

Working with the “Hard to reach”-men on AIDS A case study of ACET Uganda’s work

1. Introduction

The Adult Literacy/Male Reproductive Health Programme was an initiative designed specifically for ‘difficult to reach’ groups of men in the Makindye district. The first group of beneficiaries are the famous ‘boda boda’ men (Commercial motorbike transport riders). The programme addressed men’s sexual health issues through structured reproductive health/adult literacy sessions.

2. Rationale for the programme

ACET worked with young people of school age and their parents through symposia, aimed at creating a cross-generational dialogue. In two different fora parents expressed their fear that their children were at increasing risk of being taken advantage of by the boda-boda riders. This was because these riders get to know where the children live since they can drop them off at their doorstep. They are also in a position to provide the disposable income which many of these young girls are likely to need. Alarm bells were also sounded in a newspaper article that these boda-boda men had started having sexual relationships with young girls of school age. The nature of their business provided many regular contacts with the girls and yet in some situations the girls may not have the disposable shillings to hike a ride. This was seen as presenting a situation of increased vulnerability.

Facts from the wider context also revealed that there were no programmes reaching out to men, even though the world AIDS day theme had been “Men make a difference”.

ACET therefore felt strongly that this was a group of people that need to be reached in a unique manner.

3. The Genesis of the programme

Stage 1

One of the ACET field officers approached the riders and asked to meet their leader. The meeting focused on:

- Introducing the leader to the nature of the work ACET is involved in
- Why it was felt that the riders needed to know about HIV and AIDS
- The nature of issues that could be discussed
- The benefits of the education programme to the riders.

Note: It was important at this stage not to provide the background described above as the rationale for the programme, but to emphasise the fact that the riders were vulnerable.

Stage 2

The leader organized a group of the riders (18-25 people) to come for an introductory discussion to explore whether this was a type of intervention they would be interested in.

Initial reactions

“We are very aware about HIV and AIDS and we do not think that there is something new for us to learn”

“We do not have time to do such things...this is potentially a cost to our business...”

“If we had a choice, our interest would be to know how to read, write and speak English”

“...maybe let us share our experience on things like condoms. I actually discovered that I did not know how to use a condom until I attended a seminar...”

The latter reaction provoked discussion and raised the inevitable need to address some other issues that the riders felt were important. Another point raised was that they needed to understand Sexually Transmitted Diseases...

The ACET officer then negotiated for time to be devoted to both English and HIV and AIDS education.

Stage 3

It was suggested that a day could be set aside for English studies alternating with AIDS education. It was feared however that concerns would be raised that the emphasis would be on AIDS, since this had been the initial thrust of the programme.

ACET decided to devote 75% of the lessons to English and 25% to HIV and AIDS. When 40% of the programme had run, the balance began to shift with more AIDS education activities included in the programme. In the context of a literacy education class, the stories revolved around AIDS messages, the spellings started with AIDS-related jargon, etc...

The programme then evolved to integrate other sexual and reproductive health messages that were relevant to the boda-boda riders.

Lessons

- **ACET had to work with a specialist in Adult literacy education**
- **The literacy Trainers were first trained in AIDS and also helped to appreciate that the focus of the class was HIV and AIDS education**

How the programme was implemented

Participants met at lunch-time twice a week, on Tuesdays and Thursdays for face to face sessions. They attended adult literacy classes where at the same time male reproductive health and HIV/AIDS information was passed on to them to enable them to make positive health/life choices. This will encourage behavioural change and consequently reduce HIV infection. This was intended to promote health-seeking behaviour.

Lessons

- It was important to conduct the sessions during the lunch break since this was the time when people are least likely to travel and consequently there was minimum cost to the business.
- During the lunch break ACET had to provide lunch, which came in handy as a benefit.

4. Approach and Activities

The premise of the programme was that the men needed to have accurate information on issues of sexual and reproductive health so as to provide a basis for positive health attitudes and therefore positive health choices. The methods used were therefore those which attracted the interest of the learners, provided information and motivated them to act. To increase interest, ACET employed audio-visual learning activities, integrated new words on AIDS and used a lot of interactive methods and processes to create an environment for Lifeskills development. The lessons were held on a weekly basis, with some learning activities to be done outside the class environment.

