

Beyond Bridges : Migration, Masculinities and Risk Behaviour

An educational intervention in Southern and Eastern UP

- Abhijit Das, Diptanil Ray, Ravi Jeena, Manodeep Guha, Satish K Singh

Context : SAHAYOG is a non-profit voluntary organization working as a technical support organisation on issues like gender, women's health, and women's participation in Uttar Pradesh, in India. Considering the widespread prevalence of violence against women within an extremely patriarchal society SAHAYOG chose to specifically address men and boys. SAHAYOG has been supporting a network called Men's Action for stopping Violence against Women (MASVAW). MASVAW believes that violence against women is not only women's issue but also a larger social issue and a human rights violation. MASVAW attempts to provide men with a space to explore a different way of being masculine, and to understand how equitable gender relations can benefit both men and women. Members of MASVAW, especially those working in eastern Uttar Pradesh and Bundelkhand became alert when they noticed that there was a steady stream of young men who were coming back their villages from their place of work carrying a serious illness, and the threat of HIV was discussed. At this point SAHAYOG became interested in exploring the linkages between male out-migration, masculinities, HIV/AIDS and gender in Uttar Pradesh. The strategy was to first build understanding on the linkages among gender equality, masculinity, HIV/AIDS and gender equitable responsible relationships, and then to develop an appropriate curriculum for field level intervention. Centre for Health and Social Justice supported SAHAYOG in developing the field intervention and to test its effectiveness.

Key Questions on HIV, Masculinity and Migration

Literature on HIV AIDS recognises the importance of gender as well as migration. The 'gendered risk' that women face is being increasingly understood, however men, who are the main migrants are often seen only as agents who transmit the infection, and are often referred to as a 'bridge population'. Some of the key questions which remain unanswered are:

- Are Men only Vectors and Bridges ?
- How do Masculinities affect risks?
- Do gender norms only increase risks and vulnerabilities of women?
- Are condom based 'post migration' interventions adequate?
- Do potential migrants realise their risks?

Situational Analysis

An extensive literature review supplemented with field study in three eastern UP district was done as part of the situational analysis. Forty three focus group discussions were on HIV/AIDS and related issues, in 3 districts. Twelve PLHA, of whom seven were women, were interviewed, all of whom, had first-hand experience of

migration in the recent past. Most of the male PLHAs interviewed said that they had been migrants to Mumbai, while the women said that they were 'widows' of now-dead migrants who had migrated to Mumbai. The findings are summarized below.

HIV and Migration in Eastern and Southern Uttar Pradesh :

- UP has the highest population and the highest population and proportion of migrants in India
- UP is a high vulnerable but low prevalence state
- Surveillance mechanisms not robust
- UP provides the highest proportion of out of state migrants in Mumbai (29%). Maharashtra is among 6 high prevalence state
- Knowledge about HIV and AIDS not very high
- Condom knowledge high (81%) usage low (4.7%) in the state
- Districts from Eastern and Southern UP are very poor and report very high migration – sex ratio of some districts are positive

Migration and HIV Vulnerability

- Poverty links Migration to HIV vulnerability
- Migration is a means of survival in resource starved regions
- Cheap mobile labour is necessary for economic liberalisation and growth in India
- Labour laws, health facilities and other social security are not available for such migrants
- Young males are vulnerable to sexual exploitation during transit and at destination – apprentice based professions
- Male only living environments contribute to HIV vulnerability
- Loneliness and Isolation – individually , socio-culturally

Masculinity Migration and HIV

- Lack of economic opportunity and increased respectability of an outside 'naukri' job
- Aspirations – economic, social, self esteem
- Economic and social compulsion to start earning as soon as possible
- Returnee tales of glamour – flashy lifestyle
- Perception that going out will help youth not to get 'spoilt' – gambling, alcoholism, gangs
- Societal pressure to marry back home and have children (even when HIV +ve; unable to use condoms; fear of disclosure)
- Social stigma and isolation of the HIV +ve – leave them in the fields to die, prohibit use of water sources, refusal to cremate etc.

(Secondary literature, NACO reports, Field Investigation)

Intervention

Considering the findings of the situational analysis an educational intervention was designed to work as a pre-departure strategy for in-school/institutions and out of school youth. Field activists of SAHAYOG's partner NGO's from eastern UP and Bundelkhand were trained as facilitators for using this educational strategy among the youth in the project area. A rigorous evaluation of the field intervention methodology was carried out in three locations and the results of this intervention are described below.

