Communicating Gender in the field of HIV/AIDS prevention:

A contemporary study of gender as a category in HIV/AIDS prevention in the Dominican Republic

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"Most people die alone. Most people die incredibly painful and unglamorous deaths. And yet we continue to waist time. From our point of view, we would have liked government to liaise with us. We would have liked to get anyone who wants to do something about AIDS in a room and say, "You don't leave this room until you have a plan. You don't leave this room until you deal with this issue", because it's about our lives. The issue of AIDS is about urgency. And it's about our country and our future"

(Zazkie Achman, South African AIDS activist)

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Susanne Aas

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Abbreviations and translations

ABC approach		Abstinence, be faithful, use condoms
AIDS		Acquired immunodeficiency syndrome
	Aktivt Valg	Active Choice
	Andas en malos pasos	Sleeping around
	Batayes	Shantytown
	Bloques	Blocs
	Callejeros	Men of the streets
CIA		Central Intelligence Agency
CIPAF	Centro de Investigación para la Acción Femenina	Research centre for feminist action
CMS	Colectiva Mujer y Salud	
	Colmado	Little shop
	Cómo prevenir el VIH	How to prevent HIV
COPRESIDA	Consejo Presidencial del SIDA	Presidential Council of AIDS
	Cruz Roja Juventud	Red Cross Youth
DIGECITSS	Direccíon General de Control de las Infecciones de Transmisión Sexual y SIDA.	General Direction of Control of Sexual Transmittable Infections and AIDS
	DiarioLibre	Dominican newspaper
	El feo	The ugly
	El Proyecto "Mujer y Sida"	The Project 'Women and AIDS'
GDP		Gross domestic product
	Grand crisis en el amor	A big crisis 'in' love
	Guineo	green banana
HIV		Human Immunodeficiency Virus

	Hombre serio	A serious man
IFRC		International Federation of the Red Cross, Red Crescent and the Red Crystal Society
JSP	Juntos Sí Podemos	Together We Can
	La Ley No. 55-93 sobre SIDA	Law No.55-93 about AIDS
	La ley 24-97	Law 24-97
	Las mujeres deciden, la sociedad respeta, el estado garantiza	Women decide, the society respects, the state guarantees
	Las mujeres son de las casas	Women are of the houses
	La gorda	The fat one
	La Señora	Mrs
	Los hombres son de las calles	Men are of the streets
	Machismo	Male chauvinism
	Machista	Male chauvinist
	María fue consultada para ser madre de Dios	Mary was consulted in the question of being God's mother
	Marynismo	Of virgin Mary. Reflect ideal Dominican female behaviour. Machismo's counter partner
	Mujeres, Género y VIH y SIDA: herramientas metodológicas para incorporar la perspectiva de género	Women, Gender and HIV and AIDS: methodological tools to incorporate a gender perspective
	Muy macho	Very macho
	Negociando por amor	Negotiating love
	Negra/o	Black women or man
NGO		Non governmental organisation
NSD		Norwegian Social Science Data Service

	Objectivos del Milenio, Evaluación de las Necesidades de la República Dominicana	Millennium Goals, Evaluation of the Necessities in the Dominican Republic
PBC		Primary behaviour change
PEAS	Programma de Educación Afectivo- Sexual	Affective Sexual Education Programme
PEN	Plan Estratégico Nacional	National strategic plan
PEPFAR		The United States President's Emergency Plan for AIDS Relief
	Peso	Dominican currency
	Plaza	Town square
PLD	Partido de la Liberación Dominicana	Dominican Liberation Party
PROFAMILIA	Asociación Dominicana Pro-Bienestar de la Familia	Dominican Association for Family Welfare
	Secretaría de Estado de Educación	State Secretary of Education
	Seceritaria de Estado de Mujer	State Secretary of Women
	Sésion	Session
STI		Sexual transmittable infection
	Sugar daddy	Slang term for a rich man who offers money or gifts to a less rich younger person, usually female, in return for companionship or sexual favours
	Taínos	It means friendly people and was the name of the indigenous settlers on the Hispanola
	Tigueraje	Adjective of Tíguere
	Tíguere	A name for a Dominican masculinity. Most likely the word is rooted in the Spanish word for tiger.
	Tu vas a engordar	You are going to get fat

UN		United Nations
UNAIDS		The Joint United Nations Programme on HIV/AIDS
	Un barrio	The meaning is district or neighborhood and are used as a term of rural, poor and slum areas in the Dominican Republic
UNIFEM		United Nation Development Found for Women
UNDP		United Nations Development Programme
	Uso del condón	Use of condom
WHO		World Health Organisation

Map of Dominican Republic

Map from CIA The World Fact Book

1) Introduction chapter

1.1 HIV a global challenge

In 2008 UNAIDS estimated that 33.4 million people were living with HIV[1] worldwide (UNAIDS 2009). The number of people living with HIV has increased every year, mostly due to new infected people. An estimated 2.7 million people were newly infected in 2008 (ibid). More than 25 million people have died of aids since it was first discovered in 1981 (ibid).

However, statistic shows that in the recent years, more HIV positive people are postponing the development of AIDS and living longer due to access to antiretroviral treatment – drugs keeping the amount of HIV in the body at a low level and stopping the weakening of the immune system (ibid).

For countries severely affected by the HIV epidemic the virus has proved to have serious demographic and social impacts in addition to economical consequences on both macro and micro levels. The fall in life expectancy leads to considerable reduction in GDP per capita, which due to a decline in labour supply also has severe consequences for infrastructures, health systems and the education sectors (Isaksen et.al 2002). Agricultural production and food supply drops. Household economies break down due to lack of income in combination with increased expenses of medical and funeral costs. According to the United Nations Development programme (UNDP), HIV has inflicted the “single greatest reversal in human development” in modern history (UNAIDS, 2008, p13).

1.2 Gender and women in HIV/AIDS

Gender is an essential factor in determining an individual’s vulnerability to HIV infection. WHO states “In the HIV/AIDS epidemic, gender - defined as the array of social benefits, norms and customs and practices that defines ‘masculine’ and ‘feminine’ attributes and behaviours – plays an integral role in determining an individual’s vulnerability to infection, his or her ability to access care, support or treatment, and the ability to cope when infected or affected” (WHO, 2003)

[1] “The human immunodeficiency virus (HIV) is a retrovirus that infects cells of the immune system, destroying or impairing their function. As the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to infections. The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS). It can take 10-15 years for an HIV-infected person to develop AIDS” (WHO, 2010)

Gender makes a sever impact on individuals' ability to protect themselves against HIV/AIDS. And due to gender inequality, women seem to be the ones with most disadvantages – a topic to be explored in this thesis.

Almost half of the adults living with HIV today are women. Over the past two years, the number of women and girls infected with HIV has increased in every region of the world, with rates rising particularly rapidly in Eastern Europe, Asia, and Latin America (UNAIDS, 2009). Globally, HIV/AIDS is the leading cause of mortality among women of reproductive age (WHO, 2010)

Women and health has been an issue since the first World Conference on Women in Mexico City in 1975. Analysing gender in the field of health and HIV/AIDS is regarded as essential in order to provide different people with best opportunities for protection. Still there are many national HIV/AIDS programmes that fail to address underlying gender inequalities, however: WHO reported in 2003 that: "While our collective stock of knowledge about the gender related determinants of risk and vulnerability to HIV and the consequences of AIDS has grown substantially over the past decade, putting that knowledge to good practice has proved to be a formidable challenge" (WHO, 2003). WHO reports: "In 2008, only 52% of countries who reported to the UN General Assembly included specific, budgeted support for women-focused HIV/AIDS programmes (WHO, 2010).

1.3 Objectives and research questions

My research is focused on gender in HIV/AIDS prevention and I do research on two Dominican organisations 'Colectiva Mujer y Salud' (CMS) and 'Juntos Sí Podemos' (JSP). Wingood and DiClemente (2000) reports that during the 1990's most theoretical models in the field of HIV/AIDS prevention "had an individualistic conceptualization and did not consider the broader context of women's lives. These models assumed that the individual had total control over his or her behaviour, and contextual factors, such as power differentials and gender roles that may heighten women's HIV risk, were given little attention" (Wingood and DiClemente, 2000, p. 540). In this thesis I will explore power structures between genders within a cultural context and regard the consequences these structures have for HIV/AIDS transmission and protection. I have analysed written material that is essential for the two organisations HIV/AIDS preventive work. I have accordingly looked at the communication and not people's reception of gender in HIV/AIDS prevention. I draw on theories of HIV/AIDS prevention in general, and theory of gender on HIV/AIDS prevention in particular. I employ Connell's (1987) theory of 'Gender and Power' and hegemonic masculinity and

emphasised femininity. I further explore classic and contemporary theories of gender in the Caribbean and more specifically in the Dominican Republic. My research questions are as follows;

1) To what extent do the organisations regard the category of gender to be a factor determining an individual's vulnerability to HIV/AIDS in the Dominican Republic?

2) What strategies are proposed by the organisations to prevent the spreading of HIV/AIDS and to what extent are their strategies gender sensitive?

3) Which implicit messages about gender in the Dominican Republic are communicated by the organisations through their HIV/AIDS related work?

1.4 Contextual introduction

Dominican Republic: Central facts

Population size: 9,650,054 (July 2009 est.) **Urban population**: 69% of total population (2008) **Government:** Republic. Presidentialism **Ethnic groups:** mixed 73%, white 16%, black 11% **Religion:** Roman Catholic 95%, other 5% **Language:** Spanish **Main industry:** tourism, sugar processing, ferronickel and gold mining, textiles, cement, tobacco	**Literacy rate:** 87% **Population below poverty line:** 42.2% (2004) **GDP per capita:** $8,200 (2008 est.) In comparison to Norway: $59,300 (2008 est.) **GDP composition by sector:** agriculture: 10.8% industry: 22.9% services: 66.3% (2008 est.)

Sources: the World Bank Group and the CIA-World Fact Book.

1.4.1 General Dominican history

Christopher Columbus arrived in the Caribbean in 1492, and what to day is Haiti was the first area of settlement of any kind made by Europeans in the New World[2] (Bulliet et al., 2001, p. 430). The Hispaniola Island, at that period of time inhabited by the indigenous people

[2] New World is the designation of the Americas during the time of Columbus. Due to miscalculations Columbus reach the Americas when he actually was aiming for Asia.

‘Taínos’ [3], is today divided in to French speaking Haiti and Spanish speaking Dominican Republic. Due to labour shortage during the 16th century, African slaves were imported to the island. The first slave arrived in 1520 and about 50 years later the number of slaves had increased to 20 000 (ibid). Today, most Dominicans are classified under the single term ‘Mixed-raze’ as they are either a mix of European and African descent or a mix of European and indigenous descent.

The Dominican Republic was occupied by Haiti from 1822 to 1844. The interference has made a strong impact on the Dominican history, and may explain a presumably ongoing tens relationship between the two countries. Richard Haggerty (1989) writes: “The twenty-two years of Haitian occupation witnessed a steady economic decline and a growing resentment of Haiti among Dominicans” (Haggerty, 1989). The Dominican Republic regained its independence on February 27, 1844, which to day is celebrated as the Dominican Republic’s Independence Day. Today Haiti is considered the poorest country in the Western Hemisphere and is plagued by political violence (CIA, The World Fact Book). A lot of Haitians move to the Dominican Republic in search for a job and a better life. There is estimated to be between 500,000 and one million migrant workers from Haiti living in the Dominican Republic. Although largely undocumented, this population accounts for 5-10% of the total population (Amnesty International, 2008). As a result of illegal smuggling, many generations of Haitians live undocumented without an official identity, which hinders their access to formal credit and basic public services such as schooling and healthcare.

The Trujillo era is one of the most distinctive political periods in the recent history of the Dominican Republic. The dictator Rafael Leonidas Trujillo ruled the country from 1930 until his assassination in 1961 and “achieved the dubious distinction of being perhaps the most ruthless and absolute- and certainly the longest-lived- tyranny in Latin America in the twentieth century” (Wiarda, 1969, p.3) During his time as president he transformed the Dominican Republic to modern country in terms of infrastructure (Haggerty, 1989). He also pressed for industrial progress and factories were opened. Agricultural production suffered, but the economy flourished. Despite the economic development the people suffered. Anyone who criticised the president or his government faced imprisonment or death, and murder and torture was a daily event under the 31 years of Trujillo’s power. Trujillo “consolidated his power to such a degree that he began to treat the Dominican Republic as his own personal

[3] Taínos means ”friendly people” and was the indigenous settlers on the Hispaniola. The population of Taínos died out due to mortal plagues and brutal treatment by European colonists.

kingdom"(Guitar). He established monopolies that he controlled and soon he became the richest man on the island. When he died he died as one of the richest men in the world (ibid)

After the death of Trujillo the Dominican Republic, closely situated to communist Cuba, developed in to a democratic republic with enormous United States aid. The relation between the United States and Dominican Republic is still close and the US is the recipient of 63.1 % of the country's export commodities (CIA, The World Fact book, 2009). Tourism and manufacturing sustained the Dominican Republic's economy. "Added to the expansion in these sectors, the Dominican Republic received substantive remittances from Dominicans living outside the country, the majority of whom were now living and working in New York" (Guitar).

The Dominican President is Dr. Leonel Fernández from the Dominican Liberation Party (PLD). He is currently serving his second period as head of state. In the CIA World Fact Book country comparison of GDP, the Dominican Republic is ranked as number 118 out 228 countries. "The most recent World Bank Poverty Assessment reports that 43 percent of the Dominican Republic's population lives in poverty. Of this population, 16 percent fall into the extreme poverty category" (USAID, 2009). USAID states: "low levels of public expenditures allocated to education, high interest rates, frequent electrical blackouts, institutional rigidity, shortage of qualified human capital, high maternal mortality rate, corruption, lack of accountability, and limited citizen oversight of government expenditures" are a challenges to the country's development (USAID, 2009).

1.4.2. HIV/AIDS and prevention in the Dominican Republic

A UNAIDS report of the Dominican Republic states: "The HIV prevalence in the DR is not too high (between 0.8 and 1.2%) and has been decreasing over the last few years as a result of prevention efforts carried out by the government with international funding. But the country shares the island with Haiti, the poorest country in the Western hemisphere and with the highest prevalence rates in the Caribbean region, making Hispaniola the island with the highest prevalence of the Americas. The DR has a heavy Haitian migration, which increases its vulnerability to the epidemic" (UNAIDS, 2009). Caribbean is the second-most HIV affected region in the world next to Sub Saharan Africa (UNAIDS, 2009).In response to the HIV challenge the Dominican government has formed a juridical instrument: '*la Ley No. 55-93 sobre SIDA*' (Law No.55-93 about AIDS). This law protects and guarantees human rights for HIV positive people, it prevents and sanctions discrimination of HIV positive people, it prohibits disclosure of HIV test results and guarantees confidentiality in counselling and

treatment, and it prohibits reuse of needles and obligates hotels and motels to always have an accessible supply of condoms (ONUSIDA, 2010). *Consejo Presidencial del SIDA (COPRESIDA*) (the Presidential Council on AIDS) is the institution responsible for insuring the compliance of *la Ley No.55-93 sobre SIDA* and develop and dictate policies to continue the fight against HIV and AIDS on a national level (ibid). COPRESIDA is chaired by the Minister of Health and the Director is directly appointed by the President. DIGECITSS[4], which is located within the Ministry of Health, is responsible for overseeing the implementation of *el Plan Estratégico Nacional (el PEN)* (National HIV/AIDS Strategic Plan) which is the strategies and actions necessary to control the epidemic.

El Proyecto "Mujer y Sida" (The Project 'Women and AIDS') is the name of a project attempting to include gender in programmes, projects and events of organisations and groups working with HIV and AIDS in the Dominican Republic. As a part of this project there has been developed a tool called Mujeres, Género y VIH y SIDA: herramientas metodológicas para incorporar la perspectiva de género (Women, Gender and HIV and AIDS: methodological tools to incorporate a gender perspective). It's objectives are to make people working in the field of HIV/AIDS knowledgeable about issues regarding gender and HIV/AIDS, provide a tool to identify and discover different impacts of HIV/AIDS on men and women, provide knowledge, skills and attitudes that will facilitate incorporation of gender in programmes, projects and events of organisations working with the subject. A report of this project, if existing, has not been within access to me.

Number of people living with HIV: 62 000 [52 000 - 71 000] **Adults aged 15 to 49 prevalence rate**: 1.1% [0.9% - 1.2%]	**Adults aged 15 and up living with HIV**: 59 000 [50 000 - 69 000] **Women aged 15 and up living with HIV**: 30 000 [25 000 - 35 000] **Deaths due to AIDS**: 3 900 [2 800 – 4 900]

Source: Epidemiological Fact Sheet on HIV and AIDS, 2008

1.5 Chapter overview

This thesis is composed of seven chapters. In the first introduction chapter I have presented the reader to the subject of my thesis, the objectives for my research and the context in where I perform my research.

[4] *Direccíon General de Control de las Infecciones de Transmisión Sexual y SIDA.* (General Direction of Control of Sexual Transmittable Infections and AIDS)

The methodology chapter gives an account of the methods and technique used during field work and the process of writing. I additionally write about obstacles and challenges during my time of field work and how this affected my thesis.

The HIV chapter is divided into two parts. First I introduce some general theories about HIV/AIDS prevention. In the second part I discuss theory on gender in HIV/AIDS prevention.

In the fourth chapter I write about gender in the Dominican Republic. This chapter is a mixture of theory and my own empirical findings. I start the chapter by introducing a theory on Gender and Power by R. Connell (1987), a theory I use in my analysis. Further in the chapter I discuss both classical and more contemporary theories of gender in the Dominican Republic, and compare them with my own empirical findings.

The fifth chapter is an analysis of the HIV/AIDS preventive programme of Colectiva Mujer y Salud. I start by introducing the organisation and the material I attend to analyse. For my analysis I draw on theory from HIV/AIDS prevention, gender in HIV/AIDS prevention, Gender and Power, and gender in the Dominican Republic.

In chapter six is the second chapter where I analyse an HIV/AIDS preventive programme. This time I look at the programme from Red Cross called Juntos Sí Podemos. Also here I draw on theory from HIV/AIDS prevention, gender in HIV/AIDS prevention, Gender and Power, and gender in the Dominican Republic.

In the seventh chapter I sum up my findings.

2) Methodology chapter

2.1 Introduction

This chapter presents the methodology and methods I made use of when I conducted my field work. It includes a presentation of my research foci and changes in the foci that I found necessary to make during the process of research and writing. It also includes types of data collected, analysis of data, experiences and challenges encountered in the process in addition to ethical considerations.

My field work was conducted in the Dominican Republic from the beginning of June to mid September, 2008. I lived and did most of my research in the capital of the Dominican Republic, Santo Domingo. The main offices of the two organisations in the centre of my thesis are located in Santo Domingo so that was where I had my base, spent most of my time and gathered most of my material.

2.2 Choice and change of research focus

My original plan was to do research into an HIV/AIDS preventive interventions programme which focused on peer education amongst youth. The Dominican Red Cross Youth organisation and their HIV/AIDS peer education programme called *Juntos Si Podemos* ('Together We Can') were going to be the subject of my research. In Norway I am an active volunteer in the Norwegian Red Cross Youth organisation and I am the leader of a programme called 'Aktivt Valg' (Active Choice). 'Aktivt Valg' can be characterised as the Norwegian version of *Juntos Sí Podemos* (JSP) and this was the primary reasons for my initial choice to focus my research around this programme. I had the advantage of being familiar with the concept of their programme and had familiarised myself with its structure, methodology, values and principles. JSP originates from the Caribbean, more precisely Jamaica. I considered Jamaica as the location for my field work, but I ended up choosing the Dominican Republic. Spanish is the native language in the Dominican Republic, I master this language fairly well and hence wanted to do my research in Spanish.

The idea was to focus my thesis on how the categories of gender, ethnicity, class and race were integrated in the work of this particular programme. But due to unforeseen circumstances during my stay, I had to make some changes in the topic for this thesis. This is a subject I will elaborate further in the 'Challenges section'.

A few days into my stay I visited an organisation called Colectiva Mujer y Salud (CMS). This is another organisation which conducts HIV/AIDS preventive work in the

Dominican Republic. In order to get background information for my main research I planned to do a small research survey on different organisations working within the field of HIV/AIDS prevention, in the Dominican Republic - CMS was going to be one of them. So, prior to my departure I had been in dialog with one of the girls working for the organisation. She proved to be both valuable and helpful and provided me with the opportunity to visit and get interviews with people from the organisation. A while into my research time, when I found it necessary to rethink the focus of my thesis, I decided to switch from primarily focusing on the HIV/AIDS work of the Red Cross Youth organisation to broaden my research to include a more specific focus also on CMS.

Another change I made was to limit the topic of discussion in my thesis to now only focusing on the issue of gender. I quickly discovered that focusing on race, ethnicity, class and gender was far too complex and it would be too challenging to discuss all the categories in one thesis. My discussion with CMS, a feminist organisation, convinced me that gender in HIV/AIDS preventive would to be the most interesting objective for my thesis.

2.3 Organisations and informants central to my research

2.3.1 Red Cross Youth and *Juntos Sí Podemos* ('Together We Can')

JSP is an HIV/AIDS preventive intervention programme carried out by the Dominican Red Cross Youth in five districts of the Dominican Republic. The programme is both conducted by and aimed at youth. My primary informant worked for the Red Cross Youth organisation and was the national coordinator for JSP. I chose him to be my primary informant as he had considerable experience with both the national implementation of the programme and had experience with the international work of Red Cross. He was the link between the International office in Geneva, where they are responsible for developing and distributing the programme manuals, and the national instructors who implement the programme on a grass root level. As a European citizen he provided me with an opportunity to compare his views on the JSP programme with local Dominicans working with the same programme. My other informants from the Red Cross Youth programme were chosen primarily on basis of availability. I spoke to a lot of people working at the Red Cross head quarters in Santo Domingo, in an attempt to schedule a meeting with someone authorised to give me permission to observe the programme. In this process I met with a lot of people, some who became my informants. Most of them were employed by the Red Cross, but some were volunteers.

2.3.2 Colectiva Mujer y Salud (Joint Women and Health)

The other organisation that came to be prominent in my thesis was the feminist organisation CMS. There were two reasons for this choice. The primary reason was that this organisation proved to be very interesting. They had an explicit feminist gender focus on all their work so the organisation fitted nicely with my Master's Degree studies in 'Gender and Development'. Another reason was that I had established good relations with the people working there and they made themselves available to me. I visited my contact person in her office shortly after my arrival and we instantly developed a good relation. My primary informant was a medical student who had been a volunteer in the organisation for many years. She had good knowledge about the organisation and in addition provided me with insightful views of the context in which the organisation worked. I met her on several occasions, first in her office, but later also in restaurants and at the hostel where I stayed. My other informants were chosen primarily on basis of availability. The visits to their office gave me the opportunity to speak with several of the volunteers working there, which proved rewarding.

2.3.3 Other sources of information

I sought out and visited several organisations and institutions as a part of my research. I visited *Consejo Presidencial del SIDA* (COPRESIDA) (Presidential Council on AIDS) where I made one interview with one of the employees, whom also provided me with documents concerning HIV/AIDS in the Dominican Republic. I visited and talked to people working at DIGESITSS, (*Direccíon General de Control de las Infecciones de Transmisión Sexual y SIDA)* (General Direction of Control of Sexual Transmittable Infections and AIDS) in order to outline the governmental system on the national fight on HIV/AIDS[5]. I also visited *PROFAMILIA (Asociación Dominicana Pro-Bienestar de la Familia)* (Dominican Association for Family Welfare) an NGO working to provide health services, especially sexual and reproductive health, in the Dominican Republic, *Secretaría de Estado de Educación* (State Secretary of Education) in order to gather material about sex education in Dominican schools. All this research has served as background information for my thesis.

[5] See introduction chapter for more information about COPRESIDA and DIGESITSS

2.4 Types of data collected

2.4.1Qualitative research method

David Silverman (2006) writes in 'Interpreting Qualitative Data' that "the main strength of qualitative research is its ability to study phenomena which are simply unavailable else where" (Silverman, 2006, p.43). I used various research techniques to gather information needed for my thesis. The data was collected using qualitative research methodology. Silverman (2006) says that "methodology defines how one will go on about studying a phenomenon" (ibid, p.15). Further he writes that there are four major methods used by qualitative researchers; observation, analysing texts and documents, interviews and focus groups and audio and video recording" (ibid, p.18).