- (i) Health education messages were integrated in the content of the adult literacy classes.
- (ii) Debates were organized where participants discussed a health-related motion, in English. For example “Abstinence is better than condom use as a way of preventing HIV transmission”.
- (iii) Videos were shown to the participants and then discussed, for them to be able to learn lessons that can be of help in life
- (iv) Group discussions about different HIV/AIDS and health-related topics were held.
- (v) Easy-to-read printed materials with AIDS and health messages were distributed to them.
- (vi) Stickers and T-shirts with HIV/AIDS messages were given to the participants so that the messages passed on in the face to face sessions were reinforced.
- (vii) Solidarity rides were made, with the intention of increasing and highlighting the need to be aware about HIV/AIDS issues in the community.

Why this particular approach was chosen

- The main objective of the programme was to increase knowledge as well as cognitive and social skills through interactive processes.
- It was crucial for sustaining the interest of the participants in the programme.

- It was instrumental in helping to spark off a discussion about a range of topics.
- It was learner-centred and highly participatory. This allowed the participants to interact with the information and therefore provided them with an opportunity to learn lessons from the experiences shared by their peers.
- It was adult learner-friendly; it made it easier for them to acquire new skills and knowledge.

5. The programme

a) Design and Ownership

- 'Boda-boda' groups who would benefit from the programme were identified and their chairmen (group leaders) were contacted and informed of the desire and plan to work together with them.
- This was followed by a meeting where they were invited both for consultation and also to make ACET aware of the needs existing in their groups, so that the programme would be focused on addressing these particular needs. They were also asked what times they thought would be convenient for meeting.
- This meeting was also used to furnish the chairmen with information about the objectives of the programme and its implications, the proposed days to meet, the logistics support that would be provided by ACET and the duration of the programme, all in an effort to build consensus with them. Through this process, consensus was built with the chairmen and the members of the groups they lead. Consequently the participants came and voluntarily registered and enrolled in the programme, knowing that they would benefit from the initiative.
- In the course of implementation of the programme, reviews were conducted with the beneficiaries to take stock of the approach used, the key findings, outcomes realized and lessons learnt. This informed the way forward for the programme. At the end of any given cycle, information about the programme was to be shared by the beneficiaries and the community whenever an opportunity arose.

b) Relevance of the programme

Initially, the 'boda-boda' beneficiaries expressed interest in having adult literacy as opposed to education about HIV and AIDS and male reproductive health issues, yet the latter was what ACET was interested in and had planned for. Through the discussions ACET had during the consultation, a compromise was reached to include both, so that ACET would still be able to reach out to these groups. ACET was able to manage this by integrating HIV and AIDS issues into adult literacy. The adult literacy/male reproductive health programme was attuned to the long term broad programme goals of ACET - to target and address men's sexual health issues through structured reproductive health sessions, so as to reduce their vulnerability to HIV and the impact of AIDS.

This was done by increasing their information levels on male reproductive health issues and facilitating the development of their critical thinking and decision-making skills to enable them to make appropriate personal/health choices. The objective was also to increase their health-seeking behaviour.

c) Effectiveness of the programme

Changes in attitudes

There was usually a change of attitude in the participants concerning both abstinence from sexual activity as a way of prevention, and health-seeking habits and health maintenance, especially after watching the documentary 'Silent epidemic'. Before watching it, the majority of the participants did not realise the tangible benefits/results one can have from choosing to abstain from sex as a way of preventing transmission of HIV and other sexually transmitted diseases and infections. One of the participants remarked :

All along I have not considered abstinence from sex to be one of the ways of preventing myself from being infected, because sex is a natural thing and it is hard to abstain. But after watching this video I now realize that it is better to abstain completely from sex ...because it is a sure way of not getting infected with sexually transmitted diseases'.