Pre – Departure Group and Individual Education: Gender and HIV Awareness Education among Youth

Issues Addressed

- HIV and Gender,
- HIV and Masculinity,
- Migration,
- Power and Vulnerability in the context of Migration,
- Sexuality and Responsibility and
- Violence and Rights .

Educational Strategy

The educational intervention comprised of the following steps and materials

A. Training Intervention for Facilitators

- Facilitators Manual

B. Group Training intervention with youth with Facilitated Learning Materials

- Game
- Flash Card Set

C. Educational intervention at individual level through Unfacilitated Learning Material

- Illustrated Story Book
- Poster and Stickers

Field Testing the intervention

The Intervention was tried out in seven districts in Eastern UP and Bundelkhand with in-school and out of school rural and urban youth. A comparative estimate was conducted in three locations as follows:

1. In one district in eastern UP the students at a intercollege who had undergone the educational intervention were compared with a students of a similar intercollege where the intervention was not conducted
2. In two districts of Southern UP (Bundelkhand) youth in the community were given a pre and post intervention questionnaire to understand the changes.

Objectives of the Field Test: Did the use of educational material developed by SAHAYOG have an impact on the understanding of male student youth regarding the possibility of HIV infections during migration into urban areas?

The test questionnaire used for the intervention contained a series of questions which broadly covered the following themes:

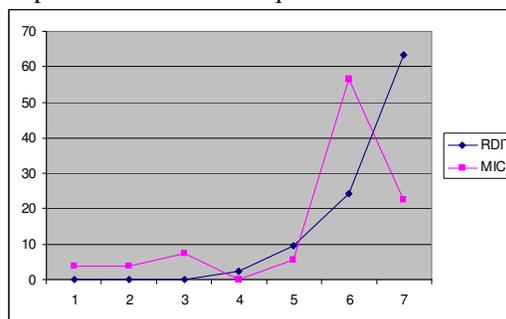
- HIV Knowledge
- Gender Attitudes
- Masculinity Attitudes
- HIV Threat Perception

Results of the field test

The Field test of the curriculum was conducted in two locations at two different points in time. The first field test took place in 2007 in Eastern UP while the second test took place a year later in 2008 in Bundelkhand.

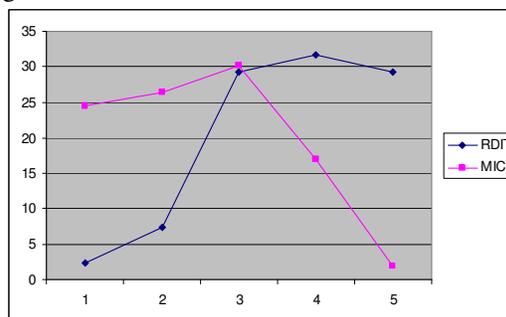
A. Location – Eastern UP where 41 students in one inter-college were provided with the intervention and compared with a group of 53 students in another inter-college where the educational intervention was not carried out.

Results 1: HIV Knowledge – a set of seven questions were included in the questionnaire for understanding this aspect. The participants were scored on their responses to these seven questions.



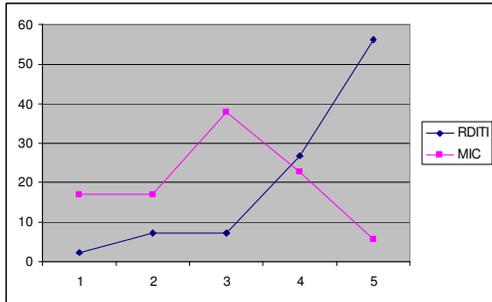
Difference between intervention institution (RDITI) and non-intervention institution was not statistically significant with an outcome score of 5 (at p 0.5)

Results 2: Gender Related Attitude - a set of six statements were included to understand the participants gender related attitude.