I have categorised the interviews I did into three different categories and characterise them as **semi-structured interviews, ad-hoc interviews and informal conversations.**

2.4.2 General observations, conversations and getting to know the context of my research

This was my first trip to the Dominican Republic. As a result I had to do research to familiarise myself with the local context in which I would be conducting my field research. I discovered that Dominicans are very friendly and open and minimal effort was required to engage them into a conversation. I was engaged in conversations on the bus, or just walking around town on foot - basically anywhere as long as I had the time and the desire. These conversations are not labelled as any form of interview as they were mainly sporadic everyday **informal conversations**. These types of conversations are not referred to in the thesis but they did however help me form an impression of the country, the HIV/AIDS situation in the Dominican Republic, norms and values around sexual behaviour amongst youth and the public in general.

I used interaction with the Dominican people as a part of my strategy to learn more about the context of my research. I tried to seek out places where groups of people would gather so that I could be with people, observe and participate in their interaction. With this in mind and I spent a couple of Friday and Saturday nights in a park in the city capital. This specific park was a social meeting place, mostly for younger people. In this park people would meet their friends, sit and talk, consume alcohol, play, listen to music, and dance. I performed a small enquete in this park. My objective was to learn more about the level of knowledge of HIV/AIDS transmission, protection, testing etc. I then compared the impression

I got from the enquete with impressions I got from interviews, literature and national surveys. Another strategy I used in order to form an impression of the Dominican Republic, and its people, was the media. I made a habit of reading newspapers every morning. That way I kept myself updated on topics and developments within the Dominican society. The newspapers were a good source of information, and I gathered a lot of news clippings concerning HIV/AIDS in the Dominican Republic.

2.4.3 Semi-structure interviews

Interviews were my primary research method. I chose one person from each organisation to be my primary informant and performed one **semi-structured interview** with each of them. Kvale (1997) writes that "(…) a semi-structured interview: one ought to cover a variety of subjects and prepare preliminary questions. However, these are subject to change both to chronology and in regard to formulation of the questions in order to enhance the interviewer's ability to follow-up on the answers and stories provided by the subject interviewed" (Kvale 1997, p.72, my translation).

I prepared well for the semi-structured interviews. I had an interview guide ready in advance, which I used actively. The interview guides were specifically tailored for each of the interviews. I revised my interview guides on multiple occasions, based on new experiences or thoughts, prior to conducting the interviews. I tried to keep an informal tone during the interviews so that my informants felt that they could speak freely and perhaps tell stories or add information that was not directly related to my questions. I made three semi-structured interviews - one with each of my primary informants from the respective organisations; Red Cross Youth, CMS, and in COPRESIDA. The interviews were held at the offices of the informants, with a tape recorder present. I performed what I have labelled semi-structured interviews once with each of my primary informants. However I met and talked with them on several occasions, as well as communicated with them both by phone and e-mail.

2.4.4 Ad-hoc and open-ended interviews

In addition to my three semi-structured interviews I did a lot of **ad-hoc interviews**. The term **ad-hoc interviews** are chosen as these interviews were of a more spontaneous and of a less structured nature. Many of the settings occurred more or less by chance. When I met interesting people I used the opportunity to engage them in an inquisitive conversation. These conversations differed from the semi-structured interviews in that they were rarely planned or scheduled ahead, nor did I bring a tape recorder or a prepared an interview guide. I would not

characterise them as regular conversations, because I had a clear objective with these talks. They were guided onto desired topics by asking relevant questions, and notes were usually taken. The interviewees spoke more freely and did not just answer my questions. One could use Silverman's (2006) term **open-ended interview** when describing these interviews. Silverman (2006) writes: "in order to achieve 'rich data', the keynote is 'active listening' in which the interviewer 'allows the interviewee the freedom to talk and ascribe meanings' while bearing in mind the border aims of the project" (Silverman, 2006, p.110).

One example is the conversation I had with Elias a man I talked to about Dominican men and sexual behaviour. I was introduced to him by a friend of mine and once he asked me what I was doing in the Dominican Republic, and what I was writing my thesis about, we started an interesting conversation that proved very helpful to my research. Ad-hoc interviews were also conducted with different people working for Red Cross Youth and CMS. These informants were readily available as their offices were located near by, and I paid them several visits. We would often discuss the reasons for the relatively high HIV prevalence rate, and best strategies to counter them. Gender was also central topic in these conversations. One of these informal ad-hoc interviews occurred at a meeting with the General Director of the Red Cross organisation in the Dominican Republic. In total I performed ten ad-hoc interviews.

All of the interviews I did were performed by me, in Spanish, without an interpreter present.

2.4.5 Participatory observations

I got to observe the JSP programme at one occasion. The programme was holding a 'lesson'[6] in Boca Chica for students in a school class. I was introduced to the students as a Red Cross person from Norway who wanted to learn more about the programme. I informed them that I was writing a paper about the JSP programme and was there only to observe. I sat on a chair at the back of the out door class room and took notes.

2.5 Naturally occurring data

Silverman (2006) writes: "Using research interviews (or focus groups) involves actively creating data which would not exist apart from the researcher's intervention (researcher provoked data). By contrast, observation or the analyses of written texts, audiotapes or visual

[6] I will discuss the right terms of the programme in the chapter called Junos Sí Podemos.

images deals with activities which seem to exist independently of the researcher. That is why we call such data naturally occurring: they derive from situations which exist independently from researcher interventions" (Silverman, 2006. p.201).

Whenever visiting an organisation or an institution I had made it a rule to always ask for written material in form of flyers, booklets or documents that could give me additional information about the work of the organisation. After my first visit to Red Cross Youth I was given the manuals that they consistently use during their sessions and was told that I should read them carefully in order to get a better understanding of JSP. Also during my first visit to CMS I was given the flyers that I have later analysed in this thesis. Both the written material from Red Cross Youth and CMS was essential for understanding their ways of communicating with their target groups.

I visited different governmental institutions where I did a lot of background research for my thesis. Specifically *Seceritaria de Estado de Mujer* (State Secretary of Women) and *Secretaria de Estado de Educación* (State Secretary of Education) provided me with very useful written material about women's rights, political feminist issues and the public school's sexual education programmes.

2.6 My role as a researcher

2.6.1 Advantages and disadvantages of not being a Dominican

This was my first time in the Dominican Republic and I think that made an impact on my role as a researcher. I constantly sought to learn more about what I saw and heard. Hardly a day went by that I did not ask questions trying to clarify and interpret things I experienced. It required a lot of time and effort to learn, observe, and getting to know how things worked. This basic research included getting to know the basic structure, and the different areas of responsibility, for the different operative HIV and AIDS programmes, as well as the local courtesies, norms and rules.

Martyn Hammersly and Paul Atkinson (1995) refer to 'ascribed characteristics' in their discussion about the researcher's position in the field. They write "such characteristics as gender, age, race, and ethnic identification may shape relationships with gatekeepers, sponsors, and people under study in important ways" (Hammersly and Atkinson, 1995, p.92). By not being a Dominican it gave me an alibi to ask basic and unorthodox questions. My experience was that people often seemed very forthcoming and exited to teach me things about their country and culture. I also felt that, through my research, I was touching some

taboo topics related to sex. Not being a Dominican perhaps excused my behaviour when I occasionally asked direct and intimate questions. In my experience people did not find me rude, but rather a person with another cultural background who did not know any better. People acted very curiously towards me, and I believe, at least in part, this was due to the fact that I was a so clearly an alien to this environment. What was a single, foreign girl, doing travelling in the Dominican Republic all by her self? A question I encountered all the time was where my husband and children where. A common experience was that people approached me, asking this kind of question, which proved a good way to start up a conversation. On the other hand being an outsider did cause problems and stressful situations. Living in a country where you clearly stand out as someone different I sometimes felt draining in it self. For instance every time I wanted to take a taxi somewhere I had to bargain extremely hard to make them charge me local prises and not tourist prices. The language was a challenge. Although I had previous living experiences from other Spanish speaking countries, and in general had fairly good communication skills, accents, pronunciation, and even some words and meanings were completely new to me. It required time and effort to learn.

2.6.2 One of them

In connection with the research I was doing on the Red Cross Youth organisation I felt that my background in the Norwegian Red Cross played to my advantage. When I visited the national Red Cross office I was always introduced as the Norwegian Red Cross girl and in spite of the long distance between the two countries I think many of the people there felt that we had something in common. I felt very welcome at all times. As I had worked with the Norwegian equivalent to their HIV/AIDS programme I could share with them my thoughts and experiences on the subject.

In relation to the research on the feminist organisation CMS I also felt that my background in gender studies gave me a very open and friendly welcome. That is not to say that they would have treated me any differently if I had had another academic background, but I felt that the common interests inspired good conversations. Many showed a genuine interest in Norwegian feminist movements, asked questions, and wanted me to send them articles etc. Common interests gave us a common ground, and made me feel, to a larger degree, one of them.

2.7 Challenges

2.7.1 Mobility

I experienced a lot of challenges that affected my research. One challenge was being alone in the field which limited my possibilities to move around. The Dominican Republic is a country where you need to take safety precautions seriously. It got dark around 7 pm every night, and after dark it immediately became more dangerous to move around by oneself. In my experience people either travelled with company or they used public transportation or taxies to take them where they wanted to go. It did not stop me from doing research at night, but it certainly limited my options.

I could not travel alone in poor and rural areas to do research. My Dominican friends informed me that it would have been too dangerous, and that I needed to be accompanied by someone. As I had difficulties arranging meetings with Red Cross Youth to observe the JSP programme (see below) I was limited to do field study in Santo Domingo, other big cities or safer tourist areas.

2.7.2 Schedule appointments

Prior to my trip I had contacted the national Red Cross office in the Dominican Republic and in Jamaica. I additionally contacted the office of the International Federation of Red Cross, Red Crescent and Red Crystal (IFRC), in Geneva, to make sure there were no problems using a Red Cross Youth programme as the topic for my thesis. I got positive feedback from all places and was reassured that I was welcome to do my research in the Dominican Republic. From the Jamaican Red Cross I was given a contact person, a woman from Santo Domingo working as a facilitator for JSP in several Latin American countries. I corresponded with her by e-mail several times prior to my trip and I was confident that I had found my 'gate keeper'. Silverman (2006) defines gatekeeper as "someone who is able to grant or to deny access to the field" (Silverman, 2006, p.402). However, when I arrived it turned out that due to disagreements with some of the programme coordinators, my 'gatekeeper' had no contact with the Dominican national Red Cross office at all. She could tell me a lot about the programme on a national level, and on a Latin American level, but she could not help to schedule field trips to observe the conduction of the programme in the Dominican Republic. As a result I had to start all over again trying to find a new 'gate keeper' who could help me to get access to the programme. I made endless phone calls trying to arrange meetings with someone who could grant me permission to observe JSP arrangements. Many of these phone

calls only led to a request to call back next day or next week. A lot of time was also spent on waiting for phone calls that I hade arranged, some which never came. I experienced this to be a toilsome process that occupied a lot of my research time. I was very insecure about how pushy I should be. After all I could risk offending authorities and loose my chance to talk to these people all together. It felt like a loop of e-mail correspondence and phone calls. Progress was very slow.

In the end I was told that I needed to write a formal application to the General Director of the Dominican Red Cross, to get permission to conduct my research, and so I did. After a few weeks his secretary arranged a meeting. At that meeting I finally got the permission I needed. Next was a long process to get an appointment with a Red Cross Youth person who could bring me to see the programme in action. I felt this whole séance quite frustrating. As I got pretty frustrated from talking to secretaries in the different organisations and institutions I changed my strategy, got braver and just starting showing up at people's office doors.

2.7.3 Weather conditions

Hard weather conditions also came to be a challenge for me. Hurricanes inflicted large damages to the country from the beginning of July to the end of my stay and the government several times declared a state of emergency due to the dangerous conditions. It strongly affected Red Cross' work that had to prioritise and consequently had to temporarily suspend their HIV/AIDS work and concentrate on disaster relief and evacuation of people in the most affected areas. Naturally I was unable to do extensive research on their HIV/AIDS prevention programme in this period. At this point I decided to give CMS the equal amount of focus in my thesis. I also realised that I had to rely a lot more on the findings that I already had, and find new ways to build up my thesis and focus on a different part of my material. The written part of my material became the prominent part of my thesis. The decision was based on my feeling of having too little material from participatory observation of the two organisations. This decision seemed right to me based on the interviews with the one of the programme coordinators at JSP. This coordinator explained how important and dominant the written manuals were to the programme and that everything communicated in the sessions was taken from the manuals. It also fitted with the way CMS communicated with their targets. They particularly used flyers to communicate their messages.

2.8 Analysis of material

When returning from my fieldwork I started the process of analysing the collected data. The collected printed material was organised in two main categories; material addressing gender related issues in the Dominican Republic and material addressing HIV/AIDS preventive topics in the Dominican Republic. Material that addresses both of these topics was put in the latter category. I also made a category for material that addresses the issue of violence in the Dominican Republic. I had decided that the JSP manuals and the flyers from CMS were going to be in the centre of my analysis so these were put aside for a later, thorough analysis.

I had already started the work of transcribing the interviews during my stay in the Dominican Republic. After my return I finished the work and started the analysis of the interviews.

2.9 Ethical considerations

When doing research on institutions, organisations, people etc. it is important to be open and honest about what you are doing, and to inform your informants about their rights as informants. Prior to my trip I had written an informant consent form that clearly stated the purpose of my research, the confidentiality rights of my informants and their right to withdraw their information from my paper at any time, until the date it would be published. The plan was that all my interviewees were to sign this consent form. However, I quickly realised that this was not always possible as a lot of my interviews were of a more spontaneous character. No matter who I talked to I always informed them of the purpose of my stay and never hid the fact that I was constantly looking for information for my thesis. Not all my informants did sign the informant consent form, but everyone gave their oral approval. Silverman (2006) writes: "When we report our observations or interviews, it is common sense to protect the identities of the people we have researched and to ensure that they understand and consent to our research" (Silverman 2006, p.319-320).

All my informants are made anonymous by using invented names. I have also avoided describing all of their work positions correctly as it would then have been easy to identify them. Although I did not ask for very personal or sensitive information I was very careful with the information that I got and everything was stored in my personal computer with passwords to access it.

In regards to research permission, I spoke with the Dominican embassy in Stockholm several times to find out whether I needed some kind of formal research permit to write my

thesis based on my field work in the Dominican Republic. They assured me that as long as I had permission from the organisations I investigated, there would be no problem. The Dominican Red Cross gave their permission prior to my departure, and the two other organisations gave me permission during my research period. My application for research permission from the Norwegian Social Science Data Service (NSD) was granted prior to my departure from Norway.

3) HIV and AIDS prevention

3.1 HIV a global challenge

By the end of 2008 an estimated 33, 4 million people were living with HIV according to the UNAIDS (UNAIDS, 2009,). Annually, billions of dollars are spent on preventing the virus from further spreading in addition to improve the living conditions for the once already infected. However, a lot of work remains in order to control the situation.

This chapter is focusing on HIV/AIDS prevention. The discussion will present different perspectives on strategies of HIV/AIDS prevention and criticisms of these perspectives. Perspectives related to gender in HIV/AIDS prevention will specifically be discussed in order to further use them as basis for an analysis of the two organisations in the scope of this thesis.

3.2 HIV/AIDS prevention and debates

HIV/AIDS prevention programmes are the organised acts and measures worked out and executed in order to prevent the HIV/AIDS epidemic from further spreading. The organised prevention measures are many and diverse, and are most commonly carried out by NGOs, or as part of a state effort. The target groups are diverse both in size and composition. These groups of people are from all parts of the world with very different religious believes, sexual orientation, cultural backgrounds, opportunities and prosperities. It is thus difficult to see how there can be one specific or correct way of executing an HIV/AIDS preventive programme. The measures need to be marshalled according to the different target groups.

The UNAIDS states, "Crucial to the success of any effective HIV prevention effort are a number of over-arching principles in which programmes should be grounded" (UNAIDS, 2005). One of these principals is to emphasise the importance of basing preventive programmes on previously successful strategies[7] (ibid). However, what is proved and considered successful in the field of HIV/AIDS prevention is a subject of debate amongst practitioners and theorists.

[7] Further they state that the programmes need to be comprehensible and sustainable. Community participation is preferred and there needs to be a fundamental basis of understanding and protection of human rights (UNAIDS, 2005)

3.2.1 Condom promotion or Primary Behaviour Change?

Some of the theorists (see Green 2003, and Fisher and Fisher 2000) claim that there exists a hegemonic, dominant methodology that most HIV/AIDS preventive measure is based up on, namely condom promotion. Apparently this methodology has reached its position in form of being supported by big international and multilateral organisations that dominate the field. Green (2009 and 2003) in his critic against leading intervention programmes based on condom promotion claims the strategy has failed. In an article from "The Washington Post" he writes:

> "In 2003, Norman Hearst and Sanny Chen of the University of California conducted a condom effectiveness study for the United Nations' AIDS programme and found no evidence of condoms working as a primary HIV-prevention measure in Africa. UNAIDS quietly disowned the study. (The authors eventually managed to publish their findings in the quarterly Studies in Family Planning.) Since then, major articles in other peer-reviewed journals such as the Lancet, Science and BMJ have confirmed that condoms have not worked as a primary intervention in the population-wide epidemics of Africa. In a 2008 article in Science called "Reassessing HIV Prevention" 10 AIDS experts concluded that "consistent condom use has not reached a sufficiently high level, even after many years of widespread and often aggressive promotion, to produce a measurable slowing of new infections in the generalized epidemics of Sub-Saharan Africa" (Green, 2009).

The problem with today's condom based HIV/AIDS preventive programmes, according to Green (2003), is that the prevention theory they are built on are based on research done in the USA in the 1980's. At that period of time HIV was most common amongst men whom had sex with other men, and condom was regarded as the best served strategy to prevent further spreading of the virus. As the author points out, the programme was developed in the USA for high risk groups. However, today most HIV infections in the world are found in majority populations rather than in high-risk groups (Green, 2003, p.5) and thus the strategies needs to be adapted accordingly.

Green (2003) in his book 'Rethinking AIDS prevention Learning from success in developing countries' is advocating the strategy he refers to as Primary Behaviour Change (PBC): "partner reduction, delay of sexual debut among youth, and abstinence for a specific time period" (Green, 2003, p.6). Uncritically handing out condoms is a strategy that only pays attention to general patterns of behaviour and fails to address the specific needs in specific areas, he claims. Programmes will accordingly benefit if they "focused on increasing individual's inclination and ability to practice specific risk reduction acts" (Green, 2003, p.13). "As a general rule, PBC may be the most effective intervention aimed at major

populations, at least in generalised epidemics such as those in Sub Saharan Africa and the Caribbean. Likewise, risk reduction interventions (condom promotion and provision, treating STDs) may be the most effective interventions for high-risk groups when targeting either heterosexual or homosexual transmission" (ibid.p.12). Fisher and Fisher (2000) supports Green (2003) in his criticism and stress that many of the intervention programmes do not sufficiently make use of information available about their target groups, and write "[...] consequently, most interventions have involved empirically untargeted 'shooting in the dark' (Fisher and Fisher in Peterson and DiClemente, 2000, p.3).

3.2.2 The ABC approach

Another way to understand the core of the debate is by looking at a strategy called the ABC approach. The ABC approach in HIV/AIDS prevention is a much debated approach. Though the meaning of the ABC in this strategy may be clear, the interpretation and how it applies to different people is not (Avert, 2009). The ABC stands for **Abstinence**, **Be faithful** and use **Condoms** but the actual meaning of the components has been interpreted differently accordingly to different actors. Green (2003) states that in terms of preventive programmes there should be a balance between the A, B and C, but the majority of globally funded programmes use most of their resources on C and additionally D (Drug treatment) (Green, 2003, p.13). Too much emphasis is made on distributing condoms and too little on changing the behaviour that actually causes a rapid spread of the virus.

Green's (2003) scepticism is based on research, which he claims, is showing how promoting condoms may convince people to use condoms to a larger degree than before, but generally the use of condoms tend to be irregular. And irregular use of condom crates a false sense of security and may be considered a risk factor in it self. In addition to the inconsistent use of condoms there has been reported inconsistent supply of condoms (Green, 2003, p10-11). In addition, Green (2009) states: "in steady relationships people seldom use condoms because doing so would imply a lack of trust" (Green, 2009). More points are added to the debate as Erica Gollub (1995) claims that there is research showing that some health care providers, including pharmacist, are reluctant to provide minors with condoms. There is an inherent weakness to a strategy based on promoting a contraceptive that may or may not be available to the target groups. In addition, programmes which focus on condoms have also faced problems with poor quality of the condoms and unsatisfying teaching methods which may result in wrong use of the contraceptive. All these are components that further ads to the risk (Green, 2003, p 10-11).

Not everybody uncritically share Green's (2003) opinion. Erica Gollub (1995) also argues that there have only been modest advances in the actual level of protection achieved for the population through behavioural interventions. "The success stories are usually limited to highly labour intensive programmes that will be difficult if not impossible to support on a wide scale" (Gollub, 1995, p. 44). Others would criticise the primary behaviour change strategy (sexual abstinence or sticking to one partner) for lacking cultural understanding and to make strategy assumptions based on western values and apply them in non western countries. This can be regarded as threatening to traditions and structures like lineages and family. Astrid Blystad (2004) writes: "unless communication about HIV/AIDS takes the cultural context that shape risk behaviour into account, such campaigns will fall on deaf ears, and may cause more suffering rather than less" (Blystad, 2004, p.47).

3.2.3 PEPFAR

Maybe one of the most criticised primary behaviour change programmes has been PEPFAR (The United States President's Emergency Plan for AIDS Relief). PEPFAR was launched by former U.S. president George. W. Bush in 2003. At that point it was the largest commitment, by anyone country, to fight the HIV/AIDS epidemic (The United State President's Emergency Plan for AIDS Relief). On the budget of 15 billion dollars over a five year term, one third of the budged was dedicated to abstinence-until-marriage programmes only. This resulted in a great deal of critique saying that condoms should be an equally viable alternative to abstinence (ibid). PEPFAR's definition of the ABC approach was not in accordance with, for instance, the UNAIDS' definition. According to PEPFAR **A** would stand for "Abstinence for youth, including the delay of sexual debut and abstinence until marriage", **B** for "Being tested for HIV and being faithful in marriage and monogamous relationships", and the highly debated **C** would stand for "Correct and consistent use of condoms for those who practice high-risk behaviours" (Avert, 2009). When PEPFAR stated that condom supplies were only distributed to high risk groups critiques claimed that they stigmatised the people that was using condoms as contraceptives which again would lower the chances of people actually using them. Additionally, women's rights groups stated "Eighty percent of the women worldwide who are living with HIV contracted the virus from their husband or primary partner; it is clear that abstinence-until-marriage programmes are failing them. The abstinence-until-marriage hallmark is denying women, youth, and other vulnerable sub groups of the population access to the prevention information and tools they need to protect themselves" (The United State President's Emergency Plan for AIDS Relief).

So far the discussion of HIV/AIDS preventive programmes has evolved around leading trends of HIV/AIDS preventive strategies. However, categories as gender, race, ethnicity and class and how they affect high risk behaviour and capabilities of protection has, during the last year's development, affected trends and research on the field of HIV/AIDS prevention. Gender, especially, has emerged as a focus area of great importance and "Women, Girls, HIV and AIDS" was in 2004 chosen as the theme of World AIDS Day (Avert, 2009). In the following paragraphs I will discuss theory on gender and HIV/AIDS prevention.

3.3 Gender and HIV/AIDS

In a historical framework the Human Immunodeficiency Virus has not been known to man for a long time, barely 30 years. AIDS was first recognised in the USA, in the summer of 1981 (Farmer 1999, p.60). The disease was quickly characterised as a disease for men, and then mainly homosexual men. Although, the syndrome was identified in a woman only two months after the very first case was reported, the science magazine 'Discover' claimed that there existed no great risk for an epidemic among women (ibid. 61). The article stated "the 'rugged vagina', unlike the 'vulnerable anus', was designed for the wear and tear of intercourse and birthing, it was unlikely that large numbers of women would ever be infected through heterosexual intercourse" (Farmer 1999, p.61). Unfortunately, the predictions were wrong. According to the latest UNAIDS global estimates from 2008, women comprised 50% of people living with HIV (UNAIDS, 2009). Globally, the percentage of women living with HIV has remained stable at 50% for several years, however the female part of the HIV infected population is increasing in several countries and the Dominican Republic is one of them (UNAIDS, 2008).