Health-seeking Behaviour

The other area where the attitude of the participants changed is in the area of health-seeking, particularly about laying emphasis on prevention of diseases and infections. Participants noted after watching the video that some of the diseases and infections seen in the documentary would have been easily prevented if they had been detected at an early stage of development. The culture of going for routine medical checkups is not common. People simply wait until they are sick and then go for treatment. Some of the participants put it this way:

It is not a common thing for people to go for medical attention unless they are sick, but now after seeing those pictures I think that it is important for one to go for a medical check-up even if one is not sick.' Another participant added, '...but if you get a rash or small wound which you do not understand then it is important to go for medical attention immediately so as to know what the problem could be and get the necessary medicine so that the diseases do not get to the advanced stages like the ones we have seen in the video'. The third said, "After watching this video I am reminded of the saying, 'an ounce of prevention is better than a ton of treatment'".

d) Efficiency, Organisation and Cost

A Programme Officer was in charge of overseeing the implementation of the programme. He was assisted by two volunteers who handled the adult literacy aspect of the

programme. All sessions were planned in advance, facilitated by the volunteers and Programme Officer, and the proceedings of the sessions were then documented and filed.

All activities for the year were planned in advance and were reflected in the annual work plan, which was strictly adhered to as far as possible. These plans were also shared with the beneficiaries where appropriate. However there were times when these plans were adjusted in order to respond to emerging realities in the community and the organization, though in the context of trying to ensure good service delivery. On a quarterly basis the work done on the implementation of the programme was quantified, and progress achieved was measured against the set objectives.

In order to motivate the learners to come for the sessions, a warm meal over the lunch break was prepared at the organization's cost. The learning was also motivated by the tests that would determine a higher level of learning. As part of their learning all staff were encouraged to communicate with the boda-boda in English. This created relationships and mutual areas of interest like the "English soccer" league, which many found an exciting topic of conversation.

The cost of taking one beneficiary through the programme for twelve months (90 sessions) was about 130 US dollars. Plans were made to reduce this unit cost by targeting the whole 'boda boda' group (which may be 25 people as opposed to the five who enrolled in the programme) through a series of regular awareness campaigns every month.

e) Sustainability of the programme

For the programme to continue being effective in the medium and long term, it was important to ensure that the beneficiaries who graduated after completing the cycle had the ability to take other people in the community into learning situations. They could then pass on the information they had learnt about different aspects while in the programme.

i) Use of existing structures/mechanism

The different 'boda-boda' group chairmen were ACT's contact people in the community. They were used to mobilize the beneficiaries in the course of programme implementation. This was also important for getting the leaders to "buy-in" into the programme. For example they were used for mobilizing communities and other 'boda boda' groups for HIV and AIDS awareness campaigns at World AIDS Day commemorations. However after graduation from the programme these contact people are still being used for mobilizing other 'boda boda' groups to enrol into the programme because they are the ones with the most intricate knowledge of the community and its dynamics.

ii) Equipping the peer educators

By the end of the programme, the beneficiaries had been equipped with the requisite communication and facilitation skills to be able to take their peers into learning situations,

so that they could replicate the information from the programme into the community, well after their graduation.

iii) Continued contact and involvement

The beneficiaries who graduated from the programme are used to conduct research on any subject of interest to the work of ACET and generate information from the numerous 'boda boda' groups that are within ACET's area of coverage. This information is critical because it in turn can inform the education and training aspects of ACET, enabling it to be up-to-date and to remain relevant in its service delivery to the target group.