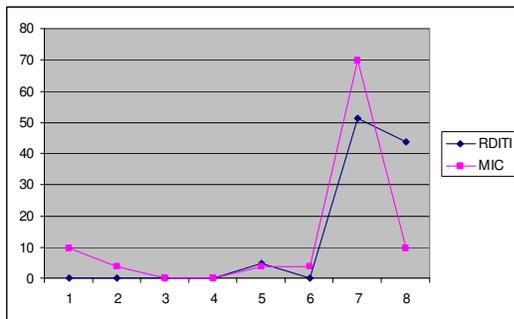
Difference between intervention institution (RDITI) and non-intervention institution was statistically significant with an outcome score of 3. The Odds Ratio of the difference was 6.72 (CI - 2.68-17.05) at p 0.5

Results 3 : Masculinity Attitudes – a set of five statements were included for understanding the participants understanding of masculinities.



Difference between intervention institution (RDITI) and non-intervention institution was statistically significant with an outcome score of 3. The Odds Ratio of the difference was 12.3 (CI : 4.48 – 37.76) at p 0.5

Results 4 : HIV Threat Perception – a set of eight questions relating to both men’s and women’s vulnerability to HIV infection were included in the questionnaire .

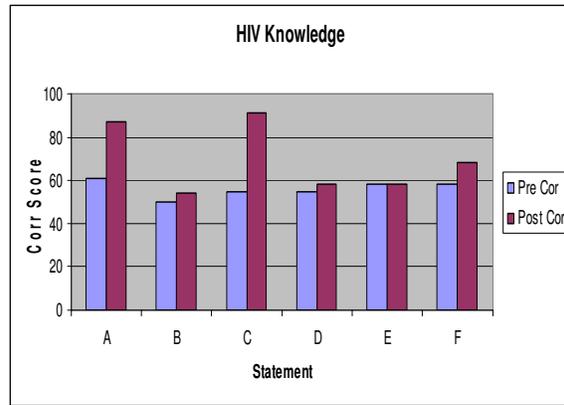


Difference between intervention institution (RDITI) and non-intervention institution was statistically significant with an outcome score of 6. The Odds Ratio of the difference was 5.17 (1.06-24.51) at p 0.5

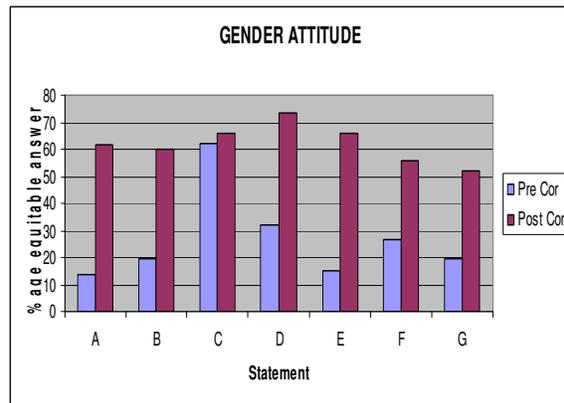
B. Location – Southern UP (Bundelkhand)

In both Lalitpur and Banda districts 5 villages were selected where intervention was carried out and 127 youth from Lalitpur and 150 youth from Banda were involved in the process. A total of 140 participants were included in the pre-test and 102 were included in the post test.

Result 1 - HIV Knowledge – a set of seven questions were included in the questionnaire for understanding this aspect. The participants who had given a correct knowledge response of each of these statements were compared and the results are shown in the bar chart. The bar chart shows an increase in correct responses after the intervention, however the difference is not statistically significant.

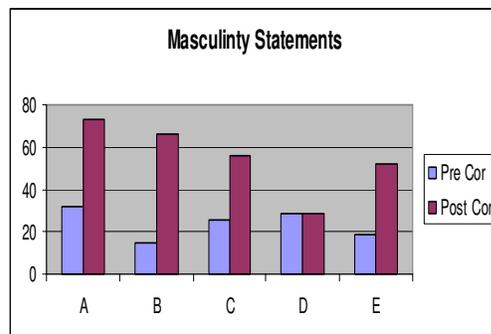


Results 2: Gender Related Attitude - a set of seven statements were included to understand the participants gender related attitude. The participants from the pre-test and post test who had given a gender equitable response of each of these statements were compared and the results are shown in the bar chart below.



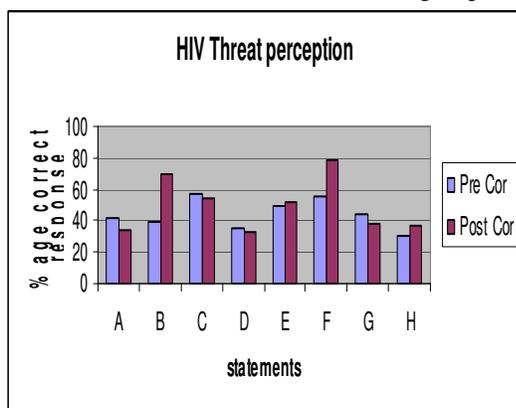
The bar chart shows that in all seven statements the proportion of gender equitable responses is higher in the post test group with the difference being many times in six of the seven statements. The chi-square test showed the difference to be considerable. A score for each individual was also developed adding all the gender responsive answers. Using a cut off score of 4 the Odds Ratio is 4.9 (CI 2.5 – 9.7) at p 0.05

Results 3 : Masculinity Attitudes – a set of five statements were included for understanding the participants understanding of masculinities.



In four out of five of these statements the percentage of gender equitable answers is much higher among the post test group. When the scores for individuals were tallied and using a cut of score of 3 the Odds ratio was 8.6 with Confidence interval of 4.6 – 15.9 at p 0.05.

Results 4 : HIV Threat Perception – a set of eight questions relating to both men’s and women’s vulnerability to HIV infection were included in the questionnaire. A comparison of the pretest and post test correct answers is given in the bar chart below. The chart shows that while in six of the statements there is hardly any difference between the pre and post test correct answers, two statements show a sharp difference in the correct answer among the post test group. When statistical tests were applied to the results no significant differences were seen between the two groups.



Feedback on the Curriculum

A total of 99 youth who had participated in the intervention in two areas of Bundelkhand provided feedback on the curriculum. Their feedback is summarized below:

A. Feedback on Methods- *Story Book* – 72/ 89 ; *Board Game* – 66/ 96 and *Flash card based discussion* – 72 / 96 found it very useful

B. Importance of the different topics

- HIV / AIDS knowledge – 78/ 99
- Women and HIV / AIDS- 68/99
- Masculinity and HIV/ AIDS – 63/99
- Sexual relationship and HIV/ AIDS – 62/99
- Migration and HIV/AIDS – 79 /
- HIV / AIDS and Stigma- 38/ 99

Considered it very important

C. Did you share your learning with others?

- Yes – 95 / 99 ;
- With Friends – 60 / 99; With Brother – 11/ 99
- With more than one person – 18/99

D. Suggestions

- Such programmes should be carried out in Schools and Colleges – 99/99
- Such programmes should be carried out in villages/ in the community – 45/99
- Such programmes should be carried in more than one place – 43/99

- Youth should be involved in carrying out such programmes – 29/ 99

Conclusions and Recommendations :

The curriculum was tried out in three different location and at two different points in time in Uttar Pradesh, in both in-school and out of school situations. The field test of the curriculum show that there are differences/changes which may be attributed to the intervention in both field test locations.

1. The changes in gender related and masculinity attitudes are the most significant across both groups.
2. HIV related knowledge was high to begin with in both groups and the change/difference was less and not statistically significant
3. HIV threat perception increased/was different among the non intervention and intervention groups, however the difference was not statistically significant.

The difference in the results or extent of change between the four domains and between the locations may be explained through the following - The second set of intervention took place a year after the first intervention, which meant that the facilitators had been trained a year earlier before they participated in the second intervention. These facilitators were associated with MASVAW so their own knowledge and understanding of gender and masculinity issues was more than their knowledge and understanding of HIV related issues and one can assume that there may have been some decline in this aspect.

Considering the response of the out of school youth who participated in this intervention it can be recommended that all the content areas were found to be useful with issues related to migration, sexuality and gender in the context of HIV being seen as most useful. The methodology was also found to be useful by most participants. It is also heartening to learn that a large proportion of the participants shared this information among their siblings and especially among their peers.

Acknowledgments

- UNIFEM for financial support for developing the curriculum.
- MASVAW colleagues who alerted us to the issue of HIV and AIDS and its links with migration and took the responsibility for the field testing.
- Rajesh Sahu, Vikas Path Sanathan, Lalitpur and Santosh Khushwaha, Tarun Vikas Sangsthan, Banda, and Gopal Singh of RDITI, Gorakhpur for helping to conduct the interventions
- Jashodhara, Anand Pawar, Mahendra, Jagdish Lal, Anil Prajapati and others from SAHAYOG and CHSJ.