Unterhalter, Boler and Aikman (2008) say that "the HIV and AIDS epidemic is often described as a 'feminised epidemic' (Unterhalter et al. 2008, p.11). Within that term there is an understanding that "unequal gender relations are associated with HIV infections, as either cause or consequence" (ibid, p.11). As will be discussed in this paragraph gender is significant when it comes to access to information, contraceptives and testing for HIV, the ability to say no to sex or practice safe sex, in addition to access to counselling and treatment if infected with HIV. Gender inequality and inequity- a subordinate female position in a patriarchal society- partly explains a growth in the HIV prevalence rate among women but also among the population as a whole. UNAIDS states: "Gender inequality both fuels and intensifies the impact of the HIV epidemic" (UNAIDS Gender).

In this part I will present theory on gender in HIV/AIDS. What are the biological, economic, social and cultural factors that contribute to an increased HIV rate for men and women? And how can one explain HIV infection rates in relation to gendered social positions in a society? I will also look at gender roles and the connection between female and male gender roles and the vulnerability to HIV/AIDS.

3.3.1 Biological reasons

The most common rout of HIV transmission in the world today is through heterosexual intercourse, sex between a man and a woman (UNAIDS.Gender). For a long time it has been known that heterosexual women are at a greater biological risk than heterosexual men of becoming HIV infected. The explanation can be found in the biological differences of a man and a woman's genitals. As these differences makes women more vulnerable then men Lesley Doyal (1994) refers to them as biological sexism and points out that it does not apply only to HIV but to other sexually transmitted infections as well (Doyal, 1994. p.13). HIV transmits through the bodily fluids of blood, genital fluids and breast milk. The virus however are more heavily concentrated in the semen than in the vaginal secretion and hence makes the woman, as she through a vaginal intercourse gets the semen spread all over the inside of her vagina, more at risk of contracting HIV. In order for a person to be HIV transmitted through sexual intercourse the virus needs to penetrate the epithelial tissue (soft tissue) of the genitals and enter the blood stream. A woman's genitals has a bigger area of epithelial tissue (mucous membrane) as this covers the whole inside of the vagina and the virus can enter through this area or through the opening of the cervix. Recent research, performed by researchers at the Northwestern University's Feinberg School of Medicine in Chicago, has shown that penetration of the virus is much easier than first believed. Until recently, one thought that there needed to be a fling or an open wound in the mucous membrane in order for the virus to penetrate the tissue, but recent studies show that the HIV virus can force itself through healthy tissue as well. The mucus membrane is made up of cells and the penetration of the virus can happen during the renewing of the cells as the connection between the cells then is at its weakest. As stated, it has been a known fact for some time that women are more susceptible to get infected with HIV than men, but this recent study demonstrates that women are even more susceptible to transmission than first assumed (Paul, 2008). In addition, due to the same biological reasons, women are at higher risk of getting other sexual transmittable infections (STI's) as well. STI's increases the risk of HIV transmission, especially the ones that affects the skin like "genital ulcer disease (chancroid), syphilis and genital herpes" (Doyal, 1994, p.

13). Furthermore a woman is at even higher risk of contracting HIV or any other STI if the sexual intercourse they are exposed to is of a violent character. When sexual intercourse is forced, cuts in the vaginal tissue are more likely to appear which makes it easier for the virus to enter the woman's blood stream and infect her with HIV.

3.3.2. Imbalanced power relations between the genders

Heterosexual intercourse, the act of reproduction happens and is necessary in all societies. However, as Doyal (1994) points out: "[sex] is not merely a spontaneous and instinctive biological act but is socially constructed in complex and highly symbolic ways" (Doyal, 1994, p.14). Additionally, Doyal (1994) claims that there are some general core elements in heterosexual relations; "Almost everywhere, primacy is accorded to male desire and women are cast as the passive recipients of male passion" (ibid, p.14). Women who are not able to decide for them self if and when to have sex or whether or not to use a contraceptive can be regarded as a high risk group in the field of HIV/AIDS.

Wilton claims: "Women that can choose whether to engage in heterosexual relationships or not, form a very small minority of the world's women" (Wilton, 1994, p.85). Sex can be a way for a man to exercise control over a woman both inside and outside of a relationship. Sex can be a man's symbol of supremacy. Connell (1987) refers to this imbalance as the sexual division of power (see the following chapter). In relationships where the threat of, or conduction of violence is used this power division is even more evident. "Sexual violence is an extreme manifestation of power imbalance within relationships" (Hargreaves et al. 2008, p.40). Violence and sexual violence are factors considered to be contributing to women's HIV/AIDS risk. Firstly, forced intercourse increases the chances of cuts and wounds in a woman's genital tissue. Secondly women in physical violent relationship are not likely to discuss terms of safe sex. Also fear caused by physiological violence, such as verbal abuse and threatening, affects women's ability to negotiate terms and conditions of sexual intercourse, and whether or not a condom is used. One can also find examples of HIV/AIDS being the cause of violence. The World Health Organisation write that women are often reported being exposed to violence after they were diagnosed with HIV (WHO). If a women, afraid of her partners violent behaviour, risks being spotted by the neighbours on her way to the clinic or do not trust the health personal to keep information classified, she may choose not to get tested for HIV. Consequently, she will be robbed the opportunity of starting antiretroviral treatment and/or the possibility of professional health care guidance. In cases where HIV positive women are pregnant, violence or the threat of violence is also regarded to

be a serious problem. Women are often dependent on economic support or even consent from their husband to seek medical attention. If a woman in a situation where she is pregnant and HIV positive is afraid of her status as HIV positive being disclosed, she may refuse to see health professionals. Pregnant women need to be put on antiretroviral treatment as soon as possible in order to decrease the possibility of the baby contracting the virus. WHO states: “It also is becoming increasingly clear that violence is also a result of the epidemic” (World Health Organisation, 2010).

3.3.3 Imbalanced economic relations between genders

UNAIDS states that a lot of women, especially from developing countries are not in a position where they can provide for themselves and their children economically (UNAIDS.Gender). Gender inequality in education, labour and income makes women dependent upon men for financial support. Connell (1987) refers to this structure as the sexual division of labour (see the following chapter). In the field of HIV/AIDS prevention, economically imbalanced relationships have been identified as a problem as the woman in an economically subordinate position has smaller chances to negotiate sex. If she insists on abstinence, protection or require the man to reduce his number of sexual partners he may simply choose to leave her, leaving her in an economic crises where she cannot afford to provide for her self or her children. Even though she knows her man is HIV positive many women do not have the option to abstain from sex. One could argue, in such cases, that the woman’s alternatives could be either a biological or a social death. Hargreaves and Boler (2008) additionally write “such power imbalances within relationships are compound by the common practice of young women going out with much older men” (Hargreaves and Boler, 2008, p.40). Older men, if in a better social and economical position, can be regarded by women as a good alternative to husbands or boyfriends as they can provide better material support. As girls need to pay for school or school books the risk of infection increases as she “may rely on getting the necessary funds through exploitative relationships with older men, such as ‘sugar daddies’ (Aikman, Unterhalter and Boler, 2008, p 15). “Gifts and money are seen by many as an intrinsic component of any sexual relationship, thus further increasing women’s economic dependence” (ibid, p.15).

3.4 Gender roles

3.4.1 Gender roles and the risk of HIV/AIDS

Gender roles and gender social identities are also important factors in the field of HIV/AIDS transmission. “It is certainly important that these social identities (social class, gender, race, sexuality) are recognised because in many ways they form the basis of our self concept and therefore influences behaviour outcomes” (Moletsane, 2004, p.156). Gendered behaviour, ways of ‘doing gender’ have been identified in the field of HIV/AIDS prevention as a risk factor. Gender roles related to femininity can require a girl or a woman to be chaste and ‘innocent’, passive and ignorant about sex. She should preferably abstain from sex until she is married. A consequence of such expectations can be that she has little knowledge about sex, HIV/AIDS, or other sexual transmittable infections. Only 38% of young women have accurate, comprehensive knowledge of HIV/AIDS on a world basis according to the 2008 UNAIDS global figures (UNAIDS 2008). Protection is hardly considered a debatable topic for women and girls in these situations. She may also experience that attempts at safe sex, like going out to buy condoms, may be a very unpleasant experience. She may be met with critique and judgemental attitudes as she is breaking the norm of being a virtuous girl. Gender roles related to masculinity can require men to be very sexually active. He should start his sexual activity at an early age and have many sexual partners, preferably several at once. Connell (1987) refers to these rules and norms of sexual behaviour as the structure of cathexis (see the following chapter). Age difference between boys and girls in relationships can also be said to reflect gender roles. Girls are supposed to be more mature and responsible than boys of the same age. As a result girls will often engage in relationships with older boys. In such cases many girls are at risk of being infected by their older boyfriend as the boy may already be sexually active. Additionally, the male gender role can expect the man to be head of house and the decision maker. In such cases where the man is the boss he can claim or order sex whenever he feels like it. In some countries, including the Dominican Republic, there is nothing called marital rape. Violence can also be expected parts of masculinity. In some cultures you are supposed to control and ‘guide’ or ‘educate’ your wife by abusing her. A female gender role which dictates that a woman should be submissive of a man may put her in an impossible position of negotiating sex, or at least safe sex.

3.4.2 The shift of power, gender identity crisis

On gender roles, Connell (2002) states: "being a man or a woman is not a fixed state. It's becoming a condition actively under construction" (Connell, 2002, p.4) He further writes, "So we cannot think of womanhood or manhood as fixed by nature. But neither should we think of them as simply imposed from the outside, by social norms or pressure from authorities. People construct themselves as masculine or feminine. We claim a place in the gender order- or respond to the place we have been given. By the way we conduct ourselves in everyday life" (ibid). Gender is a big part of a person's identity. But what consequences can there be if the gendered structure changes and one looses one's familiar place in the gender order? Margrethe Silberschmidt (2004) writes about the connection between gender identity crisis and the risk of HIV infection. She reports of an increasing HIV risk as a consequence of socio economic changes that has shifted the power balance between men and women in Kisii, rural Kenya and Dar es Salaam, Tanzania. Men in these areas have always regarded themselves as head of family and bread winners. Kisii men were from pre-colonial time cattle herders, warriors and took an active part in political decision making. During colonialism migrant labour was common and the women in Kisii were left alone to manage the farm. But after the World War II, the industrial production required skilled workers and Kisii men found themselves unskilled and out of work. Returning to Kisii the men struggled to find their place in the society as the traditional men's activities had disappeared (Silberschmidt, 2004, p.44-45). Similarly, men in Dar es Salaam used to be breadwinners until the 1980's when the unemployment rate rose in Tanzania. Many educated men went from formal employments to being marked vendors and struggled to financially provide for their families. Never the less Silberschmidt states that: "[In Dar es Salaam] as in Kisii, the ideology of men as breadwinners is forcefully alive. Stereotyped notions shared by both genders are that "a man should be the head of his family"; "he should provide a house (and land), pay school fees and clothes for wife and children. Such a man has social value and respect" (ibid p.47). UNAIDS write: "Gender comprises widely held beliefs, expectations, customs and practices within a society that define 'masculine' and 'feminine' attributes, behaviours and roles and responsibilities" (UNAIDS. Gender). Socio economic relations now challenged the traditional "head of family" male position in Kisii and Dar es Salaam and as a result the man's egos suffered. The intolerable situation with loss of self respect and respect from female partners consequently led men to heavy drinking and violence. Additionally men rebuilt their egos by engaging in sexual relationships with other women. Another study from Tanzania argued that frustration and inner disturbance may even have resulted in men raping women and children

(Silberschmidt, 2004, p.49). The cases from East Africa demonstrate that a crisis in gender identity may be regarded as a risk factor in regard to HIV. Sex as a way of regaining one's manhood is risky if precaution and protection is ignored. Silberschmidt (2004) concludes by saying that "an understanding of the risky conduct of men cannot be achieved without analysing masculinity and paying attention to the socio economic conditions under which it is constructed" (ibid, p.53).

3.5 HIV/AIDS prevention in a gendered perspective

Gender relation, gender structure and gender roles are essential factors to be consider in the tailoring of an HIV/AIDS preventive programme. So what happens if one were to integrate gender in the debated about preventive measures presented earlier in this chapter?

Looking at the strategy of primary behaviour change where the aim is to reduce people's number of sexual partners, postpone sexual activity and encourage faithfulness we have seen arguments advocating for a required gender perspective in the strategy. If men are the ones being unfaithful and the ones having sex with lots of different partners, a primary behaviour change strategy does not necessarily give women the needed protection from HIV transmission. And if high risk sexual behaviour is established in the male hegemonic gender role is it wise to base a preventive strategy on behaviour change, considering the requirement for protection is pretty urgent? "Sexual behaviour is governed by numerous contradictory pressures, many of which cannot be described in terms of rational decision making. Very often, campaigns aimed at adolescents are particularly problematic because they assume that safe sex is a choice made by autonomous individuals" (Hillier et al. 1999, p.3). Changing perceptions of masculinity and femininity may be a hard task and it may not always be welcomed. As seen in the examples from Kisii and Dar es Salaam a brutal change in the gender societal structure was not received well by the men. "The underlying domination of hegemonic masculinity performances is emotions such as confusion, fear, uncertainty, impotence, shame and rage. It is, therefore, unlikely that males will give-up the 'power' of hegemony without a struggle" (Kenway and Fitzclarence, 2004, p. 73). And the authors add "challenging hegemonic masculinities may serve only to reinforce this fear and result in a stronger display of violent masculinities" (ibid, p.73).

In terms of condom promotion there are additionally gender issues to consider. The ability to protection, the knowledge about transmission risk, how to use a condom, how to get hold of condoms, and negotiating safe sex is closely related to gender roles, to the

gender structure of labour and income and the gendered structure of power. “The condom is a male tool and, as might be expected, it is males who have the most say over whether they wear a condom. For a young woman the use of a condom or the practice of non-penetrative forms of sex may depend, not just on her awareness of the need for protection, but also on her ability to negotiate within the confines of prevailing norms about the meanings and motivations for sex” (Hillier et al. 1999, p.7).

There are several considerations to take when looking at HIV/AIDS prevention in a gendered perspective. Alex Kent (2004) also brings up a valid point in asking where gendered HIV/AIDS preventive measures should be performed as one would struggle to find gender neutral ground to execute them. Kent (2004) was doing her research in a South African school in a Greater Durban township and used ‘space’ to examine social processes within this school. She states that “The gendered and sex expectations that students and teachers bring to school space greatly influence the rules and regulations that determine their performances, both within and outside the school walls” (Kent, 2004, p.61). To conduct gendered HIV/AIDS preventive programmes with the intention to influence or modify gendered behaviour that increases the risk of HIV transmission is difficult if the surrounding environment is counter productive. Kent (2004) writes: “Without laying the foundations where change is possible, the ability to talk about safe sex does not easily bring positive change in practice” (ibid, p.72).

Gender in the field of HIV/AIDS prevention is a complex issue. An understanding of gender dynamics and power structure between genders appears to be essential in the tailoring of a gender sensitive HIV/AIDS preventive programme. However, gender is not static, all the time and everywhere the same. Hence a cultural based gender analysis seems to be the key in order to locally adjust suitable HIV/AIDS preventive programmes. The following chapter will make an account for gender and structure in the Dominican Republic.

4) Gender in the Dominican Republic

4.1 Introduction

In the following chapter I will discuss gender in the Dominican Republic. "We contend that, up to now, many of the (HIV) interventions that seek to address 'gender' still work with essentialist and static understanding of men and women and of masculine and feminine identities. Such interventions can appear either to avoid the issue of power completely or to treat gender identities as if they were discrete phenomena unrelated to power" (Epstein 2004 p.2). The aim for this chapter is to: 1) Shape an understanding of gender in the Dominican Republic by identifying characteristics, behaviours and attitudes that according to scholars and theorists are descriptive of typical Dominican male and female gender 2) explore the structures of gender and power in order to make a theoretical framework for the analysis of the two organisations use of gender as a category in HIV/AIDS preventive work. As discussed in the previous chapter, understanding gender, the relations between gender and the social context in which gender is being performed is essential for developing a successful HIV/AIDS preventive strategy.

This chapter will be a mixture of theory and my own empirical findings. I will use Connell's theory of 'hegemonic masculinity', 'emphasised femininity' and 'Gender and Power' as a tool in understanding the mechanisms of gender roles, the power of gender roles and power between the genders. Then I will use literature on gender in the Dominican Republic and relate them to my own empirical findings in order to sketch a picture of gender in the Dominican Republic.

4.2 Gender and power

Gender roles, gendered social identities and gender as reason for unequal societal conditions are often manifested in the power relation between men and women. In this part we shall see Connell's (1987) theory of gender and power – a framework describing and explaining the social constructions of gender – highlight the earlier represented theory of gender inequity's connection to HIV/AIDS risk. According to Connell (1987) there are three structures that characterise the gendered relationships between men and women: The sexual division of power, the sexual division of labour, and the structure of cathexis. Wingood and DiClemente (2000) write in "Application of the Theory of Gender and Power to Examine HIV-Related Exposures, Risk Factors, and Effective Interventions for Women" that: "The three structures

[as described by Connell] are rooted in society through numerous abstract, historical, and sociopolitical forces that consistently segregate power and ascribe social norms on the basis of gender-determined roles. As society slowly changes, these structures remain largely intact at the societal level over a long period of time" (Wingood and DiClemente 2000, p. 540). The three structures are not separable in the sense that they work independently from each other. They are correlative and can be identified in two different levels: the societal level and the institutional level.

4.2.1 Sexual division of power

By sexual division of power, Connell (1987) is writing about social power. "Power may be a balance of advantage or an inequality of resources in a workplace, a household, or a larger institution" (Connell, 1987, p.107). Men are holding the top position in most societies today as still more men than women run corporations, government departments, universities etc. "Relations of power function as a social structure, as a pattern of constrains on social practice" (ibid). By sexual division of power, Connell (1987) is also referring to opportunities to act and behave in desired directions and additionally "have the capacity to influence others" (Wingood and DiClemente, 2000, p. 543). An imbalanced power relationship can result in women not being able to make decisions concerning the house, the children and themselves. As discussed in the previous chapter, for some women the capability for protection, testing and information about HIV highly depends on her man. Abuse of authority and control in a relationship are mechanisms demonstrating this power division. Especially the use and threat of violence are manifestations of such abuse. Connell (1987) writes: "Rape, for instance, routinely presented in the media as individual deviance, is a form of person-to-person violence deeply embedded in power inequalities and ideologies of male supremacy" (Green, 1987, p107). Gill and Starr (2000) write: "gender concerns social structures that are built upon differential distributions of power in all sectors of life, with men wielding and acquiring more social power than women, in the main" (Gill and Starr, 2000)

4.2.2 Sexual division of labour

By sexual division of labour Connell (1987) is referring to the traditional gender pattern in labour relations. The structuring of labour "affects the types of work people do, how much they are paid, the value accorded to occupations, how much work people do, how the work is performed, what work is paid and what goes unpaid". Men, on a world average hold higher valued work positions and earn more money than women do. Men are traditionally regarded

as bread winners and women as home makers. Men are generally segregated in income generating work, while women are to a larger extent recruited to lower paid less valued 'women's work".

4.2.3 Structure of Cathexis

The structure of cathexis "can be described as an attachment to an idea or an image" (Wingood and DiClemete 2000, p.540). According to Connell's (1987) analysis of the structure of cathexis, sexuality is socially constructed. The structure of cathexis is the structure that organises a person's emotional attachment to another, it is a structure that governs sexual practices and hence explains the power of gendered sexuality (Connell, 1987, p.111-112). Gill and Starr (2000) writes: "gender is constructed by unseen and often unspoken elements of social life that have their basis in the psyche of individuals and the culture in which they exist. The structure of cathexis completes a framework for theorising gender because it canvasses the connections made between sexed bodies and psychological assumptions, expectations and feelings that surround and construct them" (Gill and Starr, 2000).

The structure of cathexis is maintained by people's conceptions of sexual gendered norms and gendered roles. In the field of HIV/AIDS, understanding the structure of cathexis is important in tailoring an effective gender sensitive preventive programme as this structure dictates correct sexual behaviour and constrains expectations about both men and women's sexuality. Structure of cathexis "is maintained by social mechanisms such as biases people have with regard to how women and men should express their sexuality. These biases produce cultural norms, the enforcement of strict gender roles, and stereotypical beliefs such as believing that women should have sex only for procreation, creating taboos with regard to female sexuality (being labelled as a 'bad girl' if you have premarital sex), restraining women's sexuality (being monogamous as opposed to having multiple partners—an accepted norm for men but not women), and believing that women should refrain from touching their own body (Wingood and DiClemente 2000, p. 544). Believing that women should be monogamous, and that men should be sexually experimental and active, or believing that women and girls should be 'pure' and 'innocent' and refrain from touching their own bodies, are all believes manifested in the structure of cathexis and they are all defining men's and women's, boys' and girls' premises for protection. As discussed in the previous chapter a hegemonic male gender role can require a man to be very sexually active from an early age, have multiple partners and practice unprotected sex. For girls and women the female gender

role can expect her to be of innocence and require her to be inexperienced and unskilled in issues regarding sex. She may be breaking with gender norms and 'totally out of her place' when going to a store or a pharmacy to by condoms for instance. Holland *et al* (1992) writes: "young women who want to ensure their own sexual safety have to be socially assertive and prepared to challenge, to some extent at least, the conventions of femininity" (Holland et. al., 1992, p.142). Gender behaviour, the construction, understanding and realisation of masculine and feminine roles are according to Connell (1987) made of cultural based hypothesis about men and women and the power of expectations. As Connell (2002) points out, gender is not a given. Gender is performed and there are many ways of doing so. However conceptions of a real man or a real woman may have a strong foothold in boys and girls, men and women's way of doing gender as an attempt to fit in. Holland et al. (1994) states: "An idealised conception of the 'real man' pressures young men to differentiate themselves from gay men, women and failed men" (Holland et al., 1994, p.123). So what is a real man and what is a real woman? In the following paragraph the question is discussed with the concepts hegemonic masculinity and emphasised femininity.

4.2.4 Hegemonic masculinity

Hegemonic masculinity can be described as the most ideal and endorsed masculinity in a society, the masculinity that holds a leading position in the social life. It does not need to be the most common pattern of men's everyday lives "Rather, hegemony works in part through the production of exemplars of masculinity (e.g. professional sport stars), symbols that have authority despite the fact that most men and boys do not fully live up to them" (Connell and Messerschmidt, 2005, p.846). Hegemonic masculinity is not static nor is it singular, it is plural and differ in relation to time and social settings - it "embodies a 'currently accepted' strategy" (Connell, 1995, p.77). Connell (1995) writes "'Hegemonic masculinity' is not a fixed character type, always and everywhere the same. It is rather, the masculinity that occupies the hegemonic position in a given pattern of gender relations, a position always contestable" (ibid, p.76).

Hegemonic masculinity is not directly linked to power. Society's most powerful men are not necessarily bearers of hegemonic masculinity. However Connell (1995) writes "hegemony is likely to be established only if there is some correspondence between cultural ideal and institutional power, collective if not individual" (ibid, p.77).

Hegemonic masculinity exists in relation to other subordinate masculinities as well as in relation to women. "Gender is always relational, and patterns of masculinity are socially

defined in contradistinction from some model (whether real or imaginary) of femininity" (Connell and Messerschmidt, 2005, p.848).