6. Monitoring and Outcomes

a) Measurement of outcomes

Care was taken to ascertain the outputs and outcomes of the programme and to ensure that they were a reflection of what had been intended when designing the initiative. This was done in a number of ways:

- 1) Review meetings were held with the participants to determine the progress made so that a way forward was generated based on the observations, key findings and lessons learnt. This helped ACET to improve its service delivery.
- 2) Regular meetings were held between the Programme Officer and the Adult Literacy/Male Reproductive Health Facilitators with a view to synchronizing what they had observed and learnt while facilitating their respective sessions.
- 3) The participants were given progress tests in their different classes to determine what they had learnt so far and identify aspects they had to re-emphasise and those that were to be handled next.
- 4) Activity and evaluation forms for every session were recorded and evaluated and used to inform the next steps...

b) Outcomes

1) Increased English oratory skills-

Depending on the length of time that the participants spent in the programme, they gained confidence and acquired skills to begin having simple conversations in English. For example Kazibwe Richard, a participant, considers this as a benefit because he could not do it before. As he said:

There are some passengers who usually speak to me in English but before I joined the programme I found it hard to speak to them... but after attending the lessons at ACET I am now able to have a conversation with them in English.

ii) Increase in business skills

Business mathematics is one of the aspects handled in the class where they have learnt about profit, loss and filling in bank slips among other things. Semakula Shaban, another participant, noted:

I run a small business and have been managing it in a way that I have now realised is not good especially after being taught business mathematics. The things I now know have enabled me to manage my business better.

iii) Increased knowledge on AIDS and sexual and reproductive health

Another participant noted that their knowledge about issues concerning HIV/AIDS and male reproductive health has increased. For example, some of the participants believed that it is possible to avoid HIV infection if a woman is well lubricated during the act of sex while the man does not use a condom. This is a myth that was demystified during one of the sessions. This was certainly a dangerous belief that had potentially disastrous consequences. Sembatya Wilson simply expressed it this way:

I used to think that in order to reduce the risks of being infected with HIV then I had to make sure that the woman is well lubricated during the act of sex and I would not be infected even if I had unprotected sex. But after the discussion that we had in one of the sessions where ACET explained that it is possible for infection to take place in such instances I now know the truth.

Though these were encouraging comments from the participants it does not apply to all of them. There are some who still need more time to be spent if there is to be meaningful change.

iv) ACET enabled to learn how to engage the hard- to-reach

The 'boda-boda' is a hard-to-reach group of beneficiaries. However, it was an achievement to have sustained engagement with these men for two and a half hours, twice a week for at least a year. This can be to a large extent attributed to the dual-prong approach of integrating HIV and AIDS and male reproductive health issues into adult literacy (which focused on meeting the men's needs of developing skills in reading, writing and numeracy.)

v) ACET earned the right to share in the lives of these men.

ACET was able to establish a presence in the Kampala area within the community which it had not actively pursued in the past. Invaluable relationships were made with different groups and leaders in the community which helped ACET to mobilise support for interventions in the community.

Katende is one of those men who grew close to the ACET family. He decided that one way to beat AIDS was to get married to one faithful partner. He shared his decision with a staff member. Some of the staff got involved in the wedding preparation meetings. The wedding day had all the staff involved in the wedding. One staff mobilized funds for the party with the community members, other staff organized the wedding gown, one staff member was the best-man, ACET staff raised funds for the venue and one staff member led the ACET team in decorating the place. The rest of the staff worked as the service team. Two members of staff provided the vehicles for the bridal party and service car.

To date Katende is one of the leading peer educators and is very instrumental in supporting community activities.

vi) ACET learned a lot on how to work with men

Since the 'boda-boda' programme was pioneering and worked with a unique community group, it has been a resourceful learning experience. Lessons about the appropriate groups to recruit into the programme, the length of time each of the groups should take, the different models that can be used, etc... have all been taken note of and will be helpful in the planning process as new groups are identified.

vii) A structure that can be used is now in place

Boda-boda peer education is now for ACET a structure that can be used to provide peer education activities in the communities. They have been used in collecting research data and mobilizing communities for film shows.

viii) ACET: a place where the men can speak openly

ACET has become a place where the men can come and discuss their personal problems ranging from financial and development ones to sexual and reproductive health needs

ACET remains indebted to the openness and learning experience of the Kizungu, 'Mubalaka' and 'Masaku' 'boda boda' groups, all in Mankindye who have reflected together with us and continue to do so, about how to fight and prevent the further spread of HIV.