobs, highly educated and poorly educated men, for instance. Be careful not to overspecify: describing your target group in too much detail and making it too small can work against you.

TIP

- **Look for general socio-cultural and demographic properties in both men and women. For the gender factor, it is important to pay attention to features that can cause an imbalance of power in intimate and sexual relationships, such as age, social economic circumstances, cultural origins and religion. Ask yourself the following questions: What motivates the target group and which gender factors enter into play? What is their motivation? What are the possibilities, desires, needs, limitations and barriers men and women face in terms of the change envisaged and in reaching the target group? What are the channels to make contact with your specific target group in order to provide them with information? For example, via key male or female figures, through the soccer team, the sewing circle, the disco, etc. Are there further subgroups that you can identify?**

What is the problem?

In analysing the problem, it is important to pay explicit attention to gender when describing the problem.

TIPS

- **What constitutes the problem for men and women? What are the underlying gender factors? How often does the problem occur for men and for women and where does it manifest itself? What are the possible consequences for men and women in terms of sexual risks? Are there distinctions to be made within the group of men or women? Note also, to what extent men and women see the issue as a problem, and which gender factors they themselves consider most important to tackle.**
- **Are there people, groups, organisations and social sectors that are actually responsible for maintaining the problem, or involved in solving it? What are the thoughts of the various parties regarding the roots of the problem? Is there an awareness of the influence of gender factors? Try to reach agreement on these issues and give an account of personal and environmental factors that can open the way to empowerment. On the personal level for example: the negative self-image of men and women with HIV, the lack of knowledge about how STI is transmitted with Moroccan men and women, absence of communication and negotiation skills among refugee girls in intimate relationships.**
- **On the level of the social environment, there are factors which can foster empowerment. For example resistance within a religious community to discuss sexuality, resistance within a certain community to acknowledge how deep-seated gender factors can impact sexual risks, lack of cooperation among welfare workers dealing with HIV in migrant groups which are difficult to reach, such migrant HIV positive women.**

TIPS

- Can you make distinctions between men and women in terms of the problem at hand, behaviour and environment? What gender factors play a role?
- Gender factors are not always defined as such. This means that your analysis will have to include concrete questions to address these factors. Gender refers to ideas, values and expectations on typically male(masculine) and typically female (feminine) positions that society takes for granted, as well as characteristics, skills and behaviour in various situations and within different kinds of relationships. In practice, it means that men and women behave according to fixed patterns of expectations, sometimes without being aware of it themselves. A different behaviour would not be appropriate, is often judged negatively or gives rise to suspicion. How do you discover these patterns?
  Ask the following questions: what males someone in your culture a typical man or woman? What features are associated with this? How do men react when another man does not behave as he should? How do women react?
- In this phase, assess the degree to which the factors can be influenced. Determine which gender factors have priority and make a choice as to which factors you want your project to focus on.

Examples of personal factors

- Reinforcing the positive personal self–image of HIV infected people (male or female).
- Increasing understanding by men and women of sexual risks and the role of gender.
- Increasing communication competency in sexual relationships.

Examples of environmental factors

- Increasing support in the community to make sexual health subjects an acceptable topic of discussion among men and women.
- Increasing insight into gender factors which are rooted in the community and which play a role in determining sexual risks of men and women.
- Creating accessible social assistance for men and women with, in cooperation with different self-organisation and health institutions.

Are the objectives SMART?

SMART stands for: specific, measurable, acceptable, realistic and time-based. In order for projects to be successful, it is important that the objectives focus on sexual assertiveness of women and men and that they are beneficial to men and women alike. You are advised to keep as close as possible to the context of a particular target group. To give an example, if it concerns a group of traditional asylum seekers, their collective goal would be their progeny's health. Likewise, it worked alright when women's caring nature was emphasized, whereas for their husbands the focus was directed at their responsibilities. Though one has the same goal in mind, the approach differs according to the sex.

TIPS

- First, check whether the objectives concern men and/or women and whether relevant demographic characteristics have been considered.
- Find out what the gender expectation patterns are and what this could mean for the prevention of risky behaviour.
- Allow participation by men and women to enter in to play when defining and establishing the objectives and in determining the level of the objective (knowledge, attitude, skills, and behaviour.) The way the objectives are formulated is congruent with the analysis of the target group and of the problem.

Case

After an information meeting on the prevention of STI and AIDS to a gender specific group of Antillean boys ages 10 to 15:

- They know how an STI and HIV infection can occur.
- They know how to protect themselves against HIV/AIDS.
- In a practice exercise, they are able to put on a condom.
- They know which sex role patterns in their ethnic group play a role in how they deal with sexuality and safe sex.
- They are aware of the influence of role patterns on the risk of HIV infection.
- They know how to protect themselves against STI/AIDS in a sexual relationship.

Who has what role?

At the end of the analysis phase, it is important to know whether the men and women in the target group are motivated to participate in the follow-up project. What are their roles? In society, historically evolved patterns of relationships between men and women still often lead to discrimination of women in terms of work, salary, education, access to information on safe sex for example, and sexual health care assistance.

TIP

- Paying attention to gender in sexual health projects also means looking at roles, positions and responsibilities taken by women and men within the project. Are these clear and acceptable for the men and women involved? Is there room for the perspective and the sensitivities of women and men in the implementation of the project? Which role, position and responsibility does the health care officer have in the follow-up project?

Case

If the overall objective is "to promote safe sex in gender specific Antillean groups," then it is logical to engage professional male and/or female project developers for the development of trainings and for the transfer of those trainings to male and female instructors.

Step 2: Develop your gender project

Participation by the members of the target group will ensure that you stay sharp with regard to gender factors. You also remain attentive to the emancipation and empowerment of vulnerable groups. Ideally, you work on this from a perspective of entitlements.

Make sure you have a discussion

"Men usually do not know much about female physiology. This is why they do not show respect towards women. A gender specific discussion contributes to a healthy society."

A project officer

Is the target group participating?

Men and women in the target group participate in the development of projects, programmes and working methods. If men and women identify with the problem, they will be more involved in looking for solutions and they will share responsibility for the project. This generates more support and better results.

TIPS

- Use existing competencies and develop them, one step at a time.
- Optimal participation is achieved by making specific adaptations in view of the gender specific target group. Which patterns of relationships between men and women with a specific context play a role in dealing with sexuality and safe sex? Which patterns impede and which ones advance the fulfilment of the objective?

Case

The analysis has demonstrated that it is not in line with decency norms for men and women in the target group to talk about sexuality and safe sex in public. What does this mean for the development of projects that are focused on both sexes? In this way, it can happen that in consultation with the men and women involved, they are divided into separate groups for the development of the project.

Which gender factors are relevant?

Project content and project form are tailored as much as possible to the target group, in order to change risky behaviour.

TIPS

- Incorporate patterns of relationships between men and women and other gender factors in the project if they contribute to risky behaviour.
- Pay attention to historically evolved, typically male and female patterns of expectations of characteristics, behaviour and positions. Is there a current imbalance of power in the home situation of men and women in the target group? How does the project address this?

Are you attentive to emancipation and empowerment?

The aim of emancipation is for people to be able to make decisions and undertake action independently. Emancipation and empowerment are closely related. Both are about being resilient in society. The basis for emancipation and empowerment is knowledge and skills, without excluding either of the sexes.

TIPS

- **Make sure that both men and women have access to sufficient knowledge on sexual health. This enables them to make well-considered choices.**
- **Ensure that both sexes have the skills to exercise control over their own sex life. These skills vary from talking and negotiating about safe sex to using a condom properly.**
- **Pitch to the characteristics, needs and desires of women and men for whom the project is intended. Involve female and male representatives of the final target group. Note that in the Netherlands, not enough specific attention is paid to girls and women regarding HIV prevention. For non-Western minorities in particular, this forms a problem because STI/HIV/AIDS affect mostly women. Pay attention as well to the perspective of young men.**

Are you attentive to sexual and reproductive rights?

Sexual and reproductive rights are fundamental and universal human rights. They can be invoked to make it clear to men and women that sexuality and sexual upbringing belong in everybody's lives. Sexual health focuses on a positive and respectful approach to sexuality, free of violence and intimidation. Pleasant and safe sex can only take place in the absence of problems and of negative experiences like STI/HIV/AIDS and unwanted pregnancy. Reproductive health deals with the accessibility of facilities making it possible for people to decide in favour or against having children.

TIP

- **Address gender factors, like stereotypes, double moral standards and dominant patterns of relationships between men and women.**

Sexual and reproductive rights

Sexual and reproductive rights entail that women and men have the right to:

- **thorough information on sexuality, contraceptives, STIs and HIV**
- **make choices in order to have pleasant, safe sex**
- **to marry or not to marry and to found a family**
- **to protection from unwanted pregnancy, STI/HIV, unwanted intimacies and sexual violence**
- **to dependable, affordable, respectful good quality assistance**
- **to be involved in prevention projects and programmes which are intended for them.**

If you are a woman and come from the Antilles yourself

"Research shows that Antilleans are a risk group for STI/AIDS and abortion. In information groups this can appear stigmatising which prevents you from starting a conversation. If you are a woman and come from the Antilles yourself, it can be easier to soften the blow of the message. 'Again, we come in first, unfortunately in this case. What do you think, is the reason?'"

Laura Wouter, *Trainer at the Municipal Health Service ("GGD") Rotterdam*

Step 3: Carry out your gender project

Even once the project is underway, participation by the target group is imperative. Is the gender expertise of all project officers up to date? Check the form and the content of your gender sensitive message and means. A mix of working methods always works best. In order to achieve long-lasting results, it is appropriate to pay attention to embedding the project.

Is the target group participating?

Men and women participate in the implementation of the project. They can be key figures – for example, members of a sounding group or advisory committee – as well as members of the target group itself. People in the target group also participate in setting up and spreading communication messages and strategies. It is probable that the information required for this is already available, thanks to the analysis of the problem and the objective. Like the men and women in the target group to whom the message is pitched, the language and the communication form (in writing, oral, images) and where the specific target group can be reached. For example, in a pre-vocational secondary school with a multicultural group of students, in a popular disco frequented by many (non-native) young people or at important football matches in the city.

Is the expertise of the project officers up to date?

Make sure that the people who implement the project fulfil the following conditions:

- The facilitators are part of the target group. If the target group is 'non-native women' who are offered information meetings on safe sex, in which it is common practice to address the influence of gender on sexual health, then at least some of the instructors should be non-native women.
- The facilitators receive gender training which addresses knowledge, attitude, skills and (coping) behaviour in relationship patterns between men and women and their influence on sexual health.
- The facilitators are capable of and willing to discuss gender relevant and contextual issues in relation to sexual risks.
- The facilitators are at ease when discussing gender relevant issues.
- The facilitators can and want to realise relevant empowerment goals, aimed at both men and women.
- The facilitators are capable of creating an atmosphere and a situation in which women and men can speak freely, listen to each other and react to each other constructively.

Are form and content what they should be?

The form and content of the message and means must of course, be in line with earlier phases of the project. This means that they tune into the specific context of the men and women in the target group and in male/female patterns, they can influence sexual health.

Approach the target group

"Take the characteristics of the target group into account. Study their backgrounds and be aware of gender expectation patterns, sensitivities and thresholds within the cultural group. As a trainer/instructor, approach the target group."

Trynke Hoekstra,
Municipal Health Service ("GGD") Groningen

What does this entail?