4.2.5 Emphasised Femininity

In the book 'Gender and Power' from 1987, Connell writes: "There is no femininity that is hegemonic in the sense that the dominant form of masculinity is hegemonic among men" (Connell, 1987, p.183). Originally the term 'hegemonic femininity' was formulated in conformity with 'hegemonic masculinity' but was soon renamed 'emphasized femininity' "to acknowledge the asymmetrical position of masculinity and femininity in a patriarchal gender order" (Connell and Messerschmidt, 2005, p.848). By 'emphasised femininity' Connell (1987) refers to the form of femininity that is defined around women's compliance with women's subordination to men and is "oriented to accommodating the interest and desires of men" (Connell, 1987, p.183). Terry Leahy (1994) refers to Connell when saying that: "Emphazized femininity is a cultural construction promoted in mass media "organized, financed and supervised by men" (Connell, 1987, p.188). One of the main aims of those promoting emphazized femininity is to prevent other types of femininity from becoming culturally powerful" (Leahy, 1994, p. 3).

4.3. Gender in the Caribbean and the Dominican Republic

4.3.1 The theory of reputation and respectability

In 1973 Peter J. Wilson wrote the book 'Crab Antics' where he introduced a theory he called 'Reputation and Respectability'. This theory was later to become pioneering in anthropological research in the Caribbean area as well as in Afro-Caribbean migrant areas overseas. In the book 'Crab Antics', Wilson's (1973) presents his theory about 'Reputation and Respectability'. The theory of 'Reputation and Respectability' is based on his studies from a little English speaking island in the Caribbean Sea called Providencia. The theory is primarily developed to "provide a social anthropology of the English speaking negro societies of the Caribbean region" (Momsen, 1993, p.16). However in his article 'Reputation and Respectability: A suggestion for Caribbean ethnology' he refers to research done in both English and Spanish speaking areas of the region.

"Wilson argues that the essence of the (Caribbean) society is the dialectic between the two opposed principles of Respectability and Reputation" (ibid, p.16). 'Reputation and respectability' are ethical guidelines which structure the society and generally categorise and

guide manners, behaviours and choices for lower-class men and women in the Caribbean. Padilla (2007) articulates 'reputation' and 'respectability' to be "bipolar concepts […] which represents a spectrum of ideological options available to people in constructing their moral selves" (Padilla, 2007, p.33).

'Reputation' is the Caribbean man's reference point and refers to a man's need to attain and maintain a solid reputation amongst other males, his wife, family, and the society as a whole. The concept embraces norms of masculinity saying that a man should be tough, a fighter and a drinker, aloofest from the household, virile and sexually active. Wilson also refers to a man's spending of money as important to maintain a good reputation and explains that money, the symbol of status, is showed off, bragged about, and spent – although not necessarily very wisely. "Money is but a means to the procurement of the signs of accomplishment. Making a lot of money is a sign that one possesses certain skills and spending it in certain ways permits one to demonstrate other skills" (Wilson 1973, p.76).

The category of 'respectability' refers to a woman's requirements for gaining and maintaining her role as a respectable woman. In order to do so, she should be decent, well raised, classy and feminine. A respectable woman goes to church and marries before she has children. A respectable woman spends a lot of time in the house and she values kinship and family. "Women constantly involved themselves in the norms and expectations that derive from their activity among a network of relatives, a factor that derives chiefly from the constancy of the tie between a mother and her child" (ibid, p.78).

The two opposite categories indicates two opposite domains where the genders prevail. Women and the value of respectability are linked to the domestic area. She takes care of the family, raises the children, tends to the household and protects the family's good reputation. The public area is regarded as the male domain. They hang around with a group of male companions on the street corner, at the ball park, or, as they get older the neighbourhood bar to play a game of Domino, by each other a drink and share stories. Through such activities one gains a good reputation.

Wilson (1973) claims the separation of the gender roles dates as far back as the colonial time. The value of respectability can be seen as a heritage from the English and Spanish settlers that influenced the local population in the Caribbean islands with their Eurocentric values. Their culture became the dominant upper class culture which has prevailed as the dominant position through the countries development and changes. Furthermore, these values were perpetuated by the Christian faith, the European institution of marriage and Eurocentric educational systems. Wilson (1973) views women as the bearers of

this Eurocentric respectability as they were closer to "the master class during slavery as concubines and domestic slaves" (Momsen, 1993, p.16). The value of reputation is rooted in the indigenous heritage and regarded as the counter culture of the "metropolitan-oriented colonial system" (ibid). Wilson (1973) mainly saw the men as bearers of this value as he found them to be the heir of the traditional culture, namely landholding, traditional cults, entrepreneurial activities, titles and procreation (ibid, p.22).

'Reputation and respectability' are hence concepts that highlight the main principals that structures men and women's moral behaviour. However Wilson (1973) emphasises that the concepts are closely related and there are also requirements for women to be guided by the principals of reputation and men by the principals of respectability. He writes "Women then always subscribes to a value system based on respectability and only partially, perhaps reluctantly, to a value system based on 'reputation'. Men, on the other hand, are completely involved in a value system based on 'reputation' but with age and social maturity, measured by economic security, marriage and so forth, move into a value and status system based upon respectability.

Wilson's theory was pioneering in the 1970 and is still used as a tool for analysing Caribbean societies. Even so, does the theory fit with more modern theory of gender in the Dominican Republic? The following paragraph will look at masculinity and femininity in the Dominican Republic and the structure of gender in the contemporary Dominican society.

4.4 Contemporary Dominican gender roles

4.4.1 Masculinity "The Dominican *tíguere*"

Chris Girman (2004) writes: "Since the early 1930s, a very peculiar and particular form of hegemonic masculinity has become visible in the Dominican Republic. The 'summarizing metaphor' of this masculinity is seen in the Dominican *tíguere* – the image of the Dominican man that emphasizes the multiple meanings of masculinity (Girman, 2004, p. 144). The concept *tíguere*[8], seems to appear in most recent literature concerning gender and the term appears to be central to the construction of masculinity in the Dominican Republic. According to the Urban Dictionary *tíguere* is "Dominican slang for "sneaky" or "thug". The way to refer to that guy who knows everything about the streets and life. And could be equivalent to "dude" in English" (Urban dictionary). The concept, Krohn- Hansen (2001) writes, appeared when the traditional masculine role was challenged during the 'Trujillo era'. The Dictator Rafael Trujillo governed the country for 31 years. Freedom of speech as well as general

[8] The concept *tíguere* is most likely rooted in the Spanish word for tiger (tigre) (Padilla, 2007, p.134).

freedom was severely restrained by the constant threat of coercion. "(…) the central meaning of this label, the *tíguere*, is a survivor in his own element" (Krohn-Hansen, 1995, p.235). *El tíguere* should have the ability to adjust to different circumstances; he is a sly man, a survivor with a talent for improvisation (Krohn-Hansen, 2001, p.52). In "from violence to boundaries" Krohn-Hansen (1995) writes: "The Dominican mythology of *el tíguere* has shaped and shapes a man who is both astute and socially intelligent; both courageous and smart; both cunning and convincing; and a gifted talker who gets out of most situations in manner acceptable to others, while he himself at no moment steps back, stops chasing, or looses sight of his aim (that may be women, money, a job, a promotion etc.) (Krohn-Hansen, 1995, p.236-237). Mark Padilla (2007) claims that the term "is often used to describe a man who regularly engages in a range of street behaviours, including drinking in all-male groups, carousing, womanizing, infidelity, aggression and various kinds of delinquency" (Padilla, 2007, p.134). And he adds "the *tíguere*, while stereotypically lower class, is superficially similar to Wilson's man of reputation (ibid). Inger Lise Teig (1998) uses the concept *tíguere* to describe a man who is *machisto* (macho) and the traditional understanding would be a man who possessed the qualities of braveness, seductiveness, and seriousness. He would know how to take care of his woman and children, be well articulated and not afraid to appear in public (Teig, 1998, p. 81, my translation). She emphasise that the meaning of the concept has changed during the years and her Dominican informants did not solely describe the qualities of *el tíguere's* as positive and desirable. Some would associate the concept with a man from a lower class, a man who drinks, has a lot of women, are violent and criminal, poorly educated, and badly behaved (Teig, 1998, p.82, my translation). Accordingly *el tíguere* was a concept that men from the upper classes did not want to identify themselves with. However, both women and men would confirm that this type of behaviour was a part of the Dominican cultural heritage and traditions, characteristic for their nationality and hence part of the upbringing of Dominican boys (ibid). *El tíguere* carries various and to some extent contradictory connotations. The meaning of the term tends to differ a little bit in conformity with the person describing, depending on whether one sees one self as a peer or not or whether one is describing someone from another social league in addition to personal experience with the *tígueres*. Padilla (2007) writes "The normative construct of *tigueraje*[9], then, imbues the *tiguere* with both positive and negative masculine attributes, since he his simultaneously the pinnacle of masculinities and the cause of considerable suffering by his partner" (Padilla, 2007, p.135).

[9] Tígueraje is the adjective of tíguere

4.4.2 Sexual behaviour and attitude of the Dominican *Tíguere*

Amongst all the descriptions that so far have been used to describe the Dominican *tíguere* many of them reflect a *tígueres* sexual behaviour. He is said to be a womanizer, seductive, unfaithful and have a lot of women. Wilson (1969) stated that "virility or masculinity is the most highly valued quality that a man can possess" (Wilson, 1969, p.71). Padilla (2007) writes: "Sexual permissiveness is afforded to men in the Dominican sex/gender system and the gendered expectations that most men are *tígueres"* (Padilla, 2007, p.126). Sexual activity seems to be a large part of his identity. In my own experience based on conversations with Dominican men and women, I got this very same impression during my time of fieldwork in the Dominican Republic. I met several men who openly would tell about their lives with both a wife and several girlfriends or a relationship with a girlfriend in addition to several lovers. By reading literature and trough previous encounters with the Latin American cultures, I was prepared to meet what I call a sexualised culture. Still some of the stories I heard surprised me. A man I got to know, Elias, an upper class man who was a painter and made a living by selling his works, told me that he rarely settled for one woman at a time. At this particular point in time he only had one lover in addition to his girlfriend. When I asked him why he felt the need to have more than one partner he told me that he regarded himself as extremely virile, and he could not expect only one women to fulfil his needs. In how he expressed his answer, he implied that he was doing his girlfriend a favour. He added that due to the fact that he really loved his girlfriend, he would not be getting involved with more women than he already were. I also asked how many sexual partners he had had all together, and though he could not give me an exact number he said somewhere between 200 and 300 women. In Wilson's article "Reputation and Respectability: A suggestion for Caribbean Ethnology", it is referred to different examples that describes a male virile Caribbean culture. E. Clark states that in Jamaica "the proof of a male's maleness is the impregnation of a woman" (Wilson 1969, p.72). This is notably connected to the category of class as he writes "in the lower class community of Sugartown, men enjoyed talking about their sexual prowess, the number of children they had fathered and the number of their conquest, referring with especial pride to any relationship with a virgin" (ibid). In the Andros Island, in the Bahamas Otterbein reports that "in order to attain adult status a man must have premarital as well as extramarital sex relations" (Wilson, 1969, p.72). Statistics from 2007 show that amongst men between the ages of 15-59, 57% had had sexual relations to a woman with whom they were neither married nor lived with. In comparison 22% of the women had done the same (Encuesta

Demográfica y de Salud. República Dominicana 2007). Here it should be pointed out that the men that participated in this research were not necessarily married men, so one could not conclude that they were all committing adultery, but the numbers supports the notion of a very promiscuous male culture.

Another guy, Davíd whom came to be one of my conversational partners, told me that his first sexual experience came at the age of six or seven, (he could not quite remember his age). The neighbouring girl had waved at him one day and unsure what to do about this unexpected attention he had turned to his father for advice. His father had then told the boy about sexual intercourse between men and women and instructed his son on the particulars. Davíd told me that he had had sex with the slightly older neighbour girl as his father had advised. Rather surprised by the story, as the man was at such young age at that time, I questioned the truth of his words. He assured me that this was not unusual at all. Another guy joining us at our table nodded his head conformingly to back up his friend's statement. Whether this was a true story or not is not easy to decide. Maybe Davíd was just trying to impress me; however the point is still valid; having sex at an early age was an important part of this man's sense of masculinity. Wilson (1969) refers to Mintz (1956) when he states that a man from early childhood "learns that he must be *muy macho*" in order to be a man (Wilson, 1969, p.72). I came to learn, through my conversation with Davíd, that sex was something introduced to many boys in a very young age. He told me that many boys normally would have their first sexual experience with people within their immediate social surroundings. It could be a friend or playmate but even a housemaid or laundry women. Numbers show that amongst girls, aged 15-24 years, 62.6% had their first sexual relationship with a boyfriend or girlfriend[10] and that 31.1% had their husband as their fist sexual partner. Amongst boys (aged 15-24 years) the numbers show that 50.8% had their fist sexual relationship with a girlfriend and 2.2% with their wife. The same inquiry shows that 1.0 % of the girls used a friend or acquaintance as their first sexual partner while 31.6% of the boys did the same. It should be considered that there are no defined distinction between friend (*amiga/o*) and girlfriend/boyfriend (novia/o) in this inquiry and the difference between these terms can, to my knowledge, be subjective (Encuesta Demográfica y de Salud. República Dominicana 2007, p. 257).

Another story that helped form my impression of Dominican men was conversations I had named Vin, one of the night guards at the places I stayed at. He used to call his girlfriend every working night just to see how she was doing. He would often make a point out of

[10] The inquiry do not mention if the participants are heterosexual or homosexual

telling me by saying: Excuse me, but I need to go and call my girlfriend, or I was just talking to my girlfriend on the phone. To me it seemed that he took pride in the fact that he actually had a girlfriend. I asked him, as this was a man over the age of 40, if he was going to marry his girlfriend. He told me that was not an option as he was already married to another woman. I wanted to know if he was unhappy in his marriage, considering the fact that he was seeking intimacy from other ladies, but he had no complaints about his marriage and started to tell me about their house and children. I asked if his wife knew about his affair with this other women, which she did not. She was never to find out either, he said, putting his finger over his mouth demonstrating that everybody needed to keep their mouth shut. However the man was certainly not being discreet about his affairs. Vin actually made a point out of telling me about it. Although he did not want his wife to find out he did not seem to think he was doing something wrong.

4.4.3 Dominican women

A lot has been written and said about the Dominican and Caribbean male gender roles and stereotypes. The female gender role has to a lesser degree been a subject of discussion. However there seem to be norms and values that connect girls or women to certain types of behaviour. The female gender role can in many ways be viewed as the inverse of the male gender role. Wilson (1969) regards the feminine role to be the bearer of Respectability and thus the safeguards of moral principles. When a man can have a wife and additional girlfriends and lovers, a woman should be faithful to her husband or abstain from sex. When a man will hang out with his friends at *colmados*[11], drinking rum until late night, the woman most likely will not. Marit Brendbekken (2008) writes: "[Dominican] women tend to strive for what Wilson would call 'middle class values' of respectability, with a stable household and a husband who is respectable and responsible, a husband who cares for and provides the family with good material conditions and education for their children" (Bredbekken, 2008, p.325). Women are supposed to pay attention to what impression they make and what signals they send out, and as a representative of the house a women's behaviour reflects on the whole family. This then becomes an additional concern and an additional reason for behaving descent. Living up to the female gender norms, being respectable, can then be explained as not doing things that will be regarded as misbehaviour or inappropriate by the society. As a result the view is that the values of respectability impose quite a few restrictions on women.

[11] Colmados are little shops that sell basic groceries and often they will serve hot lunch and dinner. They are to be found all over the streets of Dominican towns and serves as a common meeting place for Dominican men who want to socialise.

Inger Lise Teig (1998) writes about how her female middleclass informants could not go to the beach in smaller groups as it was regarded as very inappropriate and they were afraid people would think they were looking for men. This I experienced myself as a female friend of mine Oria (28) who, was invited to come with me and an American male friend for a two day trip to the beach at Bayahibe, would only go if we promised not say anything to her friends and colleges. The fact that I, a female, was travelling with her was actually the reason that she even considered going, as she would not want anyone to think that she was interested in the boy that was accompanying us. She explained that she was afraid that she would be the target of gossip. Oria had apparently no plans of 'feeding' the other girls with speculations and stories to be discussed behind her back. When I asked her what the consequences would be, she said: "I just don't like it when they are talking about me like that". As a woman she would have to take care of her reputation as a 'respectable' girl.

Marit Brendbekken (2008) writes: "It is commonly argued that 'the woman are of the house' *(las mujeres son de las casas*) and 'the men are of the streets' (*los hombres son de las calles*).This modelling of gender relationship and values imply that a respectable woman shall not appear in too much in 'public' places but stick to domestic activities and observe chastity" (Brendbekken, 2008, p.325). My impression of the Dominican society was that some girls were living under strict rules compared to male family members, while others were not. Some girls would most often not go out by themselves unless they were going to school or a nearby *colmado*, while others had the freedom to travel around the country with male friends. Some mothers appeared to keep their daughters close, closer than they kept their sons - meaning that the daughters would spend a lot of time with their mothers. Their daughters would follow them to work during school holidays, to do shopping, and would be ordered to help out with domestic chores and have stricter rules on where and when to go. Wilson (1969) state: "women are more or less confined to the house as soon as they reach puberty, in many instances they are chaperoned to social events, and they are expected to be modest and obedient" (Wilson, 1969, p.77). Respectability appeared to be important among the girls and women that I got to know. Presumably they would be concerned about what boys and men would think of them. However, they seemed to be equally concerned about how other girls and women would regard them. In my experience, the female part of the population spent a lot of time discussing other people and their behaviour. Where I lived, in Santo Domingo, I got to observe a lot of the daily life of the women working and living at the hostel. Some people and families stayed at the hostel for several moths. The conversation between the female employees and some of the guests would typically be concerning who was going out

with whom, whose children had gotten in to the best universities, who was pregnant, whom had gotten divorced etc. They would laugh, make fun of and discuss, friends, guest and each other behind each others backs. In particular I got to know a woman, Leta (31 years), whom worked at the hostel. We spent a lot of time talking. She was single at the time, she had a son from an earlier abusive marriage, and she now lived with her mother and sister. One of her colleagues Laura wanted to set her up with a male friend of hers and Leta agreed to meet him, but her appearance made it clear that she was not particularly fond of the situation. She told me later that she did not think it was a good idea to get together with someone whom the other work ladies knew. She said: "You know, yesterday my boss (*la Señora*) asked me if I had gotten myself a boy friend. She can only ask me that question because Laura told her already. No, I cannot be together with someone Laura knows. Everyone at work will know more about my life than I do". Although Leta was not doing anything 'wrong' in meeting a new man, she was evidently concerned about how the burden of such a 'transparent' relationship would affect her social life. Her reputation was at all times a great concern to her.

Appearance, in form of behaviour, was central in these women's lives. In addition, in my experience, the appearance in form of looks was another important aspect of life. Although the Dominican Republic is a country with a clear vertical social stratification I found it hard to distinguish the middle class from upper class by their looks. The women I got to know, and to my knowledge Dominican women in general, would spend a lot of money on clothes, handbags, accessories, hairdressing and manicures - expensive brands or knockoffs depending on financial situation. Teig (1998) writes "In many ways a woman's body is the place where different relations like class, gender, race and age are manifested and practised, in other words the body is the bearer of social signs" (Teig, 1998, p.146, my translation). Being a respectable woman was evidently reflected in a woman's good looks and it was a common topic of conversations. The women at my hostel would discuss what guest they thought to be good looking and at the same time silently reefer to other people as for example, *el feo* (the ugly one) or *la gorda* (the fat one). Leta and Laura told me, almost every evening as I made my supper, that I had to be careful because "*tu vas a engordar*" (you are going to get fat). They would not hesitate to comment on my body, and laugh and discuss between them self if they thought I started to gain too much weight. They would freely give me compliments if they thought I had dressed well one day, which I was careful to do if I was going to a meeting or an interview. If I was leaving the house wearing sneakers and shorts, which I would usually do if I was going for a walk or just a quick stop by a *colmado*, they would send me not so subtle weird looks. I befriended a homosexual, Canadian boy, whose appearance was quite

feminine. He was a source of a lot of conversation between the women at my hostel and they would laugh and ask me why I was hanging out with him. In their eyes I did not understand the female code of dressing and how to act as a respectable woman. They expressed that my social connection with this boy appeared alien in the Dominican society, and my friend and I obviously transcended the social norm of respectability. Wilson's (1967) term 'respectability' seemed to be essential to how women would want themselves and their families to appear. Personal appearance, having well behaving children, a proper domestic household, in addition to not be seen in inappropriate places with inappropriate people, was a key to fulfil the female Dominican role.

4.4.4 Dominican Female sexuality

Wilson (1969) writes that "almost every ethnographical report from the Caribbean makes mention of a double standard of sexual morality. Males are esteemed for their virility and are granted a freedom which they are expected to exploit. Females are, ideally, constrained in their sexual activities before and after marriage, and are expected to observe these constraints and other allied modes of behaviour such as modesty and obedience (Wilson paper p.71). In comparison to the Dominican *tíguere,* there appears to be no name or concept that describes or explains a girl's or a woman's 'virility' or sexual activity. In general it seems that female qualities reflect a female's virtuous, innocent and faithful nature. Wilson (1967), as stated above, claims the 'respectable' values (that originally derived from colonial times) has been preserved by the Christian church. Brendbekken (2008) also writes that "Dominican state modernisation[12] implied the creation of reformed Dominican male and female identities. The state in this respect made available a limited repertoire, a repertoire also reinforced by the Catholic values. Dominican state modernization in the borderlands and elsewhere implied that women were valued primarily for their reproductive capabilities and as providers of care and as men's monopoly vis à vis each other - as mothers, daughters and housewives. This was contrasted to the Haitian, labouring woman, who was seen to be potentially a prostitute, a woman out of control with strong sexual appetite, who was a spreader of disease, and who gave birth uncontrollably to children of different fathers" (Brendbekken, 2008, p.320). Inger Lise Teig (1998) explains Dominican femininity or womanliness through different discourses. She looks at religion as an important influence on how Dominicans look at femininity. '*Marynismo*' can be regarded as '*machismos*' counter partner and in the concept lays an

[12] The modernising of the Dominican state happened in the 1970 after the Trujillo era. See the introduction chapter for further information.

understanding of worshiping Virgin Mary's qualities and characteristics. Hence submissiveness, chaste, salvation and faithfulness are qualities valued in a woman (Teig, 1998, p.66, My translation). One female Red Cross informant of mine told me that one time she went to the bank with a Red Cross t-shirt saying 'use a condom'. She and a friend were laughing when they told me about the weird looks, and the whispering behind their backs, this T-shirt caused. In a more serious manner she told me that she thought it to be much more difficult for a girl or a woman to go and by condoms compared to a man. Girls would be met with negative attitudes and curious eyes from other costumers or the shop keeper. She said that it was not socially accepted that girls had random sex with men they were not married to or in a relationship with. Wilson (1967) writes: "On marriage they (women) are ideally expected to be virgins, and after marriage to remain faithful to their husbands" (Wilson, 1967, p.77).

4.4.5 Private and public Domain

Wilson's (1967 and 1973) description of the male and female domain can still very much be recognised in the Dominican Republic. The streets of Santo Domingo seemed to be the Dominican man's territory as a lot of men spent their days basically just hanging around, talking to each other, and leer off comments or remarks to women walking by. They would gather around in bars to have a drink, hang out in the street *colmados* to watch baseball games or play a game of domino. When going to a *colmado*, especially after dark, I was always the only female there. I would only do my errand and return to my home as this obviously was not a place where women stayed. If you saw women socialising in the same way you would have to go to the areas of town where they lived. Women could be seen sitting outside their doors talking to the neighbour lady at the same time keeping an eye on the children playing in the streets. They would often be wearing hair roles, and sometimes bathrobes, and was a big contrast to when you spotted them walking in the streets. There seemed to me to be clear distinctions between when they regarded themselves to be in the public sphere and when they were in the private sphere. As I already described, the women I saw in the streets, shops or on public transportation were always good looking, often wearing high heels, long black trousers, and a nice handbag. They would have fancy hairstyles and often wear a lot of jewellery. However, to me the distinction between the public and the private sphere sometimes seemed blurred and difficult to identify.

4.4.6 Power relations between men and women: Gendered violence

Violence is a big problem in the Dominican Republic and it occurs at a shocking rate. During my field work the newspaper 'DiarioLibre' reported a total of 63 homicides in the Dominican Republic during July, and on the 9th of August the same newspaper wrote: "Only during the eight days that have passed in August, 35 people have lost their lives in a violent manner, according to numbers from the National Commission of Human rights" (Molina, 2008). A violent society is also reflected in domestic and gender based violence. Amnesty International informs that "In July the Public Prosecutor of Santo Domingo Province called the level of domestic violence in the Dominican Republic 'alarming'. According to official statistics, between January and August (2008), 133 women were killed by their current or former partners" (Amnesty, 2009). In addition to gender violence being a growing problem, it is also a very complex one. As late as in 1997 did the law called 'la ley 24-97'[13] come in to force (partly negotiated by Colectiva Mujer y Salud), concerning domestic and gender violence. And it was not until then that domestic violence became punishable by law, comparable to other acts of violence. However, domestic violence and gender violence is to a large extent still regarded as a private matter in the Dominican Republic. One of my informants Patricia from Colectiva Mujer y Salud said: "The problem with violence is crazy. Men beat women, and if the beating does not leave huge, visible wounds, he will never be punished for it. If you go to the police to report him they will tell you: Oh, come on woman, that's your man, the father of your children". A report entitled Critical Path of Dominican Women Survivors of Gender Violence, issued in June jointly by several Dominican women's rights NGOs, found that the great majority of survivors of gender-based violence were re-victimized by the justice system. It found that a high percentage of victims abandon the legal process, and it highlighted the lack of judicial personnel trained to deal with the issue (Amnesty, 2009). The difficult and violent situation for Dominican women is closely related to their socio-economic position. Without education, work and money many women find themselves dependent on their husband. It puts them in a position where negotiation is not an option and they simply have to accept the violent situation they are in. Patricia told me: "If they take him to jail, it may also be a problem. The thing is that we have people that are extremely poor in this country, women who are extremely poor and often have a lot of children. These women are totally dependent on their men. You know, just to do their hair or to buy coffee she has to ask her man. And if he hits her and she goes to the police and they put him to jail, then she doesn't have anything. She has to start over again. It is very hard for women to start over again in this country".

[13] law 24-97, named after the year it was published

Macho attitudes towards women found in the male Dominican stereotype, *el tiguere,* are reflected in the Dominican legal system. Dominican law has no judicial precedence of defining rape in marriage as rape. Having sex with your spouse is not a crime even though one of the partners says no. Patricia also told me that there used to be a law saying that if a man raped a woman he could offer her marriage instead of going to jail and he would serve no penalty. "That law must have been from the 1600th century, you know what I mean? We kept having that law but it changed. Now we are reforming the constitutional system in the court, we are in the 21st century and they want to bring this law back in to our system again".
The violence in the society can also be reflected in the men's attitudes. Patricia: "You know gender violence is a power issue. It's like sexual harassment, it is a power thing. It's not just sexual. It's how men visualise the power they have over the female".

Krohn-Hansen (1995) quotes a Dominican man saying: "A man's clear view of dominance sounds like this: No matter what happens, the woman looses…The man has a greater right to do whatever he likes." (Krohn-Hansen, 1995, p.238). According to a survey done by the Dominican *Secretaria de Estado de la Mujer* (Ministry of Women) in 2005, 44% of the male public thought that women generally are not entitled the same rights as a man. 34% of men between 15- 34 thought the man should have the final word in important decision making. 67% thought that women should not work outside their homes, 50% thought a man had the right to 'discipline' their wife if she denies maintaining a sexual relationship with her husband. And 13% justified the action of beating /hitting the partner (Objectivos del Milenio, 2008, p 56-57).

4.5 Societal changes

4.5.1 Gender roles in change

Although I did experience the Dominican female gender role to be strict in terms of norms, rules and restrictions, not everyone seemed to be constrained by the same conventions. I met one Dominican girl who was going on a road trip with three boys from Ecuador that she had met earlier, on a previous vacation. I met girls at pubs and bars who were enjoying drinks and beers late into the night, dancing and cheering on both male and female strippers performing. I met girls at town *plazas* (squares) Saturday night who were out drinking and partying on the streets. Upon questioning, quite a few girls seemed liberated from what they regarded as old fashion gender restrictions. I interviewed girls who would claim the characteristic gender roles to be old fashion and rapidly vanishing as the country was becoming more modern. I

also met men who seemed to value the responsible male characteristics and whom took pride in being liable and faithful. In general, I found the gender roles to be more fluid than previous theories have suggested. The Dominican society allowed for both gender role extremes, as well as being accommodating to a liberal interpretation.

Bredbekken (2008) writes that "Value standards attached to femininity and masculinity do vary with class and 'race'/ethnicity. Also labouring women may variably express – or place value on mastering – a gendered "morality of respectability" and "of reputation" (Brendbekken, 2008, p.325). She also states that "The adult version of the Dominican *machista* is that of the *hombre serio* (the serious man). The serious man is expected to be serious and a respectable man, a father taking care of his family. This version of a *tiguere* was also an ideal for young men who "recognised themselves as middle class, such as REGULAR youth" (Brendbekken, 2008, p.325).

4.5.2 Socio- political changes

It has been said that gender roles are not static; they do vary with time and place, as well as within specific cultures. During the last couple of decades things have apparently started to change within the Dominican society. As politics used to be a male dominated activity studies show that due to more gender friendly politics, in addition to a higher education level amongst women, they have started to show a greater interest in their country's political system. The increased interest is evidently due to the fact that more women actively participate in politics, both on local and a national level, in addition to there being a higher participation level of female voters (Morgan et al, 2008, p.25). The first female vice president, Milagros Ortiz Bosch, was elected in 2000 which has been regarded as "a symbolic capstone of progress for women in the Dominican Republic" (ibid, p.25). The Dominican *Secretaria de Estado de la Mujer* (Ministry of Women) was established in 1999 and is the top-level national institution, responsible for advocating and protecting women's rights. One of the things they are working on is the integration of gender perspectives in the school curriculum, at all levels, developing programmes that recruit more women in to politics, and distributing material that contributes to a higher level of focus and knowledge concerning women's situation in the country. In addition to an increase in the official political activity, one can see an increasing involvement in NGOs. Feminist movements are working to improve women's living conditions by educating women about their political rights, as well as actively promoting gender equality changes and interpretations of the Dominican constitution. Especially gender violence, women's sexual and reproductive rights are being put on the agenda. I was talking to one of

the girls working in Colectiva Mujer y Salud about violence and women's shelters. She told me that "in the Dominican Republic we do not have women's shelters"[14]. "We do not want to take the woman away. We do not want to victimise her again. It is the man that has to go away and be in a shelter and get better for he is the one who is sick. The feminist movements all agree about this. We ask the woman if she wants to leave, if not it is him that has to go away. Because he is the one who has problems, he is the one breaking the rules".

The Dominican political life has for several years reflected a macho culture and the male dominance in the public sphere is regarded as an obstacle to equal status and opportunities for men and women within the country. However, this seems to be slowly changing and *Secretaría de Estado de la Mujer* (State Secretary of Women) writes in the *Objectivos del Milenio, Evaluación de las Necesidades de la República Dominicana* (Millennium Goals, Evaluation of the Necessities in the Dominican Republic) that: "Gender inequality and gender discrimination needs to be eliminated in order to accomplish gender equity in the world" (Objectives de Milenio, 2008, p.37, my translation). But the goal of gender equity would be no where near as long as the Dominicans preserve the patriarchal society that has existed for a long time. "In order for the Dominican Republic to achieve these goals, there needs to be a profound change of cultural norms and views that nourish and protects predominant masculine behaviour positioned in the institutions of power. A culture produced by and for men" (ibid. p.38, my translation).

A gendered change in the Dominican society also seems to have had an impact on the gender roles and perceptions of masculinity and femininity. In a conversation with an informant Ana (27 years old) I asked for her view of the traditional Dominican gender roles. She confirmed that there had been a drastic change in that area and specifically women had changed their view of what they wanted from a male companion. She would characterise the social development as a *grand crisis en el amor* (a big crisis 'in' love) and claimed that there was a huge gap between men and women in the Dominican Republic. She expressed how women had become more modern than the men. She thought of men as lagging behind. "The Dominican women are fed up and are looking for a new type of man. A lot of women find it necessary to look for a partner from a different country or become lesbian or something. There needs to be a change of values in the relation between the genders. If you go to *un barrio*[15], a bar, nightclub or a university, women will tell you this. Women want a man who does not attack or assault her whenever he feels like it. Women need to be able to fall in love

[14] Tara Trudnak, 2007, reports of only one known women's shelter in the Dominican Republic

[15] Barrio means district or neighborhood and are used as a term of rural, poor and slum areas in the Dominican Republic

and be with a man without having to sacrifice anything in her life in return". Ana could be regarded as a modern girl. She had a law degree and was working as a volunteer for an organisation called CIPAF[16]. My informant can be seen as a representative for a new and modern view on gender relation which is gaining traction within the Dominican Republic. Coherent with many of Teig's (1998) informants she expresses the need of a male culture that is much more liberal.

"For the Dominican men this is a big change, and for many of them probably very confusing. But I think that the Dominican men of my generation and the generation before us know that there is a need for a change and that the women already has required a stop to the unequal gender relations in relationship. There needs to be another type of love. But the men are starting to recognise this".

[16] CIPAF *(Centro de Investigación para la Acción Femenina)* is a non-governmental, nonprofit and cutting-edge organization in Latin America.

5) Colectiva Mujer y Salud

5.1 Introduction

In this chapter I will, in the light of the previous two chapters, analyse the HIV/AIDS preventive strategy to Colectiva Mujer y Salud. For my analysis I will look at four flyers which are the main material CMS uses at stands and workshops. These flyers are one of CMS's most important ways of communicating with the masses of men and women in the Dominican Republic. I wish to emphasise that by analysing these flyers I do not make account for all of CMS' work in the field of HIV/AIDS prevention. However, I will be able to make an account for, and do an analysis of CMS' handling of the category of gender in their line of work.

I start by giving a brief overview of the structure and the work of the organisation. The analysis however, will focus on the organisations identification of the gender related problems in relation to the spreading of HIV/AIDS, and further how they through their strategy respond to these problems and challenges. Although this chapter concerns CMS's work of HIV/AIDS prevention one cannot completely disregard the other objectives of this organisation. I therefore will give a brief account for the organisation's other perspectives, missions and goals. I justify this by claiming that a successful accomplishment of an over all better protection of women's sexual and reproductive rights is relevant in order to succeed with the goal of better HIV/AIDS prevention for women.

5.2 Presenting Colectiva Mujer y Salud

Colevtiva Mujer y Salud (CMS) is a Dominican Non Governmental Organisation (NGO) that was established in 1984. Their main office is situated in the Dominican capital, Santo Domingo. The organisation is mainly run by volunteers, but has a few employed workers.

CMS is economically supported by multilateral organisations like the UNIFEM and the Global Found for Women. When I asked if they were finically supported by the Dominican government they responded; "no, because the government is against abortion, and we are not". However they do receive a small amount of money, annually 70 thousand Dominican Pesos[17] from the government that supports the management of the organisation, maintenance of the building etc.

[17] 70 thousand Dominican pesos equals about 1400 Euro

5.2.1 Mission and objectives

CMS characterises themselves as a feminist organisation. They articulate their main mission to be "Promotion of women's integral health and the defence of sexual and reproductive rights, in every stage of life." (Colectiva Mujer y Salud, my translation). One of the voluntary workers in CMS, Patricia, commented: "We want to focus on women's integral health. Health is not only the lack of a disease. In addition to physical health it concerns integral problems like psychological problems and social problems". The organisation advocate for; a safer society for women in the form of better prevention and closer attention paid to HIV and AIDS, secure maternity and child birth, a life free of violence and sexuality free of prejudice. Additionally they advocate for a more liberal policy in the form of rights to have access to contraceptives, sexual education and legal and secure abortion (ibid).

The organisation is well known in the Dominican Republic for being one of the pioneer organisations with an explicit gender perspective. They are probably regarded as a bit controversial and have a reputation of being rebellious. They for instance use demonstrations, provoking statements and dramatic pictures in order to announce their messages. However, many people I met during my stay expressed a general understanding of the organisation as both a respectable and professional one.

5.2.2 Health services and political action

As stated in the aforementioned paragraph, CMS's main focus is the protection of women's sexual and reproductive rights. In Amnesty International's characterisation of sexual and reproductive rights they mention amongst other things that: It includes the right to have information and knowledge about different ways of sexual protection and access to contraceptives. They additionally state that: Sexual rights include the right to make your own decisions regarding your own body and sexuality[18] (Amnesty 2009). These are some of the issues that CMS is dealing with in their line of work.

[18] According to Amnesty International reproductive rights include (in addition to the aforementioned points): the option to choose to have children if and when you wish to have them, and the option to avoid having children if you do not wish to have them. Further it includes the access to methods of fertility regulations that is not in defiance of national legislation, including abortion. Women shall have access to necessary health treatment through their pregnancies and deliveries in order to have good prosperities of a healthy child. Sexual rights include the right to physical integrity and sexual autonomy, and hence embrace wider than only reproductive rights. The work with promoting sexual rights includes amongst other things work against rape and violence between close relations, the rights to sexual education and sexual health services (Amnesty 2009).

The organisation works in areas all over the country and is involved in several activities. Their work is mainly divided into two areas; health service and political action

5.2.3 Political action

CMS has a very strong political voice in the Dominican society. They are actively involved in many of the national issues and initiatives that concerns women's sexual and reproductive health situation and they clearly state that they trough monitoring and observation of the public health policy, wish to strengthen the practise of sexual and reproductive rights for women, youth and adolescents (Mujeres, Género y VIH/SIDA, 2004, p.24). CMS are regularly consulted by the government in issues regarding women and women's rights and has on some occasions helped articulate laws and legislations concerning these issues. They have a large network both at a regional, national and international level and a work together with institutions like UNAIDS (ibid, p17).

Under the subject women's sexual and reproductive rights there are plenty of issues for the organisation to focus on. CMS campaigns for women's right to safe maternity, access to sexual education, right to a life free of violence and to freely enjoy ones sexuality free of prejudgement. One of their main agendas is to secure Dominican women access to free and legal abortion. The Dominican Republic is still one of four countries in Latin America that prohibits abortion under any circumstances [19] (ibid, p.48). The goal of changing this law is an important attainment in it self, but in addition it has a strong symbolic value. Under slogans saying 'Mary was consulted in the question of being God's mother' (*María fue consultada para ser madre de Dios),* or "Women decide, the society respects, the state guarantees" (*Las mujeres deciden, la sociedad respeta, el estado garantiza)* women all over the country has gathered to protest and fight laws and legislations they see as very discriminating towards Dominican women. Through these gatherings CMS draws a lot of attention to additional issues that they would like to see on the public agenda concerning women's sexual and reproductive rights.

Strongly represented on the CMS agenda is the fight against the spread of HIV/AIDS. Amongst their objectives they state that they wish to work for women's rights to prevention and attention towards STI's and HIV/AIDS. HIV has turned out to be a female problem and according to CMS the reason is "daily violation of women's sexual and reproductive rights" (Mujeres, Género y VIH/SIDA, 2004, p.6). They further state "this feminine face of the

[19] CMS advocates for women's rights to terminate the pregnancy if the pregnancy is a product of a forced sexual intercourse, if the pregnancy is a product of incest, or if the mother's life is at danger.

pandemic is explained by a combination of factors; individual, social, cultural, economical and political. Amongst these, women's social and cultural devaluation and limited knowledge to the human rights increases the risk of transmission" (ibid, p.6).

As a part of their strategy CMS have developed a tool called "Mujeres, Género y VIH y SIDA: herramientas metodológicas para incorporar la perspectiva de género" (Women, Gender and HIV and AIDS: methodological tools to incorporate a gender perspective). This tool has the purpose of integrate a gender perspective in the HIV/AIDS related work performed by other NGOs and the public health sector. They call it modernising the state and they write that the programme is an answer to what CMS sees as a lack of understanding and willingness from the government to take the question of gender in issues regarding HIV and AIDS seriously. Hence, one could regard CMS as a self-appointed controlling organ for implementing a gender perspective in the HIV/AIDS work in the Dominican Republic.

5.2.4 Health services

In their work of health service related to HIV/AIDS prevention, CMS offers free health services to people from poor areas. The health services in the Dominican Republic can be of good quality, but only on the premises that you can afford it. The health system consists of two sub sectors, the public and the private. The public sector is governed by the General Health Law and provides services to 75% of the population, most of whom are uninsured, and as the World Health Organisation states "care is free but with no guarantee of access or quality" (Organización Mundial de la Salud, my translation). The private sector mostly exists as an alternative for the wealthy part of the population.

CMS health clinics are for the most part located in areas where health service is difficult to obtain, i.e. poor and rural areas outside of the cities. Additionally a large part of the Dominican population are immigrants and not considered Dominican citizens (see below) and for that reason they have no legal rights to national health services according to the Dominican law. Several of their health clinics are located close to the Haitian border in addition to a couple in the capital, Santo Domingo. Their newest contribution, Monte Plata health centre, was opened in March, 2008. They offer gynaecological services and perform and provide psychological assistance to mistreated and battered women. They help guiding victims to legal assistance in cases where it is found necessary and they offer HIV testing, counselling and antiretroviral treatment. They base service selection on women's needs as identified by women in the community. Additionally they hand out free condoms.

Spreading of relevant information is also an important part of CMS's work to improve the health conditions for women in the Dominican Republic. They focus on informing and guiding women to a more clean and hygienic environment by teaching proper treatment and storing of food and water, how to keep a clean environment and maintenance of personal hygiene. Additionally the organisation informs about symptoms, treatment and protection from dangerous and transmittable diseases like measles and meningitis. However, it is in the relation to HIV/AIDS prevention that CMS is doing most of their information related work. They have workshops where they give out flyers and booklets with information about HIV and AIDS; they hand out free condoms in addition to instructions on how to use them. The flyers will be in the scope of the following analysis.

5.2.5 Target group

"It is not only a question about justice or equity: the inequality of gender is mortal" (Santillán, 2005, p.10, my translation). CMS, with their specific gendered focus, appears to see women all over the country as part of their target group. In reference to HIV/AIDS work, CMS has been a spokesperson for the importance of a specific gender perspective and have targeted their projects towards women. They state that "Like it occurs in the rest of the world, the pandemic in the Dominican Republic has become poorer, younger and more feminine" (ibid, p.13). They write that "already women make up for more than half of all the Dominican people transmitted by HIV, and HIV/AIDS is the number one cause of death amongst Dominican women in a reproductive age" (Mujeres, Género y VIH/SIDA, 2004, p. 35). There is an enormous difference in social conditions within the country and although CMS's campaign work is directed at all women, they place particular emphasise on women from high risk areas. These areas can be located all around the country and are just characterised as poor neighbourhoods or villages.

The Dominican Republic also has *batayes* where CMS conducts a lot of work. *Batayes* means shantytown and can be characterised as small communities for sugar cane workers, living under extremely poor conditions. Although the *batayes* originally was designed to house male migrants for seasonal work the communities are now permanent settlements for entire Haitian families (Santiago, 2008). There is estimated to be between 500,000 and one million migrant workers from Haiti living in the Dominican Republic. Although largely undocumented, this population accounts for 5-10% of the total population (Amnesty International, 2007). The HIV prevalence in *batayes* is 5-10 times higher than in the general population (5-14% vs. 1-2%) (Santiago, 2008).

5.3. Analysis of CMS strategy and material

5.3.1 Presenting the material

In this paragraph I will review the material used by CMS in their work with HIV/AIDS prevention, and do an analysis in light of the two preceding chapters. The purpose of this analysis is to identify how the organisation sees gender as a factor determining an individual's vulnerability to HIV/AIDS and the strategies proposed to deal with these gender related challenges. I additionally would like to see how the organisation communicates gender. Do they reproduce an existing stereotypic image of men and women based on the hegemonic male and the emphasised female gender roles in the Dominican Republic, or do they present a more 'neutral' picture of Dominican gender?

The organisation, through their work of informing people about the risk of HIV and AIDS hand out four different flyers that conveys different messages. The four different flyers are called; 'How to prevent HIV' (*Cómo prevenir el VIH*), 'Women, gender, HIV and AIDS' (*Mujeres, género, VIH y SIDA*), 'Use of condom' (*Uso del condón*), and 'Negotiating love' (*Negociando por amor*).

5.3.2 'How to prevent HIV'

The flyer called 'How to prevent HIV' (*Cómo prevenir el VIH*) starts with notifying the reader that there are different ways of practising sex and the different practises involve different risk levels. First they mention ways of having sex that does not provide any risk of HIV transmission;

- a) *Wet kisses*
- b) *Cuddling*
- c) *Oral sex with use of condom*
- d) *Masturbation of each other*
- e) *Vaginal penetration with condom*

Further they state ways of practising sex that involves a low risk of HIV transmission;

- a) *Wet kisses including the tongue,*
- b) *Biting or nibbling*
- c) *Oral sex (sucking) without condom and without ejaculation.*

And then practises with high risk;

- a) *Vaginal penetration without condom*

b) *Anal penetration without condom*
c) *Oral sex (sucking) with ejaculation in the mouth*
d) *Mouth in contact with anus.*

Later in the flyer the organisation list questions about HIV transmission thy claim that many people normally are confused about. By listing these questions, one can better identify the knowledge level concerning HIV transmission amongst the target group.

<u>Normally asked questions</u>

- *If a mosquito bites an HIV infected person and later bites me, can I be infected?*
- *Is there any risk of infection if one shares the same glass or plate with an HIV infected person?*
- *If you have sexual relation without protection with an HIV infected person and you wash your self immediately afterwards, are you still in the risk of getting infected?*
- *How many times does one need to have sex without protection with an HIV infected person in order to be transmitted?*
- *Can spit, tears and sweat pass on the virus?*
- *Does a kiss transmit the virus?*

The organisation responds to all the questions with thorough and informative answers.

5.3.3 Women, gender, HIV and AIDS

The next flyer called 'Women, gender, HIV and AIDS' (*Mujeres, género, VIH y SIDA*) is focusing on women and why they are such and exposed group. CMS ask: "*why have so many women become infected in such a short time?*" and respond that the answer to this complex question is divided into biological, social and cultural reasons.

<u>*Biological reasons (Bodily reasons)*</u>

In the biological part they state that the female body has more areas than the male body that are exposed to the virus when having vaginal intercourse. They further explain more thoroughly about the mucous membrane that covers large areas of the female genital, and that this type of skin are at particularly high risk of tearing, without one even knowing it. "*The mucous membrane covering our parts, the ones called genital organs, are more delicate and sensitive then the tissue covering the glans or the head of the penis*". Hence the virus has an

entry to the blood stream and can more easily transmit. "*When we have sexual relations with penetration without using a condom, the semen or the man's milk remains in the vagina and the virus can pass through wounds in our bodies*". They additionally explain that the male semen has higher quantity of the virus then the female genital liquids and therefore "*[...] the men can infect us more easily than we can infect them*". They finish the paragraph by stating: "*The man has twice as big a chance of passing the virus on to a woman*", and connect this paragraph with the next one saying: "*There are few biological reasons, but there are many social reasons".*

<u>*Social and cultural reasons*</u>

Under the paragraph of social and cultural reasons the organisation strait forward says: *"The number one reason for women being at risk of contracting HIV is due to 'machismo'* (male chauvinism). *From they are very young, boys learn that they should be 'callejeros'* (men of the street) *that has a lot of women and that are unfaithful. The society accepts and celebrates this behaviour. For that reason a lot of men are unfaithful and have sexual relations on the street without protection, sometimes with men and sometimes with other women, placing a danger on our lives*". Further they explain that 70% of Dominican women living with HIV are transmitted in heterosexual relations. "*The majority of those cases the woman has only engaged in sexual relations with her husband or regular partner. This indicates that one cause of transmission is due to carelessness or a risky sexual behaviour from the husbands*". They then go on to connect the risk of HIV with violence. "*Many men abuse women if they request the use of condom*". According to the organisation the men use the excuse that the woman is being unfaithful, that she for sure is engaged in bad company, that she is afraid that she has a disease that she can bring forward etc. Still men force women to have unprotected sex by threatening them with violence or just force them self on the women. "*There are also men that blackmail women by saying that they no longer want you. Or that they will leave the house, leaving you all to yourself. Many times the women accept their request of having sex without condom and risk their lives afraid that their husband will leave and hence they will be left alone to take care of themselves and the children.*" Further the organisation states *"For us it is more difficult to buy condoms. If a woman goes in to a store or a pharmacy to buy condoms, people may look at her funny, thinking that she hangs on the street, and they lose respect for her. Therefore many women feel shame if they go to buy condoms. But if it is a man they celebrate him, not because he is protecting him self but because they think that he is having women in the streets".* Another problem CMS is referring to is age difference between

boys and girls engaging in sex. “*Another problem is when young girls have sexual relations or couple up with a boy of an older age. These boys are at an age where there are many cases of HIV and therefore if girls have sexual relations without protection they run a high risk*”

Following CMS presents:

<u>*Other situations that puts us at risk*</u>

- *Women suffering from sexual abuse, including violence*
- *Domestic violence*
- *The little information about HIV and AIDS that women receive*
- *The lack of talks, leaflets and campaigns directed towards women*
- *Women’s little knowledge about the functions of their bodies*
- *The lack of information and our private fears and prejudices about sexuality. We believe that sexuality is sinful*
- *Some women’s economic dependency to their husbands that makes them submits to sexual relations without protection.*
- *The lack of, and to expensive femidoms*
- *For commercial sex workers, men often offer to pay more if she agrees to have sex without a condom. Due to poverty she is forced to take the risk*
- *Lack of education for women*
- *Lack of investment in resources for women’s HIV/AIDS prevention*
- *Lack of research efforts and studies on how HIV and AIDS affects women*
- *Lack of female participation in places where the big decisions about HIV and AIDS are made*

5.3.4 Using a condom

The third flyer ‘Use of condom’ (*Uso del condón*) is describing in detail how to store and use a condom or femidom in a safe way. The flyer says that you should store a condom/femidom in a place that is dry, cool and without to much light and humidity in order to prevent it from damages. They emphasise that a condom/femidom can expire and that one should always make sure that the condom/femidom you are about to use is not too old. One should not keep it in a wallet or a glove compartment of a car for too long. One should be careful when opening the condom/femidom in order not to damage it in any way. They do also state that one should not use scissors, teeth or nails when opening and be careful not to damage it with rings etc.

5.3.5 Negotiating love

The last flyer that CMS is using when instructing women about safe sex is called 'Negotiating love' (*Negociando por amor*). The purpose of this flyer is to provide women with tips and arguments they can use when negotiating safe sex with their boyfriends or husbands.

The headline of the first paragraph states: "*How can you negotiate the use of condom with your partner?*". It starts by saying that before anything it is necessary to know that:

- *Protection is a human right, and this right is nonnegotiable*
- *By using a condom you protect your own health, the health of your partner and your family*
- *As a woman you are at a high risk of getting infected by HIV*
- *You need to clarify the reasons for why a condom protects you and your partner*
- *You need to be prepared for possible reactions from your partner when you propose using a condom*
- *You need to prepare answers for his possible reactions*
- *You need to be sure how a condom works and where to place it. To be sure that you know how to put on a condom practice with a cucumber, 'guineo'* (green banana) *or a plastic penis before you talk to him.*

<u>*Your partner may react in different ways*</u>

- *He may accept the use of condom*
- *He may react with anger, insults, aggression, threats and blackmail*
- *He may accuse you of "andas en malos pasos"* (witch is a way of accusing you of pandering or sleeping around)
- *He may say that surely you must have HIV and that is why you insist on using a condom*
- *He may act reserved, cold or indifferent*
- *He may say yes* [to use a condom], *but not now*
- *He may tell you that he is faithful and therefore there is no need to use a condom*
- *He may say that he does not want to use a condom because it is very disruptive, uncomfortable and it does not give the same feeling.*

<u>*Some ideas to how you can suggest the use of condom*</u>

Convince him that:

- *To use a condom is sign of love that one has for each other*
- *Having sex with condom may be enjoyable*

- It may help improving the communication between the two of you

- May help increase the intimacy and confidence

- May help increase the length of the love game

- May help a big orgasm

- You can vary the pleasure of sex more

- It eliminates the fear and anxiety

- Talk to him about the advantages of always using a condom. Demonstrate how easy it is to put it on and take it off again

If you, after have done everything possible to convince him to use a condom, do not succeed, offer to meet him half way. Tell him that there are other ways of having sex that may be very pleasurable but at the same time does not cause any risk for your health. You may practice these methods until he decides to use a condom.

Now we present to you some of these alternatives:

- *Kisses. You may practice different ways of kissing that can give you a lot of pleasure*
- *Masturbation. Touch your own bodies and each others bodies*
- *Erotic massages. Touch and caress with your hands and mouth your sexual body parts and areas where it feels good*
- *Rub the bodies. Produce a lot of pleasure by rubbing your body against your partner's body. Especially your sexual organs.*
- *Sexual fantasies. You may read or look at pictures, sharing sexual fantasies, sexual games, vibrators, an artificial penis and other toys to explore and caress the body. You should use a condom if you share the same sex toy.*
- *Erotic baths. Take a bath with aromas and essences and touch and caress the bodies.*

If he does not accept any of these alternatives, suggest that you can use a femidom. Explain how it works, its advantages and that it also protects the both of you.

If he still does not accept, you may be abstinent until he decides if he wants to use a condom or not.

Source: (Cómo prevenir el VIH, Mujeres, género, VIH y SIDA, Uso del condón, Negociando por amor).

5.4 The identified gendered HIV/AIDS risk factors

5.4.1 Power structures

From what can be read out of the presented material, CMS has identified quite a few factors that increase the Dominicans and especially Dominican women's risk of HIV transmission. Firstly, biology is a topic covered substantially by the flyer 'Women, gender, HIV and AIDS'. Women's more HIV/AIDS vulnerable biology is listed as a reason causing the HIV rate among women to grow. However, CMS states that the biological reasons are few but the social reasons are many.

The organisation is several times during their detection of gender related risks referring, though not explicitly, to the sexual division of power and sexual division of labour. They are writing about the lack of investment and resources for women's HIV/AIDS prevention and they are writing about lack of research efforts and studies on how HIV/AIDS affects women. Additionally we can see that they are providing the target group with basic facts in relation to HIV/AIDS transmission (*Normally asked questions*) which can lead us to believe that the women's knowledge about HIV/AIDS transmission is not satisfying. The organisation is pointing at the gendered division of the public and private sphere and claiming that a dominant majority of men in the public sphere and decision making areas (*Lack of female participation in places where big decisions about HIV and AIDS are made*) is a female HIV transmission risk. They are writing about the low access to information about HIV and AIDS (*The lack of talks, leaflets and campaigns directed towards women)* and women's lack of education and economic dependency on their husbands. All these factors are accordingly contributing to Dominican women's risk of contracting HIV/AIDS.

The organisation also refers to gendered power in infrastructure as there is a big challenge for women to get hold of contraceptives. They state that it is too hard to obtain femidoms in the Dominican Republic, especially at an affordable price. Violence is brought up by CMS as an issue several times (*Many men abuse women if they request the use of condom),* and they are clearly considering violence to intensify women's already vulnerable position to HIV transmission. Academics (see chapter 3 and 4) have addressed the issue of power imbalance as an important factor in understanding and planning preventive interventions and here the organisation is addressing issues as domestic violence, sexual violence, insults, beating, blackmailing and threatening.

5.4.2 Dominican gender roles as risk factors

Under social and cultural reasons the organisation is giving a lot of attention to gender roles and gendered behaviour in the Dominican Republic. Under the headline '*social and cultural reasons*' the flyers starts by saying that women's risk of contracting HIV is first and foremost explained my *machismo*. They have even highlighted the word '*machismo*' in a bright orange colour to emphasise their point. Dominican men, according to the organisation, tend to be *callejeros* (men of the streets) that frequently engages sexual relationships and are unfaithful to their women. CMS further portrays this behaviour to be that of the dominant masculine role and writes that this type of masculine behaviour is tolerated and even celebrated in the Dominican culture.

CMS is additionally assessing the Dominican female gender roles to be risk related. They state that women are unfamiliar with their own bodies and inexperienced about sex. According to the flyer it is problematic that women do not talk or think about sex and their bodies in the same way men do. Seeing sex as something sinful makes them more uneducated about the function of their genitals and the sexuality of their bodies, and that makes it more difficult to protect one self - for instance buying condoms or negotiating the use of them.

5.4.3 The power divisions in Dominican gender – analysis of gender related risks

One can detect a quite clear power division between the genders sketched by the organisation. Some are straight forward articulated while others are communicated more indirectly.

From CMS' description of the HIV/AIDS risk related situations there is a central gap between Dominican men and women in the division of labour and power. Women are absent from decision making bodies and have less access to information and material concerning women and HIV/AIDS protection. Accordingly women lack education and are more economic dependent on men. The problem is apparently the Dominican social structure and social practice that favours and empowers men and weakens women - in other words the sexual division of power and the sexual division of labour. This societal gender structure can be recognised from Wilson's (1973) and Brendbekken (2008) description of men as public and women as private - men as men of the streets and women as women of the homes. Women are not sufficiently represented in the policy making institutions to influence research areas and hence make women and HIV/AIDS in the Dominican Republic a higher priority. And due to lack of education amongst women and lack of effort from the state, available HIV/AIDS information does not reach the masses of women who would need the information and help the most.

In accordance with sketching a patriarchal society on an institutional level, CMS is presenting a man who is dominant, authoritarian and powerful in relation to women – hence it appears the Dominican man is a patriarch on a personal and family level as well. Women generally appears to have a weak position and see no other way than give in to a man's requests "*Many times the women accept their request of having sex without condom and risk their lives afraid that their husband will leave and hence they will be left alone to take care of themselves and the children".* Wilson (1973) wrote that spending of money was a symbol of status for Caribbean men, and likewise one could say that the control of money is not only a symbol, but a powerful tool, which Dominican men take advantage of. The structure of labour, men as bred winners and women as home keepers is accordingly to be regarded as problematic in relation to HIV/AIDS prevention.

In the same way violence is brought up as a powerful tool for Dominican men. "*There are also men that blackmail women by saying that they no longer want you. Or that they will leave the house, leaving you all to your self".* The organisation draws a picture of a Dominican man who uses violence to achieve what he wants; in this context sex or unprotected sex. In the last flyer 'Negotiating love' women are clearly portrayed in a subordinate position in relation to men. One could almost say that she is being prepared for a battle and armed with tips and strategies that she can use to defend her position and stand up for her rights. CMS is obviously preparing women for what could turn out to be a long fight as they first write: "*If you after have done everything possible to convince him to use a condom and do not succeed offer to meet him half way"* and then later they write: "*If he does not accept any of these alternatives, suggest that you can use a femidom"* and then lastly: " *If he still does not accept, you may be abstinent until he decides if he wants to use a condom or not".* In other words CMS is regarding the man to be the dominant decision maker and you will have to put up a good defence in order to negotiate your rights when facing his requirements. In general one can say the organisation sketches a society where women have to submit to the patriarchy, because due to an unequal division of power and labour between men and women, the hegemonic Dominican male gender role can prevail.

CMS also write about gender roles and gendered behaviour as relevant in relation to women's vulnerability to HIV/AIDS transmission. In reference to men CMS is sketching a Dominican man who in many ways matches the Dominican *tíguere*. He certainly appears goal oriented, seductive and persuasive. Like already mentioned, CMS is presenting a long line of arguments for women to use in a discussion where men has decided that they wish to have unprotected sex. He also appears to be virile, unfaithful and a womaniser, description earlier

presented by Padilla (2007), Wilson (1969) and Krohn Hansen (1995). Teig (1998) and Padilla (2007) have also referred to him as aggressive and violent, which matches CMS description of a man who uses threats, blackmailing and violence. The organisation is presenting a picture of a Dominican man who lives up to the criteria of the hegemonic Dominican male gender role, and accordingly they see the hegemonic masculinity as problematic in relation to women and HIV/AIDS transmission. An analysis of the female character presented by CMS gives clear associations to Wilson's (1969) description of the respectable woman and Teig's (1998) description of a virtuous, careful and innocent girl. Dominican women are apparently inexperienced and distanced from their own sexuality, a result of socially constructed gender related sexual behaviour - the structure of cathexis. One could also see the description of a female gender role that conforms with a strong masculine gender role, a description of how the Dominican emphasised femininity subordinate one self to that of a Dominican hegemonic masculinity.

One could argue that CMS has painted a picture of a Dominican gender structure which makes it difficult to work with women's vulnerability to HIV/AIDS. Now we will look at their respond to these difficulties by analysing their HIV/AIDS preventive strategy.

5.5 CMS's strategy

As shown in the previous paragraph, CMS is dividing the causes for women's HIV/AIDS vulnerability in the categories; biological reasons and social and cultural reasons. They are to various extents addressing all of these issues in their preventive strategy.

5.5.1 Gendered HIV/AIDS information for all women

They flyers from CMS are easy material to distribute. They are easy to read, informative and have pictures that help illustrates the messages they want to convey. For example in the presentation of biological facts, they keep the text uncomplicated without using a lot of medical terms and explain words like seamen with the man's milk which may be a more common term amongst the Dominican people. The flyer speaks to young, old, experienced and inexperienced people. Statistics from 2007 shows that 4.5 % of people aged 25- 29 years are without any education at all and in some areas, particularly rural areas, the illiteracy level is as high as 25% (*Encuesta demográfica y de salud. República Dominicana, 2007)*. Very informative flyers with an easy language and detailed drawings can be regarded as an answer to lack of female education and accessible information about HIV/AIDS and women in the

Dominican Republic. It can be regarded as an efficient way of reaching out to a number of women who do not have the opportunity to learn about HIV/AIDS transmission risks in other ways - attending classes, buying books on the subject or by doing internet research for instance. The organisation identified a risk factor in the sexual division of labour and responded to it.

The flyers can additionally be said to be communal and uniting for women. They are openly discussing problems like violence, infidelity, subjects that unfortunately too often are being regarded as private. Like my informant Patricia told me, gender related violence is a huge problem and the victims are most often women. Their flyers are directed towards women and the text is written in such a style that it comes from a woman's mouth which unites women and presents everyone as equal. For instance, they articulate themselves like this *"When we have relations with penetration without using a condom, the semen or male liquid stays in our vaginas and the virus can enter our bodies through these little cuts"*. They do not make a distinction between you and us. Every woman is at risk of HIV transmission, a message that the organisation is careful to emphasise. The opening sentence in the flyer 'Women, Gender, HIV and AIDS' says: *"Every woman can become infected by HIV. It does not matter if you are married, single, old, young, black, white, rich, poor, from the countryside or from a town, catholic or evangelic. The only thing that unites us is that we need to protect ourselves*". The organisation has earlier addressed the issue of the division of public and private sphere and pointed at women's isolation from the public room as problematic. Here, the organisation is doing an effort to unite women and maybe this unity will provide an easier way out in the public sphere, a strategy that may be empowering.

5.5.2 Condom and femidom - Gendered contraceptives

The use of condoms and femidoms can be said to be central in CMS's strategy. Amongst the four flyers they hand out, one of them is dedicated to give the reader instructions on how to use condoms and femidoms in a correct and safe ways. Additionally they hand out tips on how to negotiate the use of condom and several times bring up the condom as an alternative to safe sex. One could argue that they do a satisfying job in instructing the reader on how to use the two contraceptives. They have detailed, step by step description on how to use them and small drawings that illustrate their points. What they do not inform the reader about is where to get hold of the contraceptive, either by buying them or getting them for free. CMS, when out in the field, hand out condoms and they are also available at their free clinics, but this information is not presented in the flyers. Green (2003) raises the concern that inconsistent

supply of condoms can be considered a health risk because the opportunity of practising safe sex will suddenly be illuminated when the condom supply stops. Most likely people will continue to have sex even though they do not have the opportunity for protection. CMS are receiving condoms from the Dominican government who is the main provider of condoms for Dominican NGOs. The Dominican state receive earmarked money from the UNAIDS exclusively for this purpose. Through conversations with CMS employers I was however informed that there existed a problem of inconsistent condom supply at some occasions leaving the organisation and the target group empty handed.

One of the flyers from CMS raises the issue of the challenges girls and women meet when buying condoms. They state that the experience can be difficult and rather unpleasant. This statement was reconfirmed by several girls. Going to a pharmacy or a *colmado* to buy condoms were not seen as an act of responsibility but rather as an act of promiscuity as girls, by cultural norms, should be abstinent from sex until marriage. People would look at them funny and some experienced remarks and comments from other costumers or the shopkeeper. "An exclusive focus on condoms as protection from STDs and pregnancy overlooks the more proximal risk of a sullied reputation, which may be exacerbated through the process of obtaining condoms and, by association, planning for sex" (Hiller et al., 1999). Chances are that the experience of buying condoms feels so uncomfortable that unprotected sex, without the pharmacies awareness, may seem like a much better alternative.

Like Hillier et al. (1999) stated: the condom can be regarded as a male tool as it naturally would be easier for a man to decide what or what not to put on his own body. The organisation gives tips on how to negotiate the use of condom but it is quite clear that they regard this process to be challenging for girls. CMS describes a solid societal attachment to the idea of how the female sexuality should be acted out (*Women's little knowledge about the function of their bodies).* The structure of cathexis is clearly challenging women's ability for protection. "Researchers have noted that the promotion of a rational choice model of condom use may not be entirely appropriate, partly because it does not adequately account for the double standards and power relations which are most often a part of heterosexual sex (Holland et al., 1992). CMS, one can argue, has faced this challenge by giving a substantial amount of attention to the femidom. The femidom as it is the woman who wears it can be characterised as a female contraceptive even though it serves the men as well as the women. The fact is that the condom and femidom are equally functional as contraceptive when used correctly. The Global Campaign for Microbicides states that "many users have reported that introducing the female condom to their partner improved their ability to generally

communicate about safer sex , and often resulted in increased use of both male and female condom in the relationship" (Global Campaign for Microbisides). It is also said to be easier for a women to demand the use of this contraceptive as she is the one wearing it, as oppose to the condom where she has to force the man to wear something he does not like. Additionally, the condom has been accused for being a very unattractive contraceptive and many men feel the process of putting on a condom such a turn off that they loos their erection and general mood for sex. One informant (Elias) told me that if he felt he had to use a condom during sexual intercourse he would always swallow half a pill of Viagra in order to keep his erection. Experiences like this can make men reluctant to the use of the contraceptive. The femidom on the other hand, although some would claim that it has the same effect, studies has shown that this contraceptive can also work the other way around. Some women has reported that they have used the contraceptive as a part of a sexual foreplay and by letting the man put the femidom inside the woman's vagina has actually been a positive sexual experience for both of them (Avert. The Female Condom). Centre for Health and Gender Equity, 2009 reports that a general low supplies of female condoms to the free health clinics "have been a consistent challenge to fully execute [HIV preventive] programmes" (Centre for Health and Gender Equity, 2009). Considering a general female restriction on buying condoms there is no reason to believe that buying femidoms is any easier. Most likely *colmados* and pharmacies will not even sell femidoms. Even though it can be hard to get hold of femidoms one could claim that using femidoms actively in the fight against HIV/AIDS is wise in the strategy to empower women and making then more in control of the situation.

5.5.3 Safe sex - alternative ways of protection

The term sex can be interpreted in many ways, meaning that there are different ways of practising sex. That sex necessarily involves penetration is probably a very common misconception and widening the term sex may be very beneficial in the line of HIV/AIDS preventive work. CMS is here listing up several alternative ways of practicing sex with another partner that does not put you at risk of HIV transmission and they are both creative and clever in their way of doing so. For many people the pressure of having sex at an early age can be hard. We have previously seen that sexual debut at an early age, especially for young boys, are a pressuring consequence of a macho Dominican culture and hence a genuine risk of the spreading of infections like HIV. By expanding the concept of sex from vaginal penetration to kissing or masturbation of each other, more people can claim an earlier sexual debut which again may help ease what can be characterised as cultural pressure of living up to

the male gender role. Many of the suggestions that CMS here raises are safe sex actions, good alternatives for instance to the use of condom, and hence non risk behaviour in relation to HIV/AIDS transmission.

Some critics could question whether or not this is a wise idea. They would argue that in the line of HIV/AIDS preventive work one would benefit from keeping messages short and simple and give only one clear association with safe sex, namely condoms. Too many alternatives will create confusion and making the work of promoting safe sex harder. On the other hand, expanding the opportunities may be very valuable in the line of HIV/AIDS prevention. Hillier et al. (1998) say: “This focus on sexual intercourse to the exclusion of other ways of being sexual, privileges a risky practice, while leaving unnamed other ways of being sexual which are potentially available to young people. Underpinning this message is the promotion of ‘reproductive sex’ as natural and functional and the silencing of non-reproductive sex, regardless of the inherent safety (or lack of safety) of any of these practices. This may have restricted the range of safe sex possibilities available to young people in any sexual encounter” (Hillier et al. 1998, p.98). A positive consequence of presenting different alternatives of safe sex is the fact that you do not always have to use a condom in order to practice safe sex. And as discussed, getting hold of condoms can be very challenging either because the assortment/supply is not satisfying or because cultural norms put restrictions on your opportunities to get hold of them. Alternatively people choose to have unprotected sex instead. A positive effect of introducing women to these alternative suggestions is that it can be another way of empowering them. One makes women more skilled which again makes it easier to take control of a situation and for instance take charge. Women’s distance to sex and sexual activity has been identified as a problem but can by this strategy be reduced.

5.5.4 Negotiating love

In addition to coming up with alternative ways of practising safe sex CMS is also presenting the reader with negotiation techniques they can use. Negotiation is the one tactic that seems to be the most apparent in CMS’ preventive strategy. Women are encouraged to negotiate sex. Whether to have sex, terms of safe sex, alternative ways of sex etc. The information is good and the arguments and alternative suggestions creative. In addition one could claim that it is a good way of empowering a woman. However, one can still question what use these arguments are to women. An issue addressed by several authors concerning HIV/AIDS prevention, and CMS themselves, is women’s autonomy. From what one can detect from the organisation’s analysis of identified risk factors women’s lack of power, women’s lack of autonomy,

women's lack of education and economic independence, and women's lack of sexual self confidence are the main reasons why women are in a particularly vulnerable position to get transmitted by HIV/AIDS. The respectable woman, the Dominican emphasised femininity dictates women to be inexperienced, and unskilled in matters regarding sex. She suffers from a constructed submissive position compared to men regarding sexual matters. Hiller et al., (1998) write that: "risk-taking implies autonomy, and sexual autonomy is a state which young women rarely achieve. Girls, for example may find it extremely difficult to negotiate the use of a condom, especially when, at the same time they are expected to be naive in sexual matters. The sexual relationship is a site in which the exercise of power and resistance is played out, and the underlying assumption that young people are acting out their sexual fantasies on a level playing field is considered by many to be naive" (Hiller et al., 1998). So, CMS point to women's submissive position in the public sphere, the unbalanced power relation between men and women and the power in the hegemonic gender roles to increase the risk of women's vulnerability to HIV/AIDS. They define a female position that can hardly be said to be a good platform for negotiation. Still CMS' main strategy is for women to negotiation the terms of their sexual relationship.

5.5.5 Breaking the structures - public and private sphere

CMS' are in their flyers suggesting that the negotiation of safe sex should happen between the individual man and woman in a relationship. This may seem natural but shifts attention to another issue. Looking at CMS' identified problems, one can see that the gendered division of public and private sphere is regarded as problematic. Women are not participative enough in the decision making organs. Even though the organisation clearly sees this as a problem they are not proposing a strategy that challenges the prevailing gender division within both the private and public sphere. CMS works daily on big topics regarding women's sexual and reproductive health and discusses these topics in the parliament in the streets and in the media. They are claiming the public sphere to raise their voices. In the flyers there is no encouragement for women to do the same. Negotiating and discussing safe sex for instance is still supposed to happen in the private sphere. There is no encouragement for women to unite them self and share experiences with each other by talking to friends and family or maybe the lady next door.

Additionally, the organisation has identified and addressed the problem of being female and buying condoms. However, they do not make any suggestions in terms of a strategy for women on how to go on about the issue and oppose against the cultural norms, and do not

challenge an act that can seem impracticable but when accomplished turn out to be lifesaving. One could accuse them for simply stating the problems without bringing suggestive solutions. I have earlier given the flyers credit for being written in such a style that they may unite women together in the battle against HIV/AIDS. However, here the organisation does not fully live up my identification of this as their strategy.