- The information is presented in a way that is appropriate and suitable to the men/women in the target group. For example, illiterate non-native women receive the information in the form of drawings and diagrams. Or by using metaphors in the male group, if imagery is common in their communication. Or by using theatre pieces or role-plays in groups of men and women who traditionally convey their messages through theatre. Make sure that the message by men and women can be interpreted from their own perspective and may require different packaging.
- All messages are gender relevant.
- The information is evidence-based and relevant. In other words, it is based on research and on analysis which has taken place for the project and relevant to the men and women concerned. Information also takes contextual limitations into account.
- All parties are represented in positive ways only.
- Men and women have equal access to information.
- The information is dependable and extensive, i.e. the information deals with different perspectives and possible choices.

Is there a mix of working methods?

The approach and working methods are based on the information on men/women in the target group and on the problem. A mix of working methods is used, paying attention to:

- working methods which encourage women and men to participate and to play an active role
- techniques focused on learning skills
- working methods which are relevant to gender and context.

Case

In an effort to promote safe sex among young Surinam women, a knowledge quiz is played and exercises are conducted in two different meetings after having shown video recordings of risky and exemplary behaviour by Surinam men/women.

Is the project embedded?

Embedding is the logical follow-up to prior phases of the project. In the initial phases, have representatives of a certain organisation proven their motivation to act as intermediaries in transferring attention for male/female patterns of expectation, including the risk these may incur in contracting STI/HIV/AIDS? This can play a role in embedding gender in HIV prevention.

TIPS

- **Elect strategies that match the intermediary figures and the final target groups. This ensures permanent continuity and structural embedding.**
- **Write down how men and women in the target groups are explicitly involved in the project.**

Using a role model is not always the best option

"It can work against you to use a role model with the same background or age as they can be perceived as a threat due to fear of gossip within the community. Extensive experience in this field will teach you to wassess when best to deploy somebody."

A project officer

Step 4: Evaluate your gender project

Target group participation can also help you in the evaluation phase. Check whether the process was well suited to your gender sensitive objectives. Consider gender factors when evaluating the effectiveness of the project. Share gender specific outcomes with the target group and publish them.

Is the target group participating?

As intermediary figures, both men and women from the target group are involved in the evaluating the project. This covers set-up, implementation and interpretation of the evaluation.

Are form and content what they should be?

In evaluating the process, include the experiences of the men and women of your target group. Clear gender factors are set beforehand, taking into consideration the different perspectives of men and women.

TIPS

- **Investigate whether attention was paid to male/female patterns of expectations in the project. If so, how was attention paid? What about the expectations that can influence sexual risks?**
- **Were there changes during the project with regard to the positions of the men/women in the target group and was this monitored?**
- **Were the goals (knowledge, attitude, skills, behaviour) and working methods covered, aimed at the resilience of women and men and at the gains for men and women? What is the outcome and what can be learned from it?**

What is the project's effect?

In your evaluation of the effects:

- is gender specific data used
- are clear gender specific indicators defined beforehand, at the correct level (knowledge, attitude, skills and behaviour) that correspond with the goals
- do the intermediaries have a definition of the project's outcomes, for example those who implement it
- are the insights of the men/women of the target group with regard to strengthening empowerment described. Do they have the idea that the project assists them to practice safe sex in sexual and intimate relationships?

Are those involved given feedback?

Feedback is given to all those involved on the conclusions and recommendations from the evaluation. The results are then actively disseminated, for example through publication.

Use a metaphor

"Both sexes may feel sexually dissatisfied. Sometimes I use metaphors to clarify the analogy between them. For women an example about cooking can be effective. For example, how would you feel if you had put a lot of effort into cooking and your husband eats the meal without paying attention to it... And does your husband ever put a lot of effort into something?"

Hettie Mellink, *Health Information ("GVO") Officer*

Step 5: Ensure you set good preconditions

A basis of support with the men and women you work with and for is the first precondition. People and means fit your gender project. In addition, there is a clear final responsibility and guidance to make your gender project a success.

Do all the partners support the project?

Is there a basis of support for

- the participation of men/women in the target group in all phases of the project
- the premises: gender factors and the risk of STI/HIV/AIDS, sexual and reproductive rights. Not just among project developers and implementers, but also with those providing the grant.
- the goals: focused on the resilience of women and men.

Do the people and the means fit?

Consider male and female professionals and volunteers, both with regard to skills as well as time. Also, take financing into consideration.

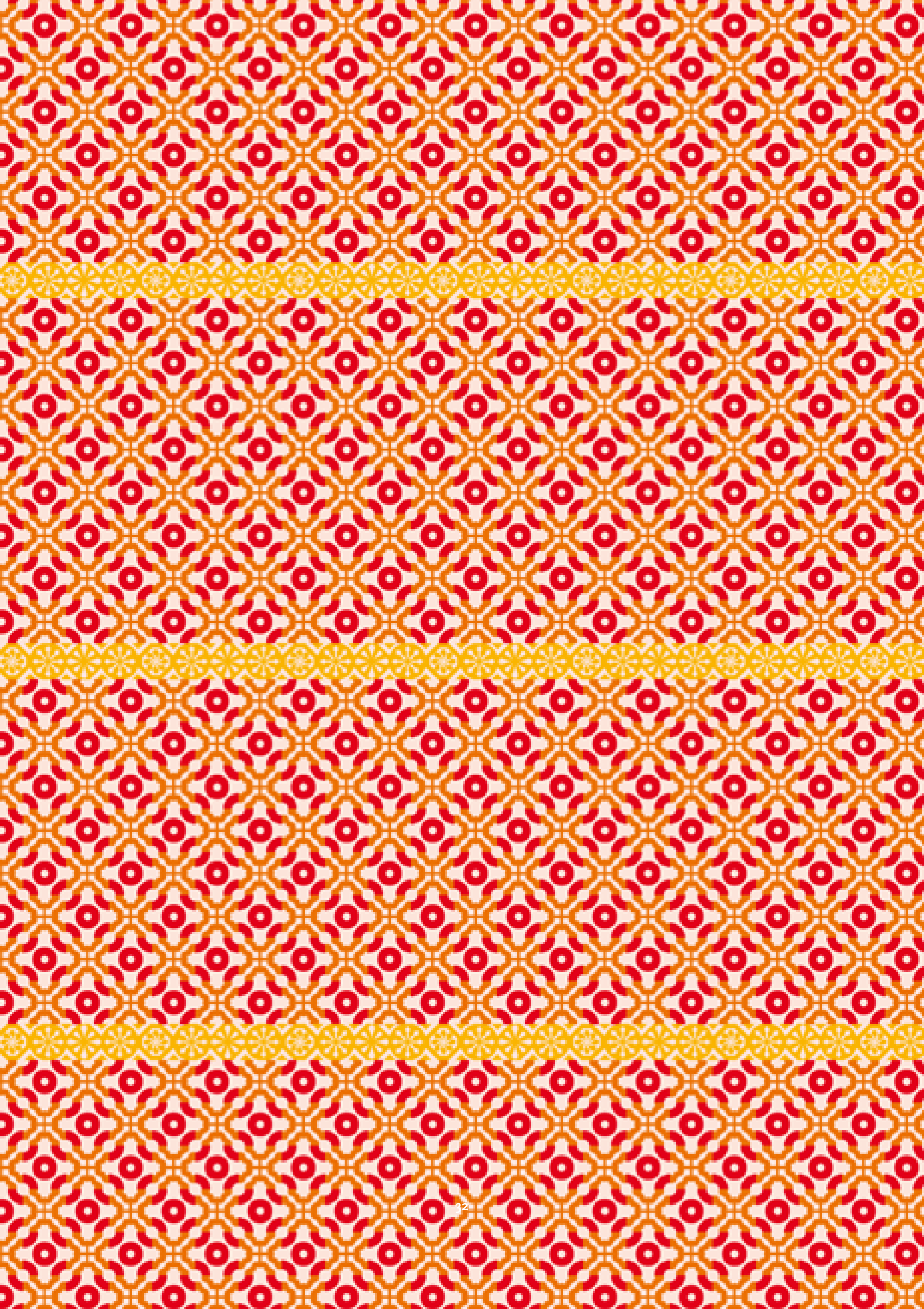
Who bears final responsibility?

Make clear choices with regard to emancipation and resilience of women and men. Ensure there is expertise, therefore explicit attention for gender patterns and aspects that can affect sexual health.

Turkish and Moroccan People are different from each other

"Turks and Moroccans are often seen as one and the same. My experience is that there are similarities, but also distinct differences. Moroccan women, for example, usually speak openly about sexuality, whereas Turkish women are generally more reserved."

A trainer



4. Examples

Author: **Madelief Bertens,** *University Lecturer in Health Communication at the Athena Institute, VU University Amsterdam ("Vrije Universiteit")*

Project **Uma Tori**

Developed by : **target groups themselves, The Netherlands Institute for Health Promotion ("NIGZ"), the University of Maastricht**
Implementation: **Municipal Health Services ("GGD") of Rotterdam, Amsterdam and The Hague**

The project

Uma Tori is an HIV prevention project aimed at Afro-Surinamese and Antillean/Aruban women. In the project, women tell each other stories on sexuality. The project is based on the principle of autonomy and resilience in the area of sexuality and relations. Intervention mapping, a way to develop interventions through planning, was used in the development.

For whom?

Uma Tori is aimed at Afro-Surinamese and Antillean/Aruban women. HIV occurs relatively often in ethnic groups in the Netherlands. Afro-Surinamese and Antillean women are also confronted with this. Mass media information campaigns on safe sex do not appear to reach them or appeal to them.

Goals

Ultimately the goal is that Afro-Surinamese and Antillean women are in a position to enter into healthy sexual relations and that they can discuss personal strategies around safe sex, such as using condoms. The project is aimed at gaining insight into their own sexual relations and in gauging their own risks and position of power.

Method and Techniques

In this project women tell each other stories: toris. This is an important aspect of Surinamese culture. By telling their own stories and listening to the stories of others, women become aware of their own sexual behaviour. To gain trust and intimacy, the women's own social network was used in this project. A large number of different techniques were used to allow the women to think and talk about different aspects that relate to their sexual and relationship experiences. The techniques are used flexibly, depending on the issues chosen by the group (see Man Tori). The most important technique used is the relationship lifeline: women tell each other about their sexual experiences, what risks they took and whether they practice safe sex.

Results

Sexuality and safe sex have become easier subjects to discuss. The women have learned to analyse their risk of HIV/AIDS and to negotiate the possibility of practising safe sex. The taboo on discussing sexuality has diminished.

Why gender specific?

This project is gender specific because it deals with a specific group of women. This choice is based on an analysis that shows that this specific target group requires its own approach. Mass media educational campaigns on safe sex do not appear to reach these women.

The project is gender sensitive because it connects to gender specific factors in the target group. It relates to the fact that the risk of contracting an STI and HIV is relatively high for Afro-Surinamese and Antillean women. Qualitative research shows that they have a low risk perception. They relate their risk of STI/HIV to their own behaviour and not that of their partner.

The method and techniques used fit in with the forms of communication used by Afro-Surinamese and Antillean/Aruban women. The project also connects to the way in which Surinamese and Antillean women and men give shape to their sexual relationships. Often there is matrifocality: the basic family consists of a woman and her children. The man has a visitor relationship. The women are strong, independent and autonomous. They are capable of taking care of themselves, making independent decisions and negotiating risks within their relationships. On the other hand, they do not see the necessity of practising safe sex and negotiating it. Despite the women's financial independence, they feel emotionally dependent on their men. Having a partner is important to them and they want to feel feminine and desirable. On the one hand, they see macho men as players and not to be trusted, on the other hand they hope to tame the player. Discussing safe sex is difficult because there is a danger that their partner will leave them. This project makes women aware of this risky behaviour.

Project **Man Tori**

Authors: **Laura Wouter,** *Municipal Health Service ("GGD") Infectious Diseases Section, Rotterdam and* **Anette van Schaik,** *Municipal Health Service ("GGD") Health Promotion, The Hague*

The Project

Man Tori is a story project for Antillean men. It is based on the Uma Tori project which is aimed at women. In the project, men tell each other stories on sexuality. This is a way to discuss their views on sexuality and relationships. Men improve their knowledge on sexuality and their communication skills.

For whom?

Man Tori is a project for Antillean men.

Goals

The goal of Man Tori is improving communication between both sexes. The ultimate goal is to change attitudes and provide insight into role patterns. Man Tori is an addition to Uma Tori. It brings it to full circle and both the men and women have been trained in improving their communication.

Method and Techniques

Within Man Tori, issues and materials are used flexibly. The group process, age (clear differences are visible in how the process is experienced between young and old participants) and the desires and needs of the participants are constantly taken into consideration.
Each session starts with a story from a participant. The emphasis lies on a positive sexual experience with respect for your own and another's boundaries. How do you steer things and remain open to being steered? How do you deal with power within your (sexual) relationship? The materials used within the Tori were subdivided into materials/methods to improve knowledge, influence attitudes and develop opinions and skills. With both Uma Tori and Man Tori certain materials were slightly amended or added. New role-plays and positions were developed and for the group of youths and more attention way paid to issues surrounding Teenage pimps (Dutch: loverboys).

Results

The men have improved their knowledge and communicative skills on sexuality. A great deal of appreciation is expressed for the issue of sex and being in a sexual rut. Discussing their life history is more difficult for the men than the women. One of the reasons for this is that many men grew up without a clear father figure.

Why gender specific?

In Man Tori, independent work was conducted with men, in order to create as much openness as possible. Roles and role patterns of both sexes were dealt with. Sexual scripts which became visible during the Man Tori sessions included:

- **Dependence and independence within a relationship**
  Can a woman be trusted if she takes the initiative? What is the meaning of marriage? What does marriage mean for a man?

- **Relationship and sexual preference**
  Some men report that they experimented with sex with other men. A blind eye is turned to homosexual behaviour within the Antillean community, however, homosexuality as a lifestyle is taboo. The classic macho proves his masculinity by sexual contact with as many women or men and women as possible. His sexual identity is not in question and he does not consider himself gay or bi-sexual.

- **Lack of knowledge about sexuality**
  Participants were not aware that there are so many different STIs. They often are not aware of the symptoms of STIs. Moreover, there are all sorts of misconceptions on HIV and AIDS.

- **Their own upbringing and beliefs**
  How were you raised and how do you raise your children? Who should provide the children with sexual education? There is more openness to discussing their own life lessons with the children.

- **Coolness**

  The men show understanding for the fact that women are often in an underdog position and they often exercise a great deal of power over their (outside) wives. Shouldn't there be more negotiating? They acknowledge that sex is seen as a matter of prestige.

- **Associations with contraceptives**

  Many Man Tori men think they cannot maintain an erection when using a condom. This is a mental thing, becomes apparent during conversations. They are spoiled by women who agree to having sex without a condom when a man indicates he does not enjoy using one.

Gender factors within the Antillean community

- Children are evidence of masculinity and virility.
- Younger men are flattered if a woman chases them.
- Lack of or too much responsibility.
- Condom use is not desirable within many religious beliefs.
- Acquaintances are often pressed for sex. However, this is often not seen as sexual violence.

Project **Education in coffee shops and tearooms**

The project

In this project, information is given to Moroccan and Turkish men in tea and coffee shops in Utrecht and the surrounding area. These locations are a relaxed environment for men to meet each other. They drink tea or coffee, play cards or backgammon and watch television. There are tea and coffee shops where one specific group of Moroccan or Turkish men meet each other. There are also tea and coffee shops where Moroccan and Turkish men meet without distinguishing between one or the other.

For whom?

This project is aimed at two groups of Moroccan and Turkish men:

- unmarried boys and young adults
- married, unmarried (no longer married) or divorced men with changing sexual contacts.

Married men who lead monogamous lives are not part of the target group.

Goals

Goal of this project is the importance of safe sex and bringing the risk of infection with an STI/HIV to the attention of Moroccan and Turkish men. Indirectly this also contributes to the protection of their female partners with regard to STI/HIV.

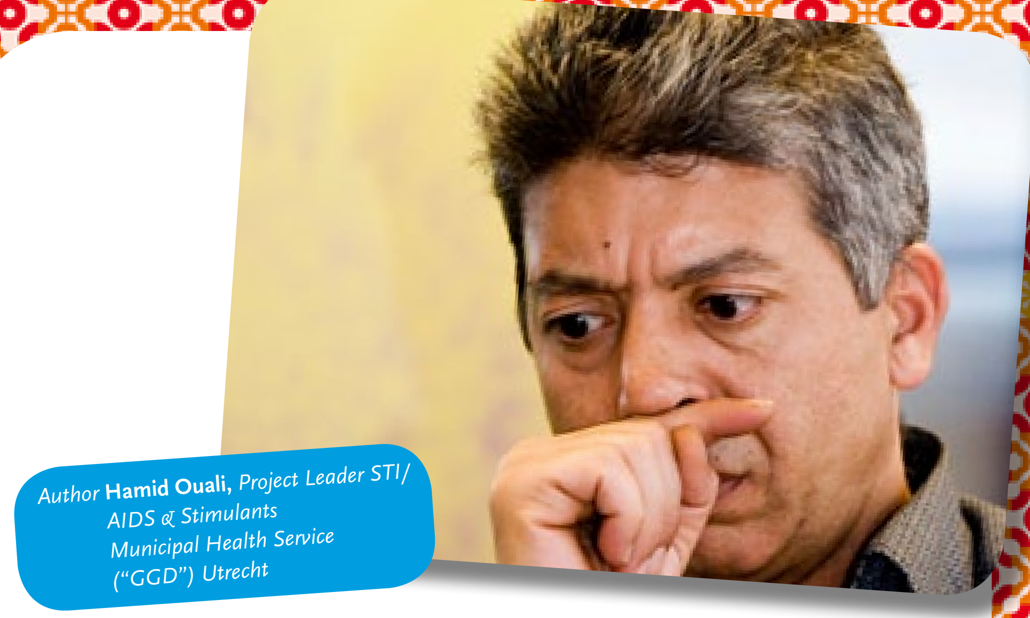
Method

A visit is paid to Moroccan and Turkish men in tea and coffee shops. There, issues are discussed such as sexuality and STI/HIV. Information is provided on STI/HIV and on how to practice safe sex. Men are alerted to the risks of unsafe sex. In addition, myths and religious beliefs are exchanged and corrected if necessary.

Results

In this project, men were made aware of their responsibility with regard to their partner. They were also confronted with their sexual behaviour and its potential risks. Further, the men became conscious of the influence of stereotypical expectations within their own family and in their sexual and intimate relationships. A Moroccan woman who knows that her husband is having sexual relations outside their home and may be infected will not raise the issue or take any action herself. And so it may happen that she too, becomes infected. The message (shared by the Imam) to the men is: “Women are being adversely affected by your behaviour.”

The men were provided with information on safe sex. Condoms were also handed out. This is necessary because rumour has it that anal sex without a condom is safe. These types of myths and incorrect stories are dealt with in the public information. Boys do not like discussing an STI with their GP. The information provided advises that it is possible to go to a different GP to ask for a test. Moreover, they are clearly told that it is important that the girlfriend should also be treated.



Author **Hamid Ouali,** *Project Leader STI/ AIDS & Stimulants Municipal Health Service ("GGD") Utrecht*

During the condom demonstrations, putting on a condom is practised. A nice way of doing this is to turn it into a contest. "Who can put on the condom the best?"

Why gender specific?

The activities in this project are specifically aimed at men with Turkish and Moroccan backgrounds. Literature points to socio-cultural aspects that prevent these men from actively seeking information on sexuality, safe sex and STI/HIV. Moroccan and Turkish Muslim girls are expected to live up to the ideal that they are virgins upon marriage and that they hold back. It is more acceptable for Muslim boys to gain some sexual experience prior to marriage with casual partners.

The project is geared towards the isolated position which Moroccan and Turkish men and women end up in. Their living situation and social-cultural background means that these men remain isolated from reliable information on safe sex. For this reason, they are a high risk group for infection with an STI/HIV. By actively confronting single and married Muslim men in an informal meeting place with their own risky behaviour, addressing their responsibility with regard to their partners and providing them with reliable information on safe sex and possible assistance in this area, not just them, but indirectly also their women are reached.

Author: **Iris Shiripinda**, , *Programme Leader Ethnic Minorities STI AIDS Netherlands ("Soa Aids Nederland")*

Project **Kitchen Tea Parties**

The project

The concept 'Kitchen Tea Parties' is not new to Sub Saharan African women. Women from Africa's southern regions organise all sorts of festive meetings to celebrate important events in their lives, such as a 'baby shower' when a woman is pregnant, 'baby welcome' for a woman who has just given birth, a 'kitchen top-up' when a woman could use a new kitchen and a 'kitchen tea party' for a woman on the eve of her wedding. At these types of festive meetings women talk to each other about their own experiences in connection to the event that is about to take place and how to deal with the new situation.

STI AIDS Netherlands decided to run 'Kitchen Tea Parties' as a pilot project in the Netherlands. The underlying reason was that women in general and African women in particular are hard to reach with regard to STI/HIV prevention. Because the usual Dutch approach does not work for this specific target group, a different working method is needed. In addition to the issues many immigrants have with the Dutch language, socio-economic issues also play a part in why they are not reached. Another issue is that those involved are tired of all the meetings about AIDS. 'Kitchen Tea Parties' is one way of reaching groups of migrants through their own social activities.

Case

African women experience a clear difference between unmarried, married and divorced women and prostitutes. These groups generally act completely separate from each other. In the 'Kitchen Tea Parties' these groups come together to discuss their sexual experiences. One woman says, "It is good that prostitutes are present. They can tell us why our men go to them and what is so special that our men keep returning to them. Women who are about to get married can use the prostitute's information in their own marriage and keep their men away from the prostitutes."

For whom?

The 'Kitchen Tea Parties' are for women only. This is because in many cultures, discussing sex and sexuality in mixed groups is considered taboo. Sex specific groups create a safe environment in which to have an open discussion on the difficulties that women experience and to discuss strategies to deal with them. It gives women the opportunity to take a critical look at deep-seated stereotypes, how they personally deal with them and how it exposes them to sexual risks.

Goals

By working solely with women, we were able to find out what deep-seated social and cultural factors make Sub-Saharan African men and women vulnerable to sexual risks such as HIV/AIDS. It is agreed in the 'Kitchen Tea Parties' that anything that is discussed remains within the group. Because everyone shares personal experiences and information, confidentiality is ensured. Women exchange their own strategies on how they deal with the sexual issues they experience with their partners.

The specific situation these women find themselves in (far away from their country of birth, often in mixed ethnic relationships without social support from family) provides enough subject matter for a group discussion and increases the sense that they are all in similar situations.

Together with the moderator, the women analyse the obstacle that puts either the women themselves or their male partners at risk of contracting an STI or HIV. It gives the women who feel powerless strength and courage to share strong and weak points with each other. One of the women: "I was astonished that you can file a police report for domestic abuse and that your husband can be given a temporary ban from your home. I now also know that if I am here legally, I can even leave him and get my own home."

In the 'Kitchen Tea Parties' women are provided with information on STI/HIV prevention, on treatment and on skills and ways to deal with risky sexual situations.

Method

The method targets both the individual and the group. Sharing all sorts of personal experiences with each other, irrespective of whether they are old or new, creates a certain group spirit. During the meetings, STIs, symptoms, treatment and where to get it are briefly discussed.
An employee of a local Municipal Health Service ("GGD") is invited. In Oldenzaal, she gave an account of the experiences the Municipal Health Service had with African women and what the Municipal Health Service could do for them. In this way, women learn to find their way in the Netherlands for matters relating to their sexual health. The women make contact with each other and can support each other in their needs. Sharing their experiences confronts them with their own problems and they start to reconsider their own strategies as well as other possibilities. Exchanging positive experiences increases women's resilience and makes them better able to deal with their problems.

Techniques

The main techniques are telling of stories, dancing and cooking together. Another preferred technique is telling each other your life history.

Why gender specific?

This project is gender specific because the role of female experience in the community is considered from the woman's point of view. During the parties, women investigate how to deal with challenges they face. The fact that women of different ages, social classes and with different experiences congregate in this way allows them to look beyond their own boundaries. This happens in spite of the ideological and social structures that constrain and define them at the individual level. Professionals assist the women in learning to deal with fixed structures and finding openings.

For more information go to: **www.life2live.nl/products_ethnic_minorities_program**

Authors: **Michel Degbevi**, *President of ASERAG*
Renny Polstra, *Ethnic Minorities Section STI AIDS Netherlands ("Soa Aids Nederland")*

Project **ASERAG**
(Asylum Seekers and Refugees AIDS Group))

The project
Together with the Municipal Health Service (“GGD”) and Municipal Health Asylum Seekers (“PGA”), ASERAG provides information on sexual reproductive health to men and women in the Asylum Seeker Centre (“AZC”). Residents are trained as peer educators, HIV contact person or actor. They organise activities, meetings and plays.

For whom?
Men and women in asylum seeker centres in the Netherlands.

Goals
ASERAG has three goals:
1. Increasing knowledge on STIs/HIV.
2. Increase use of condoms.
3. Increase testing for STIs/HIV.

Method and Technique
Peer educators organise bingo/information markets, soccer games, fashion shows and women’s meetings. HIV contact persons have meetings with residents, provide referrals and information and hand out condoms. Actors in a touring company perform plays that provide information on STIs/HIV.

Effectiveness of the method
In 2008, the effect of the ASERAG method was investigated. Asylum seekers who were reached through the ASERAG method have a wider knowledge of STIs/HIV than asylum seekers who did not participate. Asylum seekers who participated are more positive about taking an HIV test. Asylum seekers who were reached through the ASERAG method do not, however, intend to use a condom more often in future that other asylum seekers. Their estimation of being at risk of an STI/HIV was also unchanged by the ASERAG method. The strength of this method is the involvement by asylum seekers themselves. This allows you to better meet the needs and situation of the asylum seeker.

Why gender specific?
Gender is woven into the ASERAG method: asylum seekers inform asylum seekers and understand each other’s backgrounds like no other.

Training for peer educators is given to men or women’s groups. This works best because groups made up solely of women or men are best able to gage each other when discussing sexual health. The discussions are livelier and more in-depth than if we were to work in mixed groups.

The fact that ASERAG also trains the residents is deemed beneficial. Residents are more interested by the speaker because he/she was/is also an asylum seeker

Why gender sensitive?

The ASERAG method pays attention to norms and values that are familiar in the country of origin, as well as those in place in the Netherlands, with regard to STIs/HIV. This is done mainly for asylum seekers who are looking for a set of norms and values with regard to sexuality. The project stimulates them to broach the subject.

In the plays, issues concerning STIs/HIV are addressed that resonate with the asylum seekers, touching on both their former lives in their country of origin and their current context. Examples include:

- the asylum seeker's present situation, aspects of the asylum procedure, waiting and consequences
- polygamy
- medicine man versus modern doctor
- the wife of a man who died of HIV must marry her brother-in-law
- stigma and taboo surrounding HIV.

During the training for peer educators among women, a woman's role in safe sex and sexual violence is often discussed. With the men, topics like sex before marriage, the man's domination and cheating are often discussed.

Examples of cultural aspects that we try to take into consideration:

- The word homosexuality has not been translated into West African languages. Nobody discusses it or wishes to discuss it.

- In many countries, women are not allowed to discuss sex with men. It is not polite, and improper. If they dare discuss it, they are considered poorly raised. They are discriminated. West African society is not as strict on men.

- In many African and Arabic countries, women are discriminated against: women receive a lower salary than men for the same job. In many countries, only men have positions of power, women care for the household or work on the fields.

- Sometimes the culture reinforces religious discrimination. For example in the Mosque, there is a wall between the place reserved for men and women. Men sit in front and the women in the back. Women are thought to be less worthy in the eyes of God.

- In many countries of origin of asylum seekers, society's rules reinforce the inequality between men and women. Asylum seekers arrive in the Netherlands with this image in mind, and are confronted with a different society. This influences their opinions.

- Often asylum seekers are looking for answers to questions that relate to culture, religion, tradition or politics. At the same time, they are in a vulnerable position because they have no control over their application procedure.

Finally

The ASERAG method is aimed at the process of STI/HIV awareness. We try to connect closely to the ideas and experiences of the asylum seekers. From there, we work towards a positive change in their thinking and behaviour. Gender considerations are at the core of this method.

Project **Safe Haven**

Author: **Myra Karg,**
Head of the Department for Social Support, Schorer

The Project

Safe Haven is Schorer's support centre in Amsterdam for young people who seek a shelter where they can vent their homosexual, lesbian, bisexual or transgender feelings. Young people can walk in without an appointment and participate in social activities. Coaching and support are also available.

For whom?

Safe Haven is aimed at young people with multicultural backgrounds in and around Amsterdam who have gay, lesbian, bisexual or transgender feelings. For many young people, these feelings conflict with their traditions and cultural background. In most African, Asian and American cultures and in the orthodox strands of most religions, there is a taboo on homosexuality. Girls and boys are sometimes exposed to domestic and honour-based violence. Young people get no support or understanding from their direct surroundings. Often, they do not have family or friends to talk to. The officers of Safe Haven are on standby for them and can coach and listen to them, as well as provide tailored advice.

Goals

The goal of Safe Haven is that young lesbian women, gay men, bisexuals and transgenders are offered a safe place where they can meet others who are in the same boat. They receive information, knowledge and facilities necessary for optimal sexual health and well-being. They gain insight into their own sexual orientation and their potential sexual risks.

Indirectly, this contributes to improving their sexual health and enhances their capability of entering into healthy sexual relationships.

Method and Technique

The Support Centre Safe Haven offers a way of making contact with fellow young people without too many obstacles. Here, they can make meet each other in a casual setting and exchange information. Every Tuesday afternoon between 15:00 and 17:30 hours, young people can walk in anonymously without an appointment. Alternatively, they can chose to make an appointment for a personal talk. The people who work at Safe Haven organise regular group activities, such as joint meals, a movie or theme-night, or an evening at the pub. Coaching and personal assistance are available upon request. Safe Haven calls on a network of social assistance workers who are professionals in the field of sexual diversity in relation to cultural norms and values. If necessary, Safe Haven employees refer young people to specialised therapists who can provide further assistance in their mother tongue.

Results

Both the walk-in afternoons and the meetings drew a good number of people. This shows that Safe Haven is a support location with a low threshold. From an experimental project in the beginning, it has evolved into a programme that now offers support to a socially vulnerable and complex group. Multicultural young people with homosexual feelings (male and female) have become more visible, and so have their problems. Social workers as well as the media have found their way to Safe Haven. This is partly the reason that in 2009, there was a steep increase in clientele. In August 2009, sixty new clients were registered (22 women and 38 men) and by the of 2009, Safe Haven has about ninety clients.

Why gender specific?

This project is gender specific partly because activities are organised for women only, upon their request. Lesbian women, gay men, bisexuals and transgenders require a specific approach. Their position in the Netherlands makes it harder to accept their own sexual orientation and to find relevant information and assistance.

Why gender sensitive?

The project is gender sensitive because it takes into consideration socially pre-determined expectations, ideas and characteristics of masculinity and femininity and the relationships men and women are expected to have based on this. Safe Haven addresses the fact that there is often a taboo within their own ethnic community on lesbian, homosexual, bisexual relationships. As a result, these youths sometimes have to do without relevant information and skills on how to deal with this. Young men and women who have relevant knowledge and skills, run less sexual risks.

For more information go to **www.veilige-haven.nl**

Auteurs: **Annelies Kuyper,** *senior consultant Rutgers Nisso Groep* **and Ineke van der Vlugt,** *programme coordinator Rutgers Nisso Groep*

Project **Girls'Talk**

The project
Girls' Talk is a group programme, specially developed for adolescent girls of different ethnic backgrounds with a low level of education. To summarise it concerns the promotion of sexual health, healthy sexual behaviour and sexual interaction competency for the girls.

For whom?
Heterosexually active young women aged between 14 and 18, low level of education (pre-) vocational secondary school "VMBO" or lower), different ethnic backgrounds.

Goals
Increased sexual health is the goal. This can be measured in the changes set out below:
- The ability to self-reflect and be self-aware about their own sexuality, their own sexual experiences and their own sexual role, more insight into the influence of current environ mental factors on opportunities to realising sexual health.
- The girls have a greater competency with regard to sexual interaction which is expressed by being better able to indicate their own desires and boundaries, and increased feeling of control in sexual contact, a decrease in sexual insecurity and an increased frequency in sexual communication with their partner.
- The girls have a more positive sexual self-image.
- The girls have a more equal relationship with their partner, which is evidenced by a decrease in domestic abuse.
- The girls enjoy sex more.
- The girls are better able to protect themselves from STIs and unwanted pregnancies: this is evidenced by increased knowledge about sexual risks and the consequences as well as adequate use of contraconceptives.

Method
Girls' Talk is an intense group-counselling programme of eight meetings of two hours once a week. The programme runs for two months. Preferably, two female facilitators lead the groups.

Meeting 1 Introduction with the group and the topic sexuality and relationships
Meeting 2 Exploring own values and norms on sexuality and relationships
Meeting 3 Exploring positive experiences and enjoyable contacts
Meeting 4 Exploring your own boundaries and resistance
Meeting 5 Risks of unsafe sex, contraception
Meeting 6 Discussing safe sex and condom use
Meeting 7 Dealing with high-risk situationss
Meeting 8 Taking the initiative and the lead in relationships/evaluation of the programme

This structure allows the participants to get to know each other and to exchange intimate, enjoyable and less enjoyable sexual experiences. Alternative ways of dealing with a situation and problem solving strategies are also discovered and reviewed.

Technique

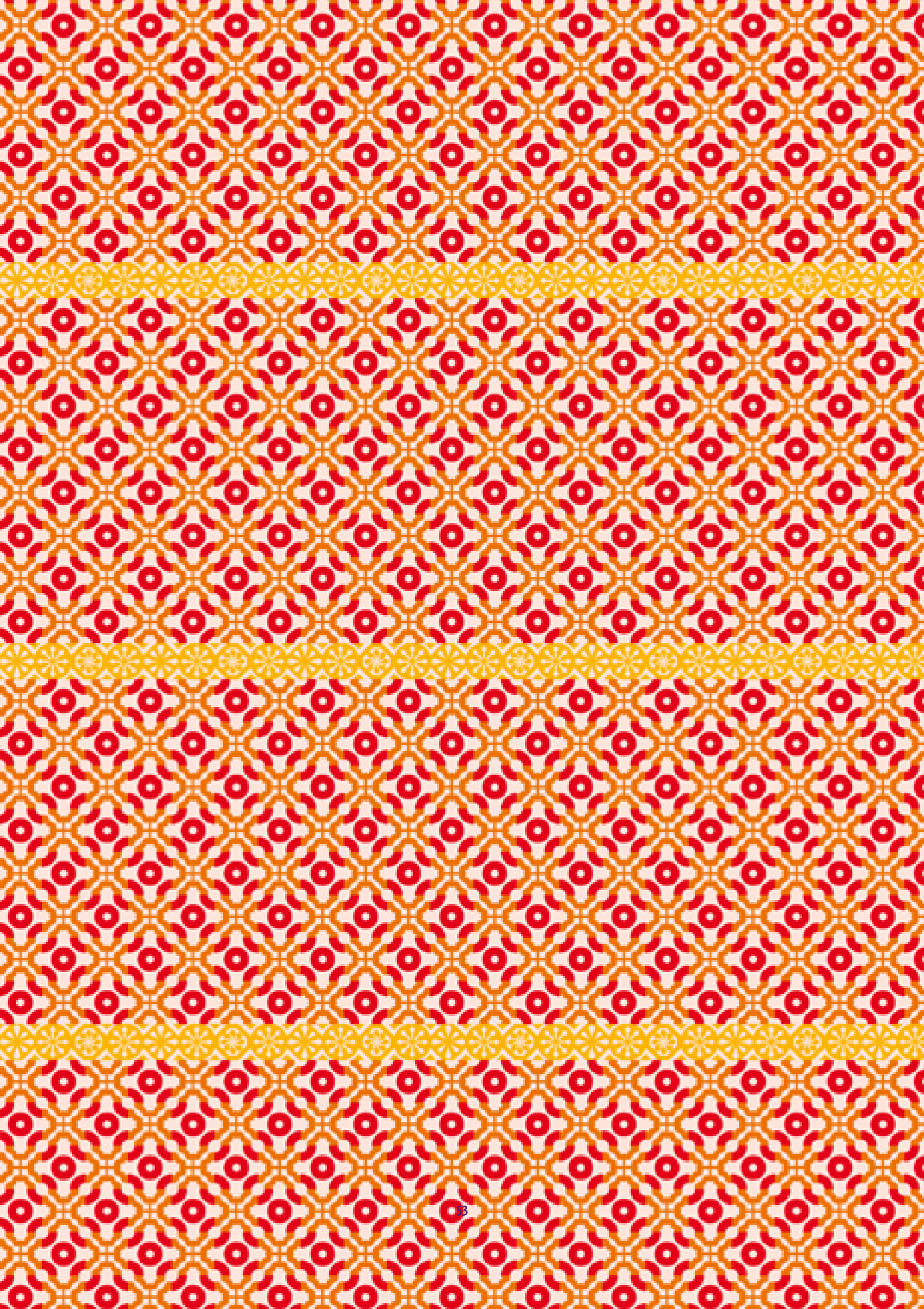
At the start of the programme, exercises are conducted relating to facts and knowledge on sexual health of youths and girls in particular. Forming of opinions and involvement in their own sexual health is gradually introduced. Exercises are offered that teach the girls to form their own opinions or take a position with regard to situations on sexual health and sexual risks and to learn concrete skills. Their own ideas, values, norms and opinions are widely discussed. During the programme, personal sexual experiences and events are increasingly brought into the discussion. The girls work towards critical insight, forming attitudes and interactive skills to be able to realise their desires and establish their boundaries.

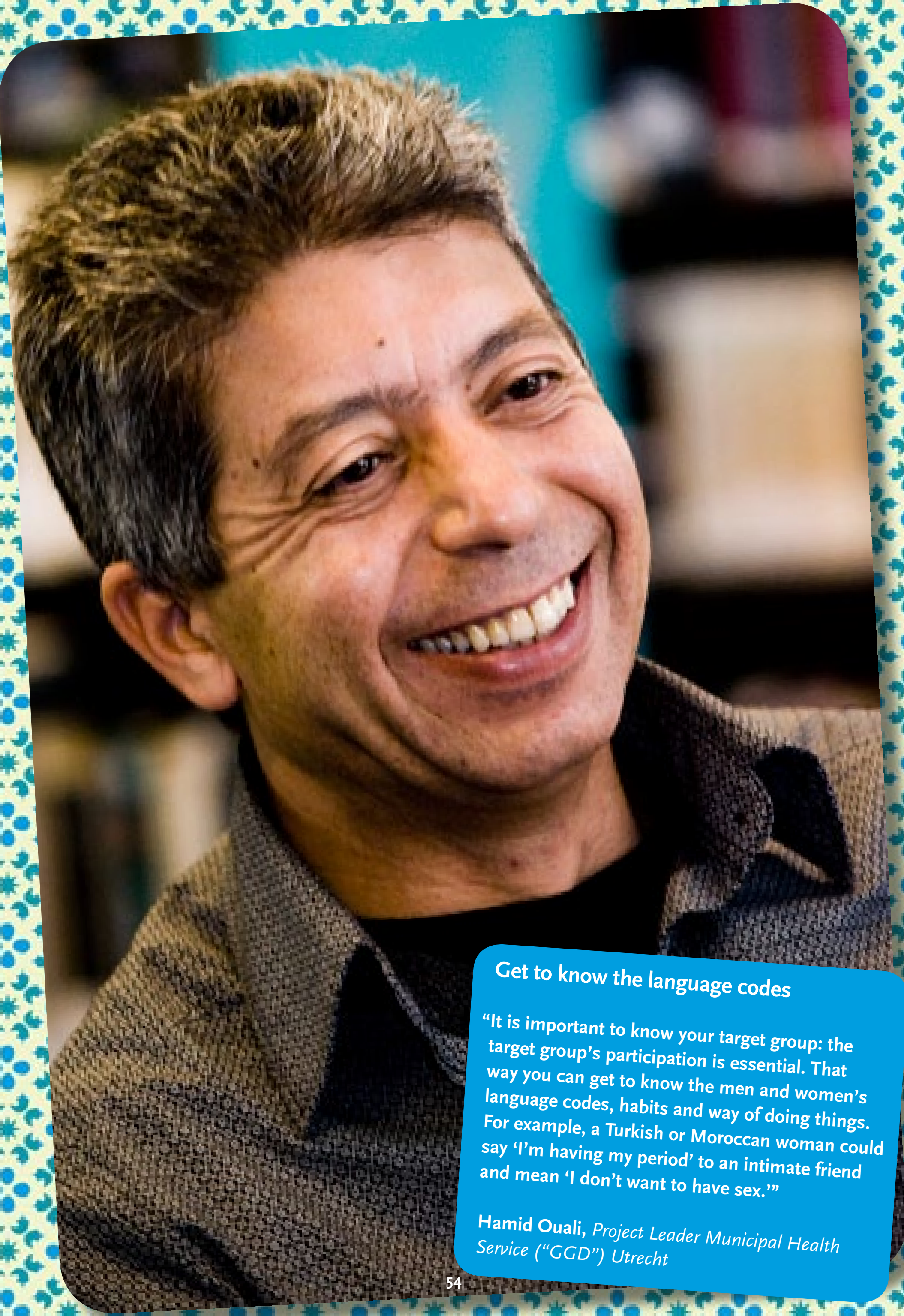
Results

Review of Girls' Talk shows a positive effect with regard to the intention to use the pill, the intention to use a condom and control in sexual situations. The process evaluation shows that the intervention is attractive for girls and it fits within the field of youth workers. The project promotes awareness among the girls with regard to sexual rights, opens communication on sexuality and offers a confidential relationship among the girls and between the girls and the facilitators. Girls' Talk also promotes signalling of negative sexual experiences and increases expertise with regard to sexual counselling and discussions among the facilitators and youth workers.

Why gender specific?

Girls' Talk was specifically developed for girls. Only girls participate. Trained facilitators lead the meetings. They are all women. The programme takes account of the dynamics of a girls group. The content of the programme takes the different sexual risks between boys and girls into consideration. The consequences of unsafe sex and behaviour that crosses sexual boundaries are often more serious for girls. Such as unwanted teen pregnancy, sexual traumas and pain during intercourse. In addition, girls run a higher risk of being infected with an STI or HIV and the consequences are more serious. Girls with a non-Dutch background are often at an even higher risk. Girls need other knowledge and skills than boys to realise healthy sexual behaviour. For girls, it is important to know how to protect themselves from pregnancy, an STI and HIV, how to deal with a high-risk situation, how to become more resilient and how to take the initiative in shaping their relationship and negotiating condom use and sexuality.





Get to know the language codes

"It is important to know your target group: the target group's participation is essential. That way you can get to know the men and women's language codes, habits and way of doing things. For example, a Turkish or Moroccan woman could say 'I'm having my period' to an intimate friend and mean 'I don't want to have sex.'"

Hamid Ouali, *Project Leader Municipal Health Service ("GGD") Utrecht*

5. Gender Techniques

In this chapter, you will find examples of techniques which address gender factors.

Techniques do not develop out of thin air. Within a project that deals with gender, the chosen techniques follow from previous projects phases. Gender techniques in turn tie in with this. When modelling does not appear to be a good method to teach women to take a more resilient position, then role-play may be chosen. These increase self-effectiveness and skills in realising sexual desires, communicating with a partner and use of condoms and contraceptives.

Technique 1 **Role-play 'Virginity norm for women'**

Subject : Nadia tells her fiancé Achmed that she has lost her virginity.
Time : 30 minutes.

Goals of the role-play

Participants:

- Are aware of their (in)dependence.
- Are aware of the relationship between dependence in a relationship and an increased risk of STIs, HIV/AIDS.
- Can formulate their own role and opinion on (in)dependence in relation to their sexual partner.
- Have insight into the way in which their role increases their chances of HIV infection.
- Want to learn to negotiate safe sex.

Instruction (5 minutes)

- Place the chairs in a semi-circle.
- Ask two volunteers to play the parts of Nadia and Achmed.
- Give them the relevant sheets.
- Give them a few minutes to prepare their parts. Read out the scenario to the rest of the participants.
- Encourage other participants to watch and listen carefully. Let them pay special attention to the male/female expectations that can influence the balance between independence and dependence between the partners.

Act out the role-play (10 minutes)

Evaluate role-play (15 minutes)

- After the role-play, there will be a discussion on the dependence and independence in the situation acted out. What is the effect on a chance at infection with HIV?
- Pay attention to the actors and participant's body language. Role-plays are not just about what people say. They are also about what people do.

Possible questions

- How did it feel to play Nadia and Achmed? What did you learn?
- What was it like to see Nadia and Achmed's situation? What did you learn and how did it feel?
- Was this a realistic situation?
- Do situations in real life resemble Nadia and Achmed's? What usually does happen and what does not?
- Who was dependent and who was independent in this situation?
- What were the challenges facing Nadia and Achmed in this situation?
- Was Achmed powerful in this situation? And Nadia? Why were they or were they not?
- What is the effect of Nadia and Achmed's behaviour?
- Why do Nadia and Achmed respond to this situation in this way?
- What do you think is right about this situation?
- What is dangerous in this situation with regard to the risk of infection with HIV/AIDS?
- Who knows of other stories similar to Nadia and Achmed's?
- What advice could you give Nadia and Achmed to improve the situation?

TIPS

- **Indicate that it is a role-play, mark the ending of it and return to real life.**
- **Let the public advise the actors.**
- **Enact the role-play several times in different ways that will reveal different ideas and beliefs.**
- **Make sure you have sufficient background knowledge about the specific cultural target group. This role-play about virginity is less relevant for some ethnic minorities.**
- **Involve parents, not just young people.**
- **Involve both partners' sexual history.**

Text of the role-play

Case Nadia and Achmed

When she was sixteen, Nadia went to Morocco on her summer holiday. She fell deeply in love with a German backpacker who was also there on holiday and she had sex with him once. After that special holiday they never saw each other again. She never told anyone about that summer.

Now, three years later, Nadia, with her family's approval, is engaged to Achmed. Achmed was brought up to marry a virgin. Nadia does not dare tell Achmed that she has lost her virginity and decides to use certain herbs on her wedding night to tighten her vagina. During the sexual intercourse, there is some blood loss. Achmed is happy and becomes emotional. He thinks he has taken Nadia's virginity.

Nadia loves Achmed and feels guilty. She decides to tell Achmed what happened during her summer holiday when she was sixteen:

"Achmed, dear, I have something to tell you..."

Nadia's Instructions:

- Read the story above and imagine you are Nadia.
- What would you do if you were Nadia?
- How would you approach Achmed?
- What would you say?
- How would you behave towards Achmed?
- You are Nadia and you say, "Achmed, dear, I have something to tell you....."

Achmed's Instructions:

- Read the story above and imagine you are Achmed.
- What would you do if you were Achmed?
- How would you approach Nadia?
- What would you say?
- How would you behave towards Nadia?
- You answer when Nadia says, "Achmed, dear, I have something to tell you....."

Key figures get their own face

"Recruitment for information meetings is done by key figures. We work together with experts and informal contacts and ensure that these key figures have a recognisable and are a trusted face on safe sex to the target group."

Renny Polstra, *Programme Staff Member ASERAG Method STI AIDS Netherlands ("Soa Aids Nederland")*

Technique 2 **Role-play 'Balanced Relationship'**

Subject: Mirjana is dependent on her sexual partner Hassan.
Time : 30 minutes.

Goals of the role-play

- Participants become aware of their (in)dependence.
- Participants become aware of the relationship between dependence in a relationship and an increased risk of infection with HIV, AIDS.
- Participants can formulate their own role and opinion on their (in)dependence with regard to their sexual partner.
- Participants gain insight into the way in which their role or behaviour increases their chance of an HIV infection.
- Participants learn to negotiate safe sex.

Instructions (5 minutes)

- Place the chairs in a semi-circle.
- Ask two volunteers to play the parts of Mirjana and Hassan. Instruct them or let them read the case and their assignment.
- Give them a few minutes to prepare their parts. Read out the situation to the rest of the participants.
- Encourage other participants to watch and listen carefully. Let them pay special attention to the male/female expectations that can influence the balance between independence and dependence between the partners.

Acting out role-play (10 minutes)

Evaluate role-play (15 minutes)

- After the roleplay, there will be a discussion on the dependence and independence in the situation acted out. What is the effect on a chance of infection with HIV?
- Pay attention to the actors and participant's body language. Role-plays are not just about what people say. They are also about what people do.

Possible questions:

- How did it feel to play Mirjana and Hassan, what did you learn?
- What was it like to see Mirjana and Hassan's situation, what did you learn and how did it feel?
- Was this a realistic situation?
- Do situations in real life resemble Mirjana and Hassan's? What usually does happen and what does not?
- Who was dependent and who was independent in this situation>
- What were the challenges facing Mirjana and Hassan in this situation?
- Was Hassan powerful in this situation? And Mirjana? Why were they or were they not?

- What is the effect of Mirjana and Hassan's behaviour?
- Why do Mirjana and Hassan respond to this situation in this way?
- What do you think is right about this situation?
- What is dangerous in this situation with regard to the risk of infection with HIV/AIDS?
- Who knows of other stories similar to Mirjana and Hassan's?
- What advice could you give Mirjana and Hassan to improve the situation?

Text Role-play

Case Mirjana and Hassan
Mirjana has been married to Hassan for ten years. Together they have a daughter. They live in a beautiful house. Mirjana takes care of the home, Hassan works outside the home. Lately Hassan has been working overtime and coming home late. Mirjana suspects Hassan has a girlfriend. That suspicion was confirmed when she accidentally overheard a very intimate telephone conversation. It has apparently been going on for some time.

Mirjana is not sure what to do. She is angry and would like to divorce Hassan. However, she has some doubts. She has been together with Hassan for a long time and he is the father of her daughter. Moreover, he is the breadwinner. Her family expects her to grow old together with Hassan. They do everything together, go on holiday together, and visit their family together. She is worried that everything will change if she is no longer together with Hassan.

One night Hassan comes home late again. Mirjana decides to raise the issue with Hassan:

"Hassan, you're late...."

Mirjana's Instructions:
- Put yourself in Mirjana's place.
- What would you do if you were Mirjana?
- How would you approach Hassan?
- What would you say?
- How would you behave towards Hassan?
- You raise the issue of his coming home late with Hassan: "Hassan, you're late...."

Hassan's Instructions:
- Put yourself in Hassan's place.
- What would you do if you were Hassan?
- How would you approach Mirjana?
- What would you say?
- How would you behave towards Mirjana?
- You respond when Mirjana raises the issue of your coming home late.

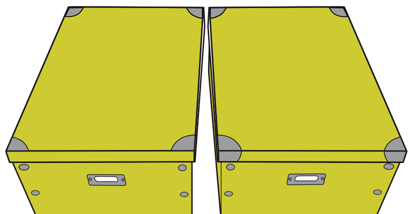
Keep asking questions

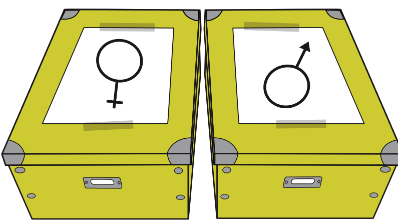
"Use scenarios you have thought up yourself, role-plays or positions to start the discussion. Gender differences will come up in the conversation when you keep asking questions."

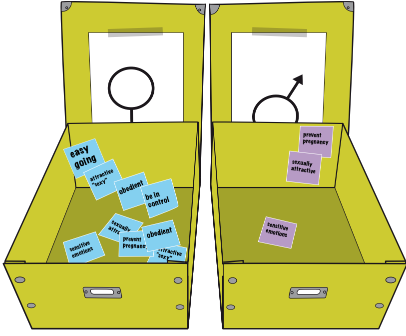
Anette van Schaik,
Health Promotion Officer Municipal Health Service ("GGD") The Hague

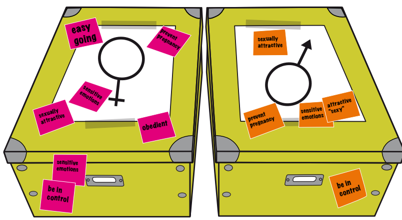
Technique 3 **Assignment 'Make a gender box'**

Subject : typical male/female expectations on characteristics, properties and responsibilities within sexual and intimate relationships rooted in society.
Time : 45 minutes.
Necessities : 2 boxes, post-its in 4 colours.









TIP

This technique can be spread out over multiple sessions. The first session on typical male/female expectations on characteristics, properties and responsibilities rooted in society. In the second session, you can discuss the obvious patterns of expectation within sexual and intimate relationships. These are called sexual scripts. Sexual scripts can influence sexual health and sexual risks.

Goals

Participants:
- Know the expectations, roles and behaviours of men and women and use their own setting and cultural context as a base.
- Know the consequences of not acting within the expected roles and the behaviour of men/ women/partners.
- Discuss how these expectations, roles and behaviours have come into being within their own cultural setting and context.
- Discuss the possible consequences of these gender factors in relation to HIV/AIDS and STIs.
- Know what expectations, roles and behaviours should be changed in relation to HIV/AIDS and STIs.
- Know the advantages for men and women.

Instructions
- Divide the group into a men's group and a women's group. You could consider letting the women take on the role of men and vice versa.
- Hand out the two gender boxes: one for the men and one for the women.

Step 1
- Ask the men to discuss typical male characteristics, roles and behaviours, including those in sexual relationships. Write the most important ones down on post-its.
- Ask the women to discuss typical female characteristics, roles and behaviour, including those in sexual relationships. Write the most important ones down on post-its. For example ask: What is a typical woman/man? Hoe does she/he behave? What is his/her attitude? What kind of job does he/she have, how does he/she treat men and women?
- Ask each group to discuss the origins of these expectations on characteristics, roles and behaviour. Stick the most typical expected male and female properties, roles and behaviour in the box.

Step 2
Ask the participants to write down on a different post-it what would happen if a man or a woman does not behave the way society expects them to within sexual and intimate relationships. So, what happens if you as a man or as a woman do not meet the expectations? What happens, for example, if a woman behaves like a man or if a man behaves like a woman? Stick these post-its on the box.

Step 3
The post-its on characteristics, behaviour and roles are taken out of the boxes. Name them out loud and write them on a men and women flap. Do the same with the post-its which state what happens if you do not meet expectations. Finally name and write down where the expectations come from.

Step 4

Bring the groups together and compare the two gender boxes.

Step 5

Start a discussion.

- What do the boxes show?
- Why do people stay in their own box? What are the advantages of such gender expectations?
- What pressure do they experience to behave according to these norms? Where does that pressure come from? What are the disadvantages?
- In which way can 'staying in your gender box' influence your risk at STIs, HIV, AIDS?
- What are the advantages of stepping 'out of your gender box'?
- What are the disadvantages for men and women?
- How can you assist people in stepping out of their fixed role?
- What does the community gain?

Evaluation

Draw up a conclusion of the gains. What have we discussed with regard to typical male/female patterns of expectation on characteristics, properties, responsibilities that are rooted in society? These gender factors often also play a part in sexual and intimate relationships. They are called sexual scripts. Sexual scripts can influence sexual health and can incur sexual risks.

The impact is what matters

"The gender techniques that I have found almost all deal with clarifying the impact of gender patterns on sexual risks."

Milleke de Neef,
Project Leader Gender Project Rutgers Nisso Groep

Technique 4 **Quiz ‘Sex or Gender?’**

Subject: the difference between men and women is defined in part by biology, but also by society. What belongs to men and to women? When is the difference based on sex and when on gender?
Time : 10 minutes.

Goal
Gaining insight into the difference between sex and gender.

Instructions
Give everyone in the group a heading from the statements below. Ask the participants to write a ‘G’ after those that relate to gender and an ‘S’ after those that relate to sex.

Solutions
1. Sex 2. Gender: distribution of labour, women’s work often less appreciated. 3. Gender: this covers the expectations regarding boys’ and girls’ roles. 4. Sex. 5. Gender 6. Gender 7. Sex 8. Gender. 9. Gender/ sex: hormones can make men more aggressive, but aggressive behaviour is also learned. 10. Sex/gender: anatomically women are more vulnerable to STIs and AIDS, on the other hand, across the world, women have less access to work, income and education. This also makes them more vulnerable to sexual risks such as STIs.

Sex or gender?

1. Women deliver babies, men do not. ☐

2. According to United Nations statistics, women do 67% percent of the work in the world, while their income represents only 10% of the global income. ☐

3. A child that is raised as a girl, finds out that he is actually a boy. After this, his grades in school improve dramatically. ☐

4. Women suffer from pre-menstrual syndrome; men do not. ☐

5. Sex is less important for women than for men. ☐

6. In Ancient Egypt, men stayed home to weave. Women took care of family business. Women inherited property, men did not. ☐

7. Men's voices break during puberty; women's do not. ☐

8. In a review of 224 cultures, there were five in which men did not do any cooking and 36 in which women built houses. ☐

9. Men have a natural inclination for aggressive behaviour. ☐

10. Women are at higher risk of STIs than men. ☐

Technique 5 **Make a poster about the ideal man and woman**

Time **:** 45 minutes.
***Necessities* :** Markers and flip over paper.

Subject

This technique can be used in the run up to the gender box technique or roleplay in which a certain risk factor is pictured.

Goals

- Making participants aware of the expectations that exist of ideal men and women of a certain age within their own cultural setting.
- Participants learn that there can be differences between the ideal expectations and reality.
- Participants learn that ideas and expectations can have a limiting effect on the (sexual) health of men and women.
- Participants learn that some ideals can act as personal destroyers – that is to say – choices and behaviours that eventually have a potentially negative effect on their (sexual) health.
- Participants learn to think and talk about sexual risk factors.

Points for Attention

Expectations may not be as clear-cut in a Dutch setting as they are when the technique is used in a certain country/region. In developing countries the emphasis is more on heterosexual relationships, this technique can also easily be used with groups with different sexual orientations. Always have the participants focus on what is expected of them as man/woman, how that works in their own situation and how that can influence their own sexual health.

Indicate that this is not an exercise in how individual participants should behave but that it is intended to show how society's often unconscious expectations are sometimes hard to live up to. We do all sorts of things to live up to the image. This could eventually lead to sexual risks. Provide examples but emphasise that these are just examples, sometimes from other cultures.

Instructions

Create sex-specific (sub) groups with participants of approximately the same age. Make clear that it is important in the subgroups to provide a description of the expectations that exist about the ideal woman/man of their age within their own cultural context and a certain age group.

Discuss, write down or draw:

1. *What expectations are there about an ideal young/older man/woman?*
   - How is she/he supposed to behave?
   - What is she/he supposed to do?
   - What is she/he supposed to say?
   - What characteristics does she/he have?
   - How is she/he supposed to behave towards a sexual partner?

2. *What happens in daily life (reality):*
   - How does she/he behave?
   - What does she/he do?
   - What are her/his characteristics?
   - How does she/he behave towards a sexual partner?

3. *What images about men and women can become personal destroyers, therefore limitations that can have an impact on people's lives and their sexual health?*

4. *How does this occur in relationships, do you think?*

Planning

Discuss the images and the personal destroyers/individual limitations.
Define the risk factors involved that can cause sexual risks. Ask the question what should be done to limit the risks. What is needed? How difficult/easy is it? What can it give you and what do men and women and partners stand to gain?

Finish by thanking everyone for their input and conclude that it is important to realise that sometimes you are trapped in ideals on men and women that are not of your choosing. It is difficult to let go of the ideals about men and women, but it can also offer something in return. For example, not being on your own, infections, healthy children, better sex life, etc. It takes courage to talk about this but it may be a starting point to work together to deal with the risks and to break through the taboo of talking about sex.

Examples

Image young man : hunter, strong, tough, good income and education, one girlfriend/wife.

Reality : high expenses, no time for good education, many girlfriends, sometimes has no idea how he can meet everyone's expectations in order to live up to his image (sometimes has high debts).

Image young woman : polite, agreeable, hard worker, (many) children.

Reality : care and responsibility for (many) children, no money, no opportunities to earn enough money

Image woman : a woman's role and tasks lie mainly in and around the house (care for children, husband, household etc.)

Personal destroyer : This can be used as an excuse not to invest in further education. This can lead to an imbalance of power within a relationship and to sexual risks (see Factor 2 Inequality in the Relationship and Factor 5 Cultural Traditions and Upbringing).

Image man : The expectation or the image that a real man can drink ten bottles of beer at a party

Personal destroyer : This can give men the idea that if they are unable to do this or do not wish to do so, they are not real men. This might even cause them to drink more. Alcohol can induce sexual risks (see Factor 5 Cultural Traditions and Upbringing).

Extra

Indicate that there are a number of risk factors that are involved in society's (gender) expectations and name them. Ask participants to discuss this, perhaps in little groups, and to indicate which factors they would like to deal with in their own situation together with others. Alternatively, indicate that this will be delved into at the next meeting. Or offer to set up an appointment to discuss it at a later stage.

If there are separate men and women's groups, it can be enlightening for each respective group to hear the perspectives of the other group.

Technique 6 **Role-play 'Negotiating sex with a condom'**

Subject: learning to be sexually assertive
Time **:** 30 minutes

Goal
Practicing negotiating using a condom for sexual intercourse.

Instructions
- Explain safe sex: prevention of unplanned pregnancy, infection with STIs/HIV, without coercion and violence.
- Explain the benefits of using a condom and using it properly: both STI/AIDS prevention as well as unplanned pregnancy and abortion.
- Ask the question: What if your partner does not want to use a condom, what do you say? Indicate: practising the situation and your answers can help you stick to your guns if your goal is to use a condom.
- Indicate that both women and men can have excuses that could lead to sexual risks. And that excuses are used in both heterosexual relationships as well as in relationships in which men have sex with men.
- Divide the group in two and let each group describe two excuses used by men and women to get out of using a condom.
- Two volunteers act out these excuses in a role-play.
- After each role-play you hold a discussion: what do you think of the response? What does the response show? Does anyone have any tips on how to make the response even more convincing?
- After two role-plays, ask if anyone else knows other excuses to get out of using a condom. Come up with possible responses.

Points for Attention
- Emphasise that the intention is to learn from these role-plays. Those who do the role-play are our heroes: they are helping us think about appropriate responses.
- Ingredients for responses to the excuses: facts the partner cannot deny, profit/benefit for both, sticking to your guns/standing up for yourself without angering your partner, non-verbal and verbal language are in sync with each other. Indicate that both men and women can have excuses and that excuses are used in both heterosexual and homosexual relationships.
- Possibly hand out: Excuses and Responses.

Excuses	Responses
Woman: I do not like a condom; I do not feel as much with a condom.	***Man*** **:** I feel more comfortable and relaxed, when I feel more comfortable and relaxed then it will be nicer for you too.
Man **:** We have never used a condom before.	***Man*** **:** I have decided never again to take risks.
Man **:** I do not experience pleasure with a condom.	***Woman:*** But an unwanted pregnancy or STI is even less fun.
Man **:** Don't you trust me?	***Man*** **:** I fully believe you are telling the truth. However, some STIs have no symptoms so just to be on the safe side, let's use a condom.
Man **:** Why should we use a condom? Do you think I have AIDS or something?	***Man*** **:** No, not at all, but I could have an STI. We should both be protected.
Man **:** I will pull out before I come.	***Woman:*** I could still contract an STI.
Woman: Condoms are only necessary in loose relationships.	***Man*** **:** I have decided to always be safe. I would like both of us to remain healthy and happy.
Man **:** Do you still love me?	***Man*** **:** Yes, absolutely, but I do not wish to risk my health to prove it!
Man **:** We just will not be using condoms, and that is that!	***Woman:*** Okay, then we will do something else (fun).
Woman: Just this once without...	***Man*** **:** Just once is enough to get pregnant, contract an STI and be infected with HIV.

This technique can also be expanded with scenarios that deal with sexual coercion.

Technique 7 **Relationship Life History**

Subject **:** Gender expectations and factors relating to the way in which Surinamese and Antillean women and their men give shape to their sexual relationships and the possible sexual risks this causes.
Time **:** 60 minutes.
Necessities **:** Pen en papier.

Goal

Contributing to the awareness of gender patterns for Antillean and Surinamese women.

- Teaching women to think about and reflect on their personal sexual history and behaviour.
- Women are aware of the risks they took and the difficult moments in their past and how they dealt with them.
- Women recognise their opportunities, personal pitfalls and successes.
- Women learn alternative and different ways to deal with sexual risks.
- Women recognise gender patterns that can lead to sexual risks within their own ethnic community.
- Women experience social support.

Instructions

A Relationship 'life history line' is used. The women tell each other about their important life events in sexual relationships. For example:

- Memorable relationships
- The first sexual experience
- Sexually risky events
- High-risk partners
- Emotional events
- The most memorable relationship/partner/experience
- The best and worst relationship/partner/experience

The stories can be drawn on a time-line, written out in a story, or presented in a cartoon. They can be told in chronological order or along themes, such as starting with the most important event.

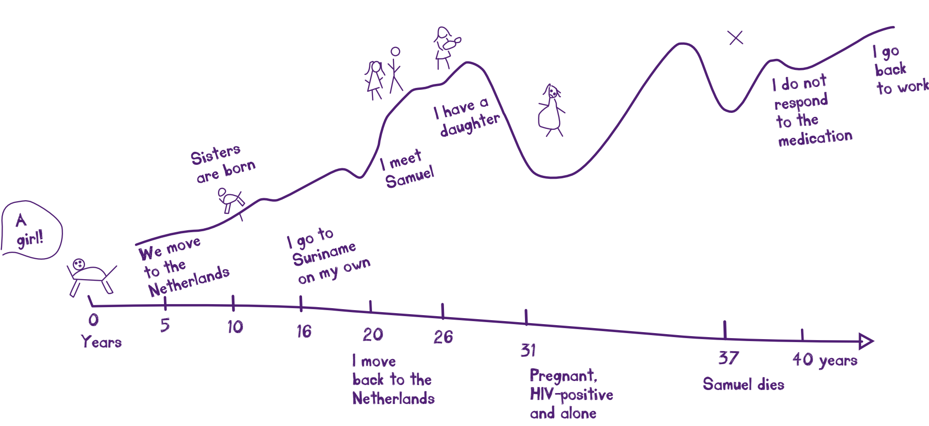
Women share their own life story with others in the group. One way of approaching this could be to tell the story of 'a friend' or to 'imagine' a credible story together. After that the gender (factorso and the risks they pose, personal pitfalls and successes and ways to deal with possibly risky behaviour are discussed. The group members respond to the story, ask questions and share their experiences with the storyteller.

Points for Attention

This technique is based on an analysis that the risk of contracting STIs and HIV/AIDS is relatively high within Antillean and Surinamese groups in the Netherlands. Gender expectations and factors with regard to the way in which Surinamese and Antillean women and men give shape to their sexual relationships play a part in this. Surinamese and Antillean women appear to have a low risk perception. They couple their risk of contracting STIs/HIV to their own behaviour and not that of their partner.

Telling of their own tori is very intimate and can only be done in a very confidential and safe setting. That is why it can be wise to allow them to write out or draw their own life story in the privacy of their own home.

To help the women or in groups where women do not wish to share their own stories, 'Esther's story' can be used (see image). Esther's story is a true-life story of an Afro-Surinamese woman who was infected with HIV by her partner. Participants in the groups can be asked to reflect on her story. Do they think the story is believable? Do they recognise themselves or someone else in the story? What advice would they like to pass on to Esther? Could the same thing happen to them? Why or why not?



'Esther's story'
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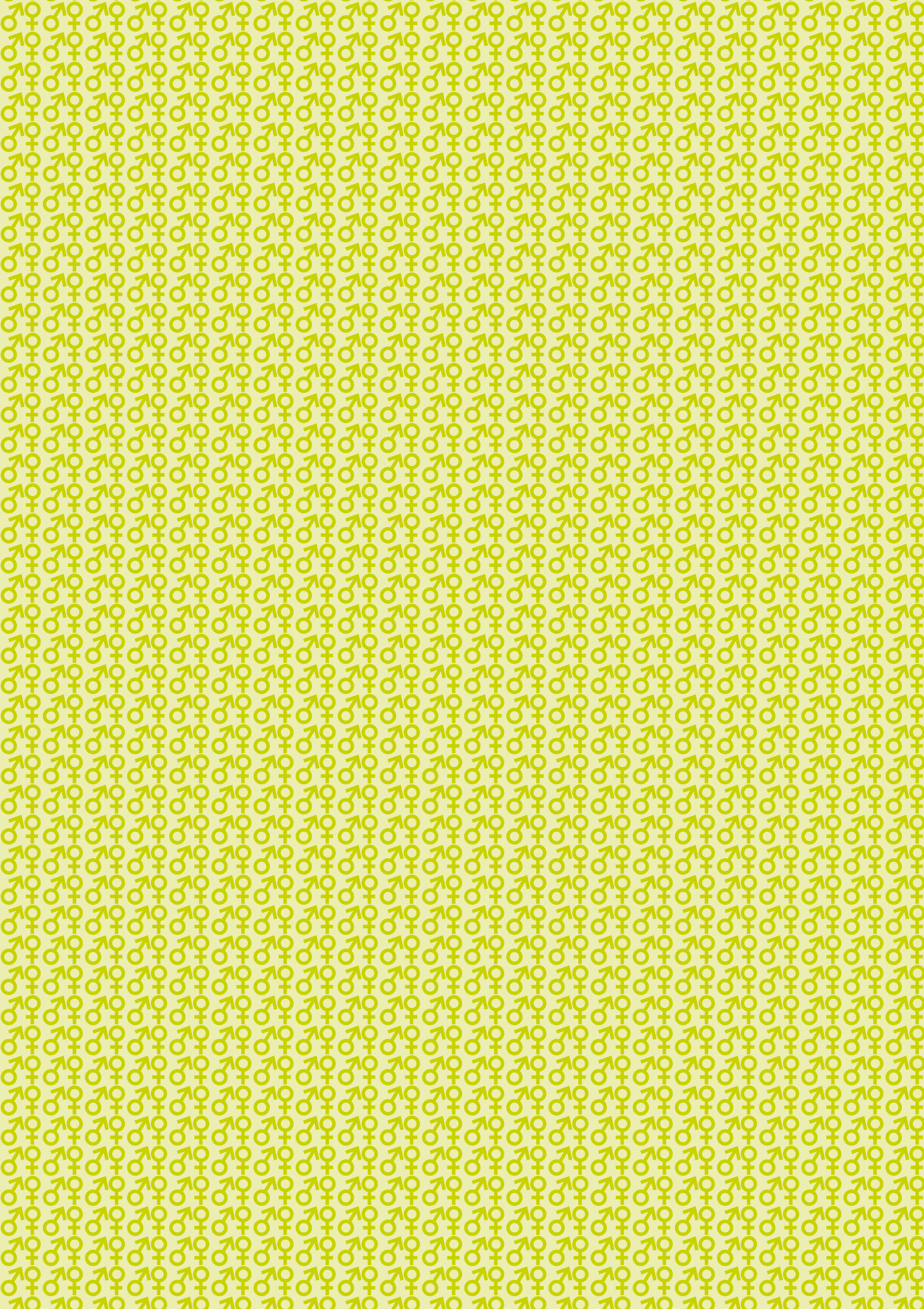

6. Key Terms

Sex
Biological, anatomically determined differences between men and women.

Gender
Socio-cultural/economic, historically evolved dimensions attributed to the sexes.

Gender addresses ideas, values and expectations that are taken for granted (that are dominant) in society on male (masculine) and female (feminine) positions, characteristics, skills and behaviour in different situations and within different (sexual) relationships.
Gender is not something absolute and it changes all the time. It can change during a person's lifetime.
It varies from culture to culture and even within cultures.

Sexuality and gender
Ideas/ expectations/ values with regard to:
- Initiative in sex (including courtship)
- Responsibility for contraconception (preventing unwanted pregnancy)
- Responsibility for protective behaviour (prevention of STI/AIDS)
- Coercion, lack of control and degree of dependence
- Expression of pleasure/lust
- Communication about sexuality
- Sex positions
- Sexual orientation
- Performance (obligation to perform)

Gender factors themselves can change, affecting sexuality. Ideas are in constant flux, and are influenced by the time and the setting we live in.

Gender and HIV/AIDS
Gender factors which can influence sexual risks:
1. Sexual scripts
2. Dependent partner
3. Sexual preference
4. Lack of knowledge
5. Cultural traditions and upbringing

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9. Interesting Websites

www.e-quality.nl
E-Quality, knowledge centre for emancipation in multicultural society, gathers, develops, analyses, shares, disseminates and links information on gender, ethnicity, family and diversity. The website features facts, products and services on these themes.

www.geentaboes.hababam.nl and **www.geentaboes.marokko.nl**
These websites were created in cooperation with young people of Turkish and of Morroccan descent. The websites deal with issues such as relationships and choice of partner, sexuality and Islam, virginity and safe sex.

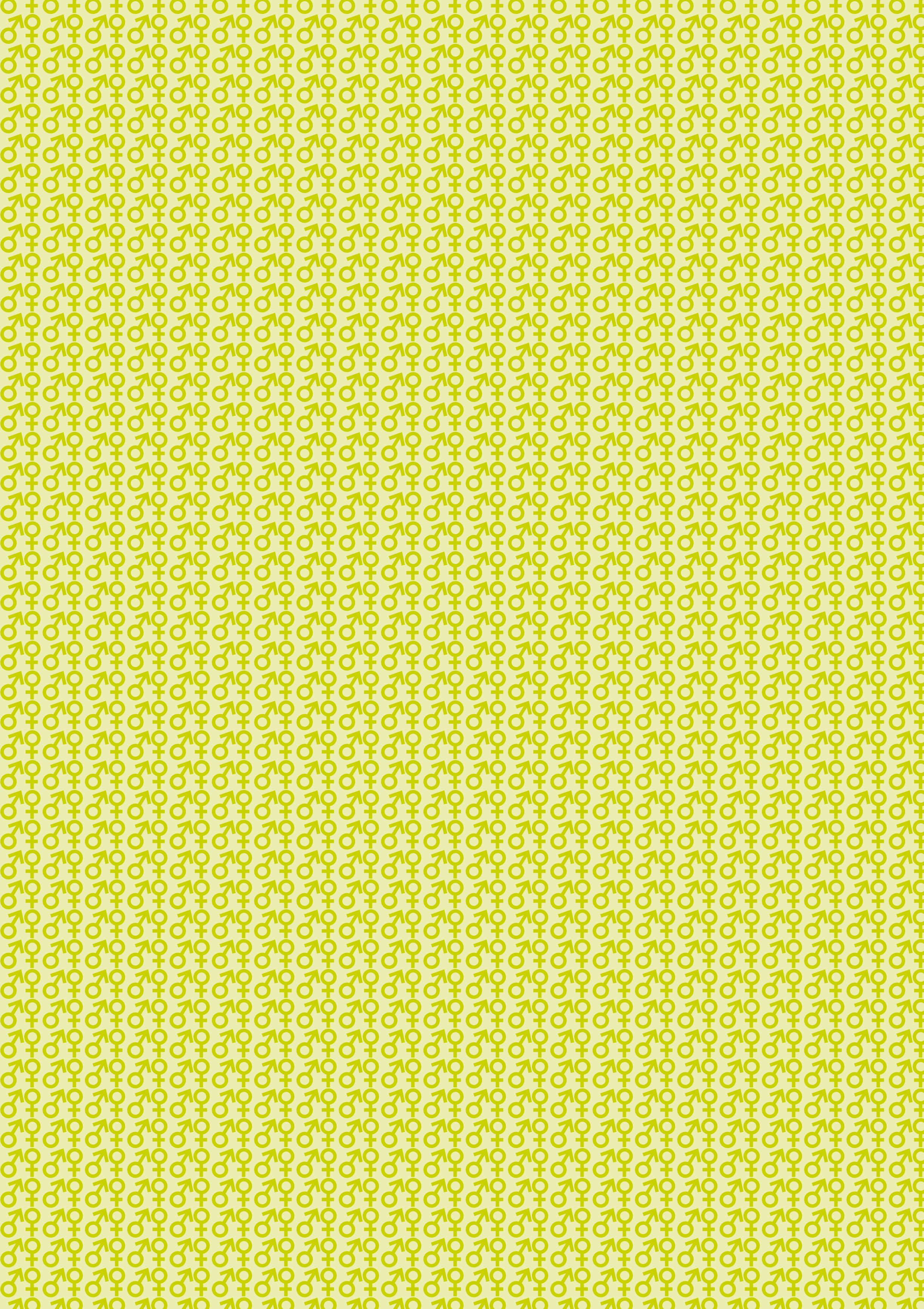
www.genderdiversiteit.nl/nl/cgd/
Website of the Centre for Gender and Diversity of the University of Maastricht. It devotes particular attention to gender in fields like education, research and social services. The website offers a wealth of (research) publications on gender and relevant meetings on gender.

www.liefdesloket.nl
"Het Liefdesloket" (one stop shop for love) is a website for professionals and volunteers who are involved in the promotion of sexual health of non-native groups. This website features (sex specific) methods and materials for newcomers which may be used in groups of adults, young people, children and parents.

www.life2live.nl/products_ethnic_minorities_program
Website of the programme for ethnic minorities of Soa Aids Nederland. On this website, you will find facts and background information, advice, products and explanation on assistance facilities for ethnic minorities, STI and HIV. It describes the gender sensitive intervention of a 'Kitchen Tea Party' and shows a video of a 'Kitchen Tea Party' in its original African form.

www.movisie.nl
MOVISIE gathers, disseminates and offers advice on social development. On the website, you will find facts, background information, products and trainings on offer dealing with diversity, emancipation, participation and gender specific assistance.

www.rutgersnissogroep.org
Rutgers Nisso Groep is the Dutch expert center on sexuality. It supports professionals in their work on sexuality. The website features a knowledge bank and offers products and services. A number of specific gender trainings are offered to teachers, professionals working with youngsters, or involved in social work, youth care, education and developers and practitioners in health projects, such as HIV prevention projects, focused on ethnic groups.



Fertility

In my culture, it is so important to have children that I do not want to take any risk of becoming infertile. So I have safe sex.

Dutch, but not "double Dutch"

As a Muslim girl, it is impossible for me to have sex the "double Dutch" way (i.e. using both the pill and a condom.) I trust my GP and take the pill. But buying condoms myself? Unimaginable!

Protection?

All that harping on about safe sex... I just follow my intuition and trust that He will protect me.

Tattle or help?

I know my sister has a boyfriend. My parents expect me to keep an eye on her. Her virginity is my responsibility, according to them. Is that what I really want? Should I tell on her, or encourage her to have safe sex?

My husband knows

I hardly ever come outdoors and I don't read any paper. But my husband does. If he says a condom is not necessary in our case, I bank on it.

Afraid

Actually, I often have sex without really wanting to. I prefer to avoid the rows we might otherwise have. Before I know it, I'll be out on the street.

Gender addresses the socially distinguishing characteristics of men and women. ***Do we actually recognize them? And what do we do about it?***

Gender is...

Tart
A girl who is seen buying a condom is immediately regarded as a tart.

Virgin using the pill
My daughter must remain a virgin until marriage. The other day, I found her pill strip. I was furious and threw it away.

Double standards
I realise that I mean different things when I tell my daughter to be careful, than when I say that to my son. In my daughter's case, I hope she will refrain from having sex. As for my son, I hope he has safe sex and uses a condom.

Responsible? ?
If I have sex with a woman I don't think of anything else. Contraception is her responsibility, isn't it?

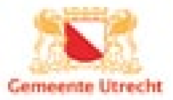
Cool
It's cool to have a lot of sex partners. The more, the better. (That's what my mates say.)
But what is my own opinion?

The stigma of being HIV positive
I'm HIV positive and I want to have safe sex. My partner claims he loves me so much that he is prepared to have intercourse without using a condom. How can I discuss safe sex with him without losing him?

Married and gay
Homosexuality is an absolute taboo subject in my culture. I'm married, but I also have sex with men, and certainly not always the safe way. I can't make love to my wife with a condom, can I?

I don't want to lose my husband
I suspect my husband has several partners. Because he enjoys it so much and because I do not want to lose him, we have sex without a condom.

With the cooperation of:
Madelief Bertens, Stephan Cremer, Michel Degbevi, Amina Djorai, Mariette Hamers, Trynke Hoekstra, Afke de Jong,Myra Karg, Annelies Kuyper, Hettie Mellink, Hamid Ouali, Renny Polstra, Aryanti Radyowijati, Rebecca van Riel, Shamsa Said, Anette van Schaik, Iris Shiripinda, Bram Tuk, Ineke van der Vlugt, Juan Walter, Laura Wouter, Miriam Zaagsma and the participants in the networking meetings.



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