5.5.6 Gender sensitivity

The flyers are clearly directed towards women. As previously mentioned the flyers are written in a style that speaks directly to women. In the biological part, the flyer only inform about women's biological HIV/AIDS vulnerability. One could accuse CMS for not being very gender sensitive. When distributing these flyers it is reasonable to assume that many men will also have access to them and therefore taking the opportunity to communicate to men as well may be wise. The organisation is explicit and straight forward in some of their articulations concerning 'gender problems' and one could argue perhaps too straight forward. For instance in their allegation of '*machismo'* being the number one reason of women's vulnerable position to HIV, they can be accused of being very harsh. With formulations such as this one, CMS's flyers can be seen as a bit bombastic and poorly nuanced. This continues trough out the whole flyer with what can be characterised as aggressive formulations. One could argue that the feminist organisation come off as hateful towards men. Without denying or confirming whether the aforementioned allegation is correct, one misses an opportunity for a more balanced analysis of the situation and a better communication directed towards men. One could ask what the organisation wish to accomplish through such hash allegations. CMS describes women as a victim of gender discriminating society, cultural and behaviour but they fail to see that men on the same terms as women - as a result of their cultural heritage and upbringing. Like Silberschmidt (2004) illustrated from the case studies in Kiisi and Dar es Salaam the pressure of being a man, being male enough being macho enough may be challenging for boys growing up and men living in the Dominican society. As Holland (1994) pointed out, it takes strength and courage to distance your self from autonomous and hegemonic gender roles. In the way that CMS articulates themselves they show little understanding and sympathy for this statement which may lead to a more negative attitude from women towards the opposite sex. And separating men and women is hardly considered an efficient strategy in the battle against HIV and AIDS.

As an overall strategy it becomes the women's job to protect her self from the men's promiscuity and unfaithfulness. CMS has identified that it is primarily men who commits the

act of infidelity. Still they are addressing women in their strategies and it becomes their job and responsibility to have a faithful partner. Instead of addressing the source of the problem directly the women are responsible for protect themselves from their men's behaviour. One could accuse CMS for letting the men disclaim responsibility. One can also argue that the organisation through their portrayal of men and women are reproducing the gender roles and gender norms (men living up to the image of *machismo* and women living up to the image of *marynismo*) and as a result contributing to the problem by keeping these stereotypes alive.

6) Juntos Sí Podemos, Red Cross

6.1 Presenting Juntos Sí Podemos

Juntos Sí Podemos (Together We Can) is a sexual health education programme with the overarching goal of reducing the numbers of sexual transmittable infection (STI) including HIV/AIDS and unwanted pregnancies amongst youth and adolescents. The programme is conducted by and for youth and hence is characterised as a peer education programme. It is an interactive programme where the participants are playing an active role in their own learning by engaging in role play, cartoon reading, quizzes and board games amongst other things. The programme's slogan states that one should be 'learning by playing'. Among the topics to be developed in the programme are myths, beliefs about HIV/AIDS, peer education, basic information on STIs, values, attitudes, stigma, discrimination, sexuality and gender (Taller Regional). In addition to teach the participants about their own sexual health the goal is to make the participants work as disseminators and behaviour change agents for the youth in their own circles (Juntos Sí Podemos).

6.1.1 Juntos Sí Podemos in the Dominican Republic

Juntos Sí Podemos (JSP) started up in the Dominican Republic in 1996 by the Red Cross Youth (*Cruz Roja Juventud*) and has been financially supported by the Duct Red Cross since 2002. The programme has its origin from Jamaica where it started out as a pilot project for the Jamaican Red Cross in 1993. From there it developed to be a cooperative project between the Jamaican Red Cross, the American Red Cross and the International Federation of the Red Cross, Red Crescent and the Red Crystal Society (IFRC). The programme has since then spread to different parts of the Caribbean region, several countries in Latin America in addition to other continents of the world (ibid).

In the Dominican Republic JSP is active in five of the country's 32 provinces[20] (see below). The programme is directed and run from the main Red Cross headquarters in Santo

[20] Here Distrito Nacional is counted as a province. See footnote on page 88.

Domingo where the youth division has their own administration. This office is also the connecting point to the IFRC office in Geneva from where new programme material, the manuals in the scope of this analysis, is distributed. The JSP programme in the Dominican Republic is built up of four blocs (*bloques*). There are four blocs within one session (sésion) and when one session is completed one has finished the programme. One block is approximately one to two hours in length and one whole session should be held within the duration of a few months. The sessions are organised according to a set programme presented in the manuals. The manuals that will be carefully present later is hence the main tool used to perform these sessions as every task, every game and every conversation conducted in these sessions are directed from these manuals.

6.1.2 Mission, vision and principals of the Red Cross organisation and JSP

The Red Cross principles of humanity, impartiality, neutrality, independence, voluntarily service and universality does apply for all Red Cross programmes, including JSP. The International Federation of Red Cross and Red Crescent Societies is the world's largest humanitarian organisation, and aims at providing assistance without discrimination as to nationality, race, religious beliefs, class or political opinions (International Federation of Red Cross and Red Crescent). The JSP programme is mainly run as a voluntary service and aim to be a universalistic service which does not adhere to any particular class and social structures. The instructors of JSP are at all times encouraged to be non judgemental and have an open minded approach towards the participants. The target group can be of different races, classes, religion or sexual orientation influencing the way they see, think and address the issues in the centre of the programme. It is important to have an open minded environment in these sessions and the educators are reminded that the participants are supposed to have fun and feel comfortable. They write: “Have fun with the games and exercises but keep in mind that you are supposed to teach the group something with these games. Remember that each one of the participants have their own point of views and beliefs. Do not judge anyone the basis of what they are saying or thinking. And keep in mind that the youth like to make their own decisions and find their own answers. Do not tell them what to think but ask questions in a manner making them seek their own answers” (Juntos Sí Podemos).

6.1.3 The educators

The JSP programme is based on peer to peer learning, or peer education, in this case meaning that youth is teaching youth. The concept of peer education derives from the idea that

intellectual development occurs in interaction with peers and has been used as a way of education for centuries, although not always in an organised form. Bastien et al. (2008) write "Certainly in regards to sex education, it is widely acknowledge that peers tend to share information and consult each other on their sexual lives and relationships" (Bastien et al., 2008, p.186). Peer education programmes, for that reason preferably train people from the same areas, with the same background and within the same age as the target group to be educators. By doing this one can hopefully take advantage of; the educators information about the target group, a mutual understanding of cultural sensibilities and specific target group or area related challenges. With this type of knowledge at hand terms for better communication between the two parts exists and one can perhaps more successfully tailor a preventive programme to fit this specific target group. However, what makes a person another person's peer is not easy to determine. Kathryn Milburn (1995) presents John Sciacca definition of peer education and says: "Peer health education is the teaching or sharing of health information, values and behaviours by members of similar age or status groups", (Milburn, 1995, p.407) while others are less categorical in their conclusion and say: "the selection of criteria should be deemed most desirable by those the intervention is aiming to target..."(Bastien et al., 2008, p.189).

In the case of JSP the Red Cross Youth in the Dominican Republic experienced some challenges. First of all I was told by one of the programme coordinator of the programme Alex that most of the educators felt strongly connected to the programme presented in the manuals so any encouragement from the national office to improvise during the sessions or personalise the material were met with strong objections from the educators. So despite encouragement, the educators would not contribute to tailor the programme to more specifically fit the target groups from their local areas, but would rather follow the manuals mechanically. Secondly the organisation struggled a bit with keeping the educators engaged in their work. Alex said "It is fairly easy to find people to be educators as there is not a wide selection of youth activities in these areas, but it is challenging to make them stay as educators. They do not stay for more than a year in average". As a result the Red Cross Youth needed to search for more motivated people, preferably with higher education in addition to relevant qualities like being able to speak in front of a group of people. In practise this means that the relation between the target group and the educators are not as close as one may have wished for.

The gender relation of the educators is more or less 50-50 girls and boys with a slight overweight of girls. Most of the programme coordinators I talked to claimed there were few

gender related problems in the programmes. “Sometimes I guess there could be a little challenging with girls not getting enough respect from boys” (Nelson, facilitator in the area of Boca Chica). “They may think it is funny subjects to kid around with and sometimes they make sexual jokes just trying to be cool. In schools the problem is less visible as it tends to be more structured groups in addition to the teachers may be peaking in. But the street kids (see below) are tougher and can be more of a challenge” (Nelson). The facilitators visit the first and the last block of the sessions in order to step in if there are any problems or just to be of assistance to the educators.

The educators are trained to be educators during a Red Cross Youth intensive course, held over a weekend. They are trained by facilitators. In the training of the educators they emphasise on developing necessary skills to conduct different learning techniques in addition to a comprehensive understanding of the subjects in focus. A lot of money is invested in the training of the educators and the organisation has set a minimum of blocks that the educators need to complete every month to make it worth the expenses of their training.

The facilitators are most often grown ups with higher, though not necessarily relevant, education. The facilitators are trained by the Red Cross Youth administration in Santo Domingo

6.1.4 Target group

Juntos Sí Podemos is a programme aimed at adolescents in poorer areas of the Dominican Republic. Their target group is adolescents aged 14 to 24 years, but most of the people participating are between 14 and 18 years. However, Nelson told me that the programme also attracts grown ups that come and listen to presentations together with their children. Alex said: “Age difference is not considered a problem. In the different school classes we visit people will be at the same age anyway”. The programme is held in schools, churches and other activity centres where youth are gathered. Sometimes they form groups of people living in the same neighbourhoods, earlier referred to as street kids. When I asked Alex if they were taking any specific consideration to race or colour of the target group he said: “Groups are very mixed. The Dominican society is a society where everybody is aware of colours. People can call each other ‘*negra/o*’ (Black or Negro man or woman), but it does not have to be anything negative about it”. The educators, if they see the need, come back to the same areas several times. Alex said “Everyone who wants to participate will have the chance. However it is not always the most vulnerable who get to be chosen even though this is encouraged from the national level. As the educators need to have a certain amount of presentations every

month, some of the peer educators choose people from their own class, as this is kind of an easy way out". The national coordinator has tried to encourage quality instead of quantity but this has not been easy according to Alex. Both Alex and Nelson informed me that it is not really a problem to find schools to visit. Nelson said "The sexual education in the schools is very limited. There are some other NGO projects at some schools, but many schools have no sexual education at all and our presence is important".

The JSP programme is conducted in five provinces in the Dominican Republic. Santo Domingo[21], Distrito Nacional[22], Barahona, San Pedro de Macoris and San Juan. Although there are some similarities between these districts in the sense that they are rather poor districts with little tourism, with an exception of touristy areas in Santo Domingo, and to some extent Boca Chica, the locations are more or less randomly chosen according to my informants and the need for sexual health education programme exists in several areas in the Dominican Republic.

Dominican youth is regarded as the target group and that makes it difficult to draw general characterisations of the group. In my conversation with the European delegate John who was monitoring the programme for Santo Domingo for a couple of years, said: "People are very sexual. It is a sexualised society people are very playful, not embarrassed at all. In the weekend gatherings (the training of the educators) we always have a disco in the evening and it was a bit shocking for me to se the sexual movements on the dance floor. It is sexualised. People are willing to talk about it as well".

6.1.5 HIV and AIDS prevalence and knowledge

A national survey from 2007 shows statistics on how many people in the Dominican Republic is considered having satisfying knowledge about HIV transmission. I will show the results from the five provinces where JSP is conducting their programme. In the survey it is considered that a you have comprehensive knowledge about HIV/AIDS if you said that condom use during sex and having one faithful partner can reduce HIV infection, if you know that a person who looks healthy can have the AIDS virus, and if you reject the idea that the virus that causes AIDS can be transmitted by supernatural means /sorcery or sharing food (Encuesta demográfica y de salud. República Dominicana, 2007).

The numbers show girls and boys aged 15-24 years who has satisfying knowledge

[21] Santo Domingo is both the name of the capital city and a province.

[22] Distrito Nacional is a subdivision of the Dominican Republic enclosing the capital Santo Domingo and is not within any of the provinces. However, in its effect it works as the nations thirty-second region or province.

Santo Domingo	Girls aged 15 to 24 years-45,3%	Boys aged 15 to 24 years-39,6%
Distrito Nacional	Girls aged 15 to 24 years-43,9%	Boys aged 15 to 24 years- 39,4%
Barahona	Girls aged 15 to 24 years- 31,0%	Boys aged 15 to 24 years- 25,8%
San Pedro de Macoris	Girls aged 15 to 24 years- 47,3%	Boys aged 15 to 24 years- 37,6%
San Juan	Girls aged 15 to 24 years- 46,6%	Boys aged 15 to 24 years- 24,3%

From the table we can see that the comprehensive knowledge of girls about this disease is higher than boys. This applies regardless of age, marital status, residence background, education and wealth.

In conversation with John I asked if he thought people and the Dominican youth specifically have satisfying knowledge about HIV and AIDS in the Dominican Republic he said: “People do not know a lot. And they do not care enough- youth are not good at thinking about the future. HIV/AIDS are something that does not happen to them. The prevalence rate is not high enough in this country for people to really feel it, besides people still think of HIV in relation to gay people and prostitutes”. The national survey states that in the year 2007, 0,4% of girls aged 15-24 years and 0,2% of boys the same age were classified as HIV positive (Encuesta demográfica y de salud. República Dominicana, 2007, p.279). “I think they should be more scared. People are promiscuous. Even though it is not said directly, people insinuate and make jokes about their promiscuity all the time. Men have lovers” (John). I was also told that as a consequence of a low knowledge level there would be a lot of stigma related to HIV positive people. Alex said: it (stigma) is an issue that we address in our programme. We have experienced that people do not want to be educators or that people do not want to participate in the programme because they are afraid people are going to think they are HIV positive. Former counsellors from other HIV programmes has sometimes been HIV infected. Parents, relatives or the peer instructors themselves will not be resembled with that”.

6.2 The material

The manuals used in the programmes were developed by Louis Hue, the director of the project from the Jamaican Red Cross and Nancy Fee, consultant from the IFRC. They were first tried out in rural areas in Jamaica and there after reviewed for further improvement (Juntos Sí Podemos). The manuals used in the different countries to day are adjusted to fit

different cultural contexts and to address issues and topics relevant in the respective areas. Hence the education manuals that I discuss in this chapter are distributed from the IFRC in Geneva but the wording, names and examples are changed in order to better fit the Dominican context.

The manuals are used continually through all of the four blocs of a session. In the first block there is additionally a question form that the participants are supposed to fill out. The question form aims at mapping out the participant's knowledge level under the subjects of STI's, HIV/AIDS, symptoms, and protection from infections and unwanted pregnancies. The question form will be handed out for a second time for the participants to fill in at the end of the last block. In that way the educators can see how efficient the session has been in form of an increased knowledge level amongst the participants. There are two manuals one used by the educators and one used by the participants. Those two manuals are very similar. The difference is that the manuals used by the educators contain tip and advices on communication and teaching methods. The manuals are quite big, the one handed out to the participants are 49 pages and the other used by the educators are 72 pages. They are divided in to four unites, one unit used for each bloc. In the educator's manuals there is listed up a time table telling the instructors how much time they should spend on each subject or task. The manuals contain short stories, cartoon illustrations, board games and questions used for discussion amongst other things. Both of the manuals will be a part of his analysis, but as the content of the manuals are the same I will have my point of departure in participants' manual and analyse the main themes presented there. Then I will supply the analysis with additional points presented in the manuals for the educators. As there is no room in this thesis to cite the manuals in their full lengths, I will choose some of the contents from each unit that illustrate the identified gendered challenges in reference to HIV/AIDS and the strategy that the organisation is using to deal with the challenges.

6.2.1 First unit: Learning more about HIV, AIDS and STI's

Important messages for the youth

1. *If I have sexual relations without protection I am at risk of getting a STI including HIV (that causes AIDS) or have an unwanted pregnancy*
2. *I can make sure I don't get infected with HIV or a STI, or that I do not get an unwanted pregnancy by abstaining from sexual relations*

3. *I am not going to get infected with HIV if I touch or eat with an HIV infected person, or if I use the telephone or bathroom or swim in a swimming pool with someone infected with HIV*
4. *I need to think about my attitude and values in reference to sexual relations and decide when, with whom and how*
5. *I can refuse to give in to the pressure from my friends to have sexual relations when I am not yet ready*
6. *When I decide to have sexual relations I need to use latex condoms correctly every time no matter what type of sexual relations it is*
7. *We need to work together in order to acquire knowledge from each other about how to prevent HIV, AIDS, STIs and unplanned pregnancies.*

The family circle

The manual are in this part focusing on decision making and consequences and state: *Remember that decisions made when you are young can have a grate impact for the rest of your lives*. The story is presented to the participants and the participants are supposed to help the character of the story (*Andrés* and *María*) to make decisions concerning postponement of sex. The participants are additionally supposed to answer the questions listed under the story.

During the last six months, Andrés y María has been going out; Andrés is 16 years old and María 14. Everyday, Andrés and María has become more intimate and now they are thinking about engaging in sexual relations; we should help them make this decision.
I wish to get to know the rest of Andrés family.
For the time being Andrés is living with his grandparents, Frank and Ana, his mother, Susana and his stepfather, José. Before this, when Susana was 15 years old she met Juan, Andrés' father, who was 25 years old. As she felt quite alone in the house she often sat down to talk to Juan. She felt like she could tell him everything and she often felt like talking to him. After a while they developed a sexual relationship. Susana became pregnant with Andrés and moved in with Juan. Now, however, things started to change. Juan started to physically abuse Susana and she had to move back to her parent's house. Two years later she met José who was a nice man and only abused her when she made him angry. José and Susana has two daughters together named ________ and ________ (the students are suppose to fill in their names)*, who are very attached to their father. José has to travel a lot in his construction work and only returns to his family a few weekends. Andrés spends most of his time with Tomás*

and Ramón, because in addition to his family, his aunt and her four children live with them. Both Tomás and Ramón are sexually active and are advising Andrés to have sex with María. But the matter of fact is that Tomás has been infected with an STI two times already.

- *What kind of relationship has Andrés got with his sisters?*
- *What can you tell me about Andrés?*
- *How does his lifestyle affect him?*
- *What kind of advice did Tomás give Ramon?*
- *Where are Maria and Andrés spending their free time?*
- *What are Maria and Andrés doing when they are together?*
- *What is Andrés doing on his spear time?*
- *How are they doing at school?*

Remember that

In the next page JSP are listing up important messages for the participants to remember. This is not a task for them, just information the organisation finds relevant for the target group.

- *HIV mainly transmits when you have sexual relations without protection, between men and women and men and men if on of them is infected.*
- *HIV does not transmit by shaking hands, using the same phone or sitting at the same seat as someone who is infected with HIV*
- *A person who is infected with HIV or AIDS has the same rights as every one else and one need to respect that*
- *A person who is infected with HIV may not have any symptoms or may not even be aware that he or she is infected*
- *A girl or a woman using birth control pills can get infected with a STI including HIV*

6.2.2 Second Unit: Our values and the risks of HIV and AIDS

In the second unit there is a section called *Letters to Aunt Maggie.* The participants are suppose to help Aunt Maggie to answer letters that have been sent to the *Aunt Maggie* column in the newspaper. The exercises are has the aims of helping the participants think about what they have learned about HIV, AIDS and STI's, in addition to the impact and consequences it may bring.

Dear Aunt Maggie
My name is Rosa and I am 19 years. I am worried about my younger sister, Julia, who is 15 years old and still in school. Julia has a boyfriend named Peter and is 17 years old. Julia and Peter have been dating for some time. I see they are beginning to look at and touch each other. I had a baby when I was 16 so I know that people will fall into the temptation. And now with all these diseases I'm worried about them. Should I talk to my sister? What should I tell her? Please tell me what to do.
Regards Rosa

Dear Aunt Maggie
I am worried. My uncle has lived in New York but now he has returned back home. He lives at our house and he is thin, sick and very sad. I'm worried because maybe he has got "the virus". But he hugs me and I do his laundry. I live my uncle but I don't want to die. I'm scared of being close to him. What should I do?
Martín, 15 years (it's not my real name)

Dear Aunt Maggie
Hi, I'm Perla and I'm 16 years old. I live in a house with my mother. I have a baby who is five months. My problem is that I'm still in love with the father of my baby, Samy who is 25 years old. I heard that Sam went out with other girls when I was pregnant and that one of them has a disease. Samy wants us to be together again, but I'm worried about those other girls and the disease. I thinking about using condoms, but Sam refuse to use them. My mother tells me not to be silly; Stay home and finish school. Tell me what to do, I love the father of my baby and not want to lose him.
Thank you, Perla

Risk of HIV transmission game
In the next task the participants are suppose to categorise statements. The statements are presented randomly on a sheet of paper and the participant should place them under the headlines; 'Actions that causes risk', 'actions where you need to be aware' and 'secure actions' (I have listed them in the correct way according to the manual).
<u>*Actions that cause a risk are:*</u>

- Having many sexual partners.
Remember, some people are infected with HIV after having sex only once with an HIV infected partner.
- Vaginal intercourse without condoms
- Sharing a needle
- Having sex from behind (anal sex) without condoms
- Become pregnant while infected with HIV (risk to the baby)
- Using oil-based lubricant

Actions where you need to be aware are:

- *Give first aid to someone who is bleeding*
  There is very little risk if you use the appropriate measures for first aid and take precautions, like using rubber gloves.
- *if you use someone else's razor*
  If a person infected with HIV and there is blood on the razor
- *Piercing your ears*
  If one shares needles with someone else, if not there is no risk
- *Oral sex (mouth towards the vagina or mouth towards the penis)*
- *Vaginal sexual intercourse with a condom.*
  If the condom is used correctly the risk is enormously reduced.
- *Getting a tattoo*
  If one shares a needle that has not been sterilised

Secure actions are:

- *Give a hug to a person who lives with HIV or AIDS*
- *Give blood*
- *Use a public bath*
- *Swim in a swimming pool*
- *Give first aid where there is no visible blood I addition to using appropriate measures for fist aid and taking precautions.*
- *Abstinence*
- *If you are bitten by a mosquito who earlier has bitten an HIV positive person*

6.2.3 Third unit: Avoiding HIV, ADIS, STI's and unplanned pregnancies

In the third unit one of the tasks the participants are going to read a story. Afterwards the participants are suppose to make up alternatives to what Ángela and Marcos could have done in order to end the story differently.

The story is not cited in its full length (my translation):

The story of Ángela and Marcos

Ángela and Marcos are students. She is in the fourth year and is 16 years old. He is 18 years old and is in the sixth year. Both of them are doing well in school. Ángela wishes to continue studying and eventually become a lawyer. Marcos wants to become an accountant.

Ángela and Marcos have known each other for a long time. During the last year they have become a lot closer and now they are very special friends. Marcos is beginning to think that

he wants to have sexual relations with Ángela but he is not sure if she is going to say yes. His friends are bragging about their sexual relations and Marcos fear that they are going to start looking at him as a little child since he has not had sexual relations yet. Ángela has started to worry that Marcos will pressure her to have sexual relations. She does not feel ready yet and her mother has advised her to wait. But Ángela loves Marcos and wants him to stay her boyfriend.

The story continues with Marcos and Ángela going to a party where they drink a couple of beers. They dance a little bit and then they go out to cool down. Marcos proposes them to have sex.

Marcos tells Ángela that he loves her and that she is very important to him and that he wishes to come closer to her. Ángela also loves Marcos and she is feeling a physical need. But she does not know what to do. All of her friends have told her how marvellous making love is and how it makes you a woman. Marcos continues to caress and persuading Ángela. She says no and tries to push him a way, but she is not being very firmly or serious. Quickly Marcos pulls of her skirt and has intercourse. It goes very quickly and afterwards he feels a shame.

After this the couple continues to have sex when they meet. Ángela becomes pregnant and has to quit school in order to take care of the baby. Marcos family becomes so mad that Marcos' father refuses to pay for his son's education. The story ends with them separating from each other.

Self determination

In the next task the participants are learning about communication and self determination. The educator's manual states: Tell the group that you have learned the importance of thinking about your values and make decisions about your friendships, relations and sexual activities. Once you have established your values and decisions you need to have self-determination, that way others respect your values and decisions.

Styles of communication

	Without self-determination	*Self- determinate*	*Aggressive*
	- small *- not very clear*	*- clear* *- specific*	*- is not being specific in terms*

Essences	*- indirect*	*- direct* *- problem oriented* *- solution oriented*	*of the message aimed at the other person*
Voice	*- Low* *- Rambling*	*- clear* *- restrained tone*	*- generally high screaming*
Facial expressions	*- avoiding eye contact* *- looking down*	*- eye contact*	*- looking ferocious*
Posture	*- stooping* *- nervous*	*- straight* *- comfortable*	*- stiff* *- tense*
Your feelings	*- timid* *- anxious* *- scared*	*- secure* *- self confident* *- comfortable*	*- hypocritical* *- angry*
The other persons feelings	*- confused* *- unclear*	*-respectful*	*- hurt* *- angry*
The outcome of your behaviour	*- invitation to a conflict*	*- a change of the situation* *- a change of the other persons behaviour*	*- degrading the other person*

The educator's manual states: Now that we had the opportunity to practice their self-determination, think about how to have self-determination in a conversation about sex with your partner. You are practicing these techniques so that when the time comes, you can use your self-determination to help you protect your values and decisions.

The headlining is:

If you love me you would…

Pressuring sentences	***The best answer***
If you love me you would have sexual relations with me	*If you love me you'd wait until I'm ready*
The whole world has had sex	*I'm not the world, I am me. And I really*

	don't believe that everyone else has had sex. But it's fine, if that's the case you should not have any problem finding someone to have sex with
It's part of growing up	*Having sexual relations is not a part of growing up. To me saying what you believe and stick to that is a part of growing up*
Don't you want to know what it's like?	*Yes, some day. But that is not a good reason for having sex now*
- At your age, you are going to be sick if you don't have sex soon	*No I won't, but I will get sick with an STI if I do*
- You really want to, you are just Afraid of what other people would say	*I am the one who know what I want. And I do not want sex now*
If you get pregnant, I'll marry you	*I don't want to risk becoming pregnant and I don't want to get married now*
If you do not agree with me I'll find another partner	*I'm starting to feel that I'm just a body to you. Maybe we need to reconsider our friendship*
You can't get pregnant the first time	*That is not true, you don't know the facts. Besides I risk getting infected by HIV or another STI*
Don't worry, I'll pull it out in time	*Pulling out in time is not enough. I still risk getting pregnant*
You want to as much as I want to	*No that is not true, I have a lot of plans for my life and I do not wish to make a mistake and get pregnant now*
What's going to happen if we do it?	*I really like you and I really want to be in a relationship with you, but at this time in my life I am not ready for it.*

The programme also presents what they call:

3 ways of gaining self-determination

1. Say no and just keep saying no. You don't need an excuse or reason to say "no".

2. State clearly how you feel.

3. Refuse to discuss the subject further and remove your self from the situation

6.2.4 Fourth unit: Practising more secure sexual relationship

One of the tasks in the fourth unit is to make up a dialog between two people at a cartoon drawing. The drawing has six windows showing two people engaging in a conversation. The first plot goes like this: *Daniel and Elisa is a couple. They have not yet had sex. Help them decide to wait on having sex until they have finished school.*

The second plot goes like this: *Lisa got to know a new boy at a party and now she is thinking about having sexual relations with him. Her friend Sheila advises her not to have sexual relations with someone that she does not know.*

Presented next in the unit is instructions on how to use a condom/femidom and how to treat it

1. *Store the condom/femidom in a cool and dark place if it is possible. The heat, light and humidity can damage the condom/femidom.*
2. *Use condoms/femidoms made out of latex*
3. *Bee careful when using the condom/femidom. Nails and rings may damage the condom/femidom*
4. *Use a water-based lubricant*
5. *Do not use cooking oil or butter, baby oil, mineral oil, Vaseline, ream of body, body lotions, suntan oils, creams, cleansers, butter or margarine. These substances can cause the condom to break or burst*
6. *Do not unroll the condom before using it. You can weaken it and besides a condom that has been unwinding can be difficult to place. Keep extra condoms at hand, if you want to practice.*
7. *Use another condom if the one has; been torn or damaged, if the date has passed the manufacturing date with more than five years, if this uneven or has changed colour, this crisp, dry or sticky.*

Source: (Juntos Si Podemos)

6.3 JSP's identified risks factors

From analysing the manuals one can detect quite a few causes that the organisation has presented as HIV/AIDS risk factors. Unlike the CMS flyers where most of the identified risks are explicitly articulated, JSP is not as direct in their statements. One needs to look at the

stories and the tasks presented in the manuals to understand what JSP regards to be problematic in relation to HIV transmission amongst youth in the Dominican Republic. We need to keep in mind that the point of this programme is not only to prevent HIV/AIDS transmission, equally the organisation wishes to address the risk of other STI's in addition to unwanted pregnancies. However, the strategy used to achieve one of these goals can be used to achieve all of the goals so this will not be considered in the analysis of neither the identified risks nor the strategy. Unlike CMS, one cannot so easily spot gender to be prominent in the JSP's analysis of the situation. They do not, in contrast to CMS, have an explicit gender perspective on their work, and are as a result not as explicit in their formulations concerning gendered related risks. However, through analysing the manuals one can see that they do address the issue, but perhaps in a more subtle way.

6.3.1 Sexual pressure in a gendered perspective

The manuals are in several instances addressing the issue of pressure. They write about; direct peer pressure, friends encouraging, tempting or advising friends to have sex *(Both Tomás and Ramón are sexually active and are advising Andrés to have sex with María)*, or just a more subtle pressure from the society to feel 'normal' or accepted by your friends, (*His friends are bragging about their sexual relations and Marcos fear that they are going to start looking at him as a little child since he has not had sexual relations yet).* However, one can also see a pressure connected to stereotypic Dominican gender roles and peoples desires to fulfil them. In reference to the story about Marcos and Ángela we can see clear differences in the two character's behaviour that illustrate this point. Like mentioned above the story says that Marco is afraid of being regarded as a child by his friends if he does not soon chose to have sex. This can lead us to think that going through your sexual debut is regarded as kind of a milestone for the boys and a part of becoming a man in the Dominican Republic.

In relation to Ángela we can actually see the same kind of pressure from her friends. They are similarly encouraging her to step in to the adult world (*All of her friends have told her how marvellous making love is and how it makes you a woman).* Here the story more or less deviate from theory presenting the stereotypic female gender role. Instead of her friends telling Ángela how to be virgin-like and wait until she gets married to have sex they are rather tempting her by telling her how marvellous it is. The story has earlier presented Ángela as a rather decent and normal girl who attends school and has ambitions for her future. Nowhere do we get the impression that she is any sort of rebellion or an especially difficult girl. She is not dependant on Marco's money, and need not have sex with him for that reason. She is

simply in love with him and eventually gives in to her feelings. This can lead us to think that JSP has recognised young Dominican girls' passion and feelings to be an equally important risk factor as boys' lust for sex. Quite a different picture than the one presented by CMS. One can however see that Ángela is probably a bit more restricted by her morals and upbringing (*her mother has advised her to wait)* and therefore she is a bit hesitative and eventually it is Marcos that is pressuring her into having sex.

The story makes another valid point as well, earlier addressed by CMS and academics in the field. The story says that Ángela is in love with Marcos and that she does not want to loose him. By that we understand that Ángela knows that she is at risk of loosing her boyfriend if she decides not to have sex with him. That some men choose to leave their women if they do not want to have sex with them is problematic in reference to HIV transmission. In Angela's case the consequences are not as bad as it is for many women who may be without a job and have a lot of children to support and have no option but to give in to the man's requirements and stay in a relationship with him. The consequence in Angela's case does not seem to be that drastic. She will probably loose the guy that she is in love with. However one should recognise that this can have very real consequence for a teenage girl and therefore creates a difficult dilemma for Ángela.

Boys pressuring girls into having sex is also thoroughly addressed in the text 'Pressuring sentences and the best answers' in unit three. It is not explicitly written in the text that the pressuring sentenced comes from a boy and that a girl is responding. By the first look it can look as if both sides can be represented by a girl or a boy. However, further down in the text one sees statements saying; "*If you get pregnant, I'll marry you"* and *"Don't worry; I'll pull it out in time"* telling the reader that these sentences are being used by a boy pressuring a girl into having sex. In the same way we know that it is a girl responding when it states: "*Pulling out in time is not enough. I still risk getting pregnant".* One can therefore assume that the programme is experiencing boys to be more 'dangerous' in terms of pressuring girls into high risk behaviour than the other way around.

6.3.2 Gender roles as a risk factor

A lot of the text in the manual tells stories about a boy and a girl and one could claim that many of the characters in theses stories are to some extent coloured by the stereotypic gendered characterisations of Dominican males and females. Girls are always engaging in relationship with boys of the same age or older. They are never younger. Age difference between boys and girls within a relationship is brought up as an issue in theory of HIV/AIDS

prevention. Girls who engage in a relationship with older boys are at a higher risk of HIV infection as these boys more likely has previous engagements in sexual relationship and hence are at higher risk of being infected.

Boys are pushier and more sexually aggressive than girls in most of the stories. They are portraying gender roles that we can recognise from earlier presented theories. For instance, in the story about Marcos and Ángela it is interesting to see that after Marcos has decided that he wants to have sex with Ángela he enters the role of a typical Dominican *tíguere.* He is confident, goal oriented and with smooth talk he gets what he wants *(Marcos tell Ángela that he loves her that she is very important to him and that he wishes to come close to her)*. Without denying that Marcos actually loves Ángela, he can still be characterised as a gifted talker to use Krohn- Hansen's (1995) term. Ángela on the other hand is portrayed as more hesitative than Marcos. One could think that she is restrained a bit by her values of respectability and is clearly struggling between her desire to have sex with Marcos and her desire to be a good, descent and virtuous girl (*Ángela also loves Marcos and she is feeling a physical need. But she does not know what to do).*

In one of the *'Letters to Aunt Maggie'* from the second unit, we also see a boy, Samy, being portrayed as sort of a womanizer who is busy dating other girls while his former girlfriend, Perla, is staying home pregnant longing for him. When he decides that he wants to get back together with her he does not appear to be a humble boy who regrets his previous actions and begs for her forgiveness. He is still setting the terms for their relationship while the girl is once again is torn between the love for her boy and her better judgement.

Looking at the text called '*pressuring sentences and best answers*' one can also clearly see the reflection of the Dominican stereotypic gender roles. The boy is the one that hunts the girl by tempting her (*Don't you want to know what it's like?),* persuading her *(You really want to, you are just afraid of what other people would say),* threatening her *(If you don't agree with me I'll find another partner)* and convincing her to have sex *(You can't get pregnant the first time).* Like Krohn- Hansen (1995 and 2001) describes the *tíguere* he is sly with talent for improvisation. He is astute and socially intelligent; both courageous and smart; both cunning and convincing; and a gifted talker who gets out of most situations in manner acceptable to others, while he himself at no moment steps back, stops chasing, or looses sight of his aim (that may be women, money, a job, a promotion etc.) (Krohn-Hansen, 1995, p.236-237). The girl is supposed to act as the respectable one by being mature *(Having sexual relations is not a part of growing up. To me saying what you believe and stick to it is part of*

growing up), and the sensible *(No that is not true, I have a lot of plans for my life and I do not wish to make a mistake and get pregnant now)*

6.3.4 Other identified risks

There are several risk factor identified in the manual that do not necessarily have gender as an issue. For instance the organisation is giving a lot of space in the manuals to a focus on primary knowledge in reference to HIV, AIDS and STI's, and from that one can presume that the organisation is regarding the poor knowledge level amongst the participants to be causing a higher HIV risk amongst the target group. In addition it is interesting to see that the manuals, when talking about safe contraceptive, in several places are emphasising that it is important that one uses condoms out of latex and water based lubricant to secure safe protection. The manual state: "*Do not use cooking oil or grease, baby oil, mineral oil, Vaseline, body cream, body lotion, suntan oil, face wash creams, butter or margarine. These substances can rupture the condom or make them roll off".* Assuming that the organisation knows their target group one could say that the youth's good imagination or perhaps lack of better alternatives are considered a risk factor. If the meaning behind this is to criticise the lack of access to necessary means to practice safe sex, it does not come clearly out of the text.

They also mention early sexual debut to be a concern in relation HIV. In the task *'Letter to Aunt Maggie'* Rosa is worried about her younger sister Julia who is dating a two year older boy Peter. (*I see that they are beginning to look at and touch each other. […]. And now with all the diseases I'm worried about them*). They mention several sexual partners to be a risk (*I heard that Samy went out with other girls when I was pregnant and that one of them has a disease. Samy wants us to be together again, but I'm worried about those other girls and the disease).*

6.3.5 Gender structures

In the text of JSP it appears to be gender roles, masculinity and femininity and the structure of cathexis that is most prominent in relation to HIV/AIDS transmission risk. The organisation is portraying quite stereotypical Dominican gendered characters which for the most part are living up to the Dominican structure of sexual behaviour. Boys appear to be forward, virile and sexually active. Girls in general appear more hesitative, virtuous and innocent, a description matching theories that describe men and women who live up to Dominican gender roles.

Unlike CMS, JSP does not mention lack of female participation in decision making organs, or lack of education amongst girls to be a HIV/AIDS risk factor. They do not make any clear references to the sexual division of labour or power as problems in relations to people's vulnerability to HIV/AIDS. Hence one can presume that the organisation does not regard the societal gender structure to be a problem. However, what is interesting to see is that it may seem as if they have given many of the male character a subtle sort of confidence that the girls lack. When reading '*Pressuring sentences and best answers'*, the boys appear to be confident, relaxed and more or less carefree in relation to premarital and 'high risk' sex. They do not seem to worry too much about the future and possible consequences of their actions. They know that if they make a girl pregnant, she is the one who probably has to drop out of school, while he is safe. One can ponder on where such a confidence comes from. Maybe it shows a societal power structure that benefits and boosts boys. Maybe it is a male confidence that arrives from the fact that a patriarchal society, a society where men outnumber women in positions of power and prestige, plays to boy's advantages and makes them more relaxed about the future. On the other hand, the picture we get of the Dominican girl is that of a responsible girl, a grown up girl and a worried girl. She appears to know that she need to take good care of the opportunities that she gets in life and that mistakes can have severe consequences. JSP is absolutely showing us examples of the responsible girl and a more carefree boy who to a larger degree seams preoccupied with how his friends regard him. The description of the manuals presentation of gender gives resemblance to Wilson's (1969) description of gender in the Caribbean. Men hang out in bars or the football park, playing a game of Domino and drinking beers, spending money - although not always very wisely. In Wilson's (1969) article it is reported about the male low class sugar town workers in the Andros Island that "a few weeks with money to spend in the taverns and at the gaming tables followed by a few weeks of enforced idleness and dependence on the charity of strangers" (Wilson, 1969, p.76). Men in general seem to live a life without to many worries. Women on the other hand, are worried about keeping a good appearance and a descent family, and they should not do anything inappropriate etc. They do not appear to have the same confidence and calmness as men do. We can also look at the stories of Vin and Oria, earlier introduced in the chapter called 'Gender in the Dominican Republic'. Vin could easily and openly tell me about his extramarital affairs, and seemed quite relaxed about the whole thing and did not seem to bother if anyone got to know what he was doing. Rather opposite, he was proud and bragged about the situation. The only worry he had was if is wife was to find out. My friend Oria other hand, she was very worried about the consequences of her behaviour. What would happen if

other people found out that she was going away with a boy? Maybe she was afraid of loosing her job? Oria lived with her mother and sister in a rather poor neighbourhood. She attended Mass every Sunday and she told me that she was saving up for a new couch. She was dependent on a stable future and economy and at all time she appeared responsible and descent. She could probably never so openly have admitted an extramarital affair if she ever had one.

6.4 The HIV/AIDS preventive strategy of Juntos Sí Podemos

6.4.1 Raising the knowledge level of the participants

The manuals as already stated are using a lot of time teaching the participant's basic fact on how HIV transmits, the symptoms of HIV infected people (which are no symptoms) and how one can protect one self from the virus. The first unit is called 'Learning more about HIV, AIDS and STI's' where the manual gives fundamental information on; how HIV mainly transmits in sexual relationships without the use of condom, that birth control pills do not protect you from HIV and that other ways of avoid infection is by being abstinent or faithful to a partner who is faithful to you. It is evident that the strategy relies on raising the knowledge level of the target group. They have set a low standard in terms of a pre-knowledge level amongst the participants as the very thorough and informative manuals gives basic and uncomplicated information. For instance they write: "*if I have sexual relations without protection I am at risk of getting a STI including HIV (that causes AIDS) or have an unwanted pregnancy"*. This is information one could assume that most people within the age of the target group would know. The manuals also make a point out of repeating important messages several times. This unit, in the manual, is also teaching the participants how HIV and AIDS do not transmit. This way of addressing the issue of HIV transmission can be useful in that it does not create unnecessary concern about for example a mosquito bite, and at the same time it does not promote further negative attitudes and stigma towards people already infected by HIV.

According to national statistics, fewer than 50% of the Dominican youth can be said to have a satisfying knowledge level about HIV and in some areas the percentage was as low as 25% (see page 89). The survey in particular shows that amongst these youth, only 52.9% knew that HIV cannot transmit via a mosquito bite and only 69.2% knew that HIV cannot transmit by sharing food with an HIV positive person. In light of this information one could claim that making sure the target group have the necessary information about the sources of

transmission is very important. One should keep in mind that for some of these adolescents a programme like JSP may be the only access they have to this type of information. *La Secretaría de Estado de Educación y Cultura* (State Secretary of Education and Culture) developed a sexual education programme that was to be implemented into the curriculum of Dominican schools. It is called *'Programma de Educación Afectivo- Sexual'*, (PEAS) (Affective Sexual Education Programme) and the State Secretary of Education and Culture states that: "PEAS is conceived to be a programme with different contents fitted for every stage of the human development. There are specific themes in each of them, emphasising the promotion of human rights, gender equity and the prevention of unplanned pregnancies, exploitation and sexual violence, abortion, STI / HIV/AIDS. PEAS is for everyone/all children, adolescents and adults, it should therefore be integrated into the curriculum in all public and private schools of the Dominican education system" (Programma de Educación Afectivo Sexual, 2003, p.7, my translation). The problem is however, that even though PEAS is implemented in the national curriculum, not every school chooses to follow it. I was informed by informants at the Red Cross and from COPRESIDA that it was regarded as a serious problem that school teachers and headmasters chose not to implement this strategy at their schools. The reasons for not including this programme range from personal believes, religion, a traditional taboo attitude towards these subjects to the fact that it may simply be regarded as not important enough to spend the necessary time on it in a rather hectic school year. A programme like JSP should therefore take in to account that there may be a lot of participants with little or no knowledge of the subjects.

The manuals are easy to read. They are colourful, attractive with photos and informative drawings. They do not at all appear boring and overwhelming. It can be considered a good strategy considering illiteracy or near illiteracy and an age group that may have a hard time focusing on what they deem not interesting.

6.4.2 PBC and condoms

In terms of strategy the JSP programme chooses no clear line. They are both promoting use of condoms and primary behaviour change. They place emphasis on the importance of using a condom when practicing sex, and to be mindful if; you cannot be sure that a person does not have a sexual transmittable infection, if you cannot be sure that you yourself do not have a sexual transmittable infection or if you do not wish to get/make a girl pregnant. The manuals are careful to teach the participants about condoms; how to store them properly, how to open them and how to put tem on. The description on how to put them on is

detailed and easy to follow. The organisation is also promoting the femidom and equally has good illustration on how to use this type of contraceptive.

However, the programme is also presenting arguments of abstinence and postponement. In the section *'Pressuring sentences and best answers*' the strategy they advice is postponement of sexual relationship. By further analysing the material one can detect a lot of focus on teaching the target group, in all situations, to consider their behaviour, the consequences of their actions and what options which are available to them. It seems like the programme for the most part would like the youth to decide for themselves what strategy they find most convenient or suitable. The task called '*Letters to Aunt Maggie'* is an example of this as the participants are free to give the advices they want.

6.4.3. Gendered mixed thinking – standing up to sexual pressure

As previously mentioned, pressure is emphasised as an issue several times in the manual. As seen in the previous analysis of identified risks pressure come from close relations in addition to the societal pressure of being gendered within a special context - fulfilling gender roles. By giving the participants tasks to solve they are forced to think about what they would say and do if they ever were to face such a pressuring situation themselves. In the story of Marcos and Ángela the participants are supposed to change the story so it has a happy outcome. In *'Letters to Aunt Maggie'* the participants are suppose to write tips and advices to Perla who is considering taking back her old boyfriend and have unprotected sex with him even though it is probable that he has got an STI. They are supposed to instruct Rosa on what to tell her little sister in order to prevent her from a too early sexual debut with her boyfriend. These tasks require the participants to reflect around several issues; for instance they need to know facts in relation to HIV transmission and protection from the virus, they need to think about their own believes and values when considering their sexual debut, sexual pressure from a boyfriend and sexual pressures from friends, but perhaps most important, they need to figure out and practice how to communicate and discuss these issues with other people. Additionally the task where you construct a conversation between Elisa and Daniel and Lisa and Sheila (P*ractising more secure sexual relationships*) the participants need to reflect on possible arguments and plots that can be brought up during those types of conversations and they get the chance to articulate them. Tasks like this can be very useful for the participants so that they can reflect on what they would say if they ever were to face a similar type of situation. It could also be a good arena for the participants to bring up comparable conversations that they may already have experienced and found challenging. The possibility this provides in terms of being

prepared for a pressuring situation can be regarded as very valuable. These tasks are all supposed to be solved in groups. Unlike CMS, JSP is addressing both genders in their programme and there may be certain advantages to their choice of having both genders present in groups. JSP discussion groups can be seen as a good arena for boys and girls to discuss problems, see issues from a bi-gendered perspective, give each other tips and advices and generally have an open conversation about gender related HIV/AIDS issues. Letting Dominican boys and girls talk about sex and sex related issues in a serious setting can be a way of braking down the female related structure of cathexis that is seen as an obstacle in the field of HIV/AIDS prevention. It is a way of challenging the Dominican gender structure. The JSP sessions are a good setting for everyone to take part in this type of conversation. However, it presupposes that somebody has detected gender related problems and that the educators introduce these issues to the group.

6.4.4 Gendered responsibility

Another tool that is supposed to help the participants resist sex pressure is the box of *'Pressuring sentences and best answers'*. The manual is here feeding girls with arguments and explanations they can use if they ever were to face a persuasive and insisting boy. Because as already stated, there has been identified a clear gender division in this task where boys are the ones pressuring and the girls the one arguing for not having sex. The arguments are good and can absolutely be regarded as both logic and helpful. The organisation additionally presents techniques on how to appear more assertive and confident in the way you express yourself. Once again one can say that the self determination techniques are clever and helpful. However, by making the participants practise the sentences that indicate such clear gender roles, the organisation is accepting, normalising and reaffirming these stereotypic gendered behaviours. They are not challenging any structure of cathexis; they are rather making it stronger. This exercise is firmly framed within the Dominican gender roles of both boys and girls, and as a result it may, in particular, act as a disclaimer of liability of the behaviour of the *tígueres*. Boys do not need to worry and consider consequences of the future because there is a girl there that will do it for you. She will be the responsible one and make sure no one gets hurt. If one looks at it from another angle one can say that it looks like the aim of these sentences and the self determination techniques is for JSP's to toughen up the girls. In relation to sex they should be more confident, have a firmer attitude, and be able to defend themselves. Girls need to learn how to break out of a 'destructive' gendered behaviour and stand up for their own rights. However, it is the hegemonic male behaviour that is

regarded as most problematic, and one sees no attempt from the organisation to tone down a rude, harmful and sexual aggressive Dominican male attitude. A strategy of primary behaviour change is directed towards girls but not boys.

A strategy where girls and women are supposed to be responsible and reasonable can be recognised from CMS as well, but there the flyers were directed directly towards women. In JSP both boys and girls are both part of the target group. Preferably the strategy would be to make both boys and girls responsible for their actions. One could argue that the organisation is supporting a gendered structure that is adding pressure onto girls, and taking pressure off of boys.

The most visible evidence of how this unevenly balanced gender structure is presented and reaffirmed by JSP can be found in the story called '*The family circle*'. In the family circle the issue of violence is brought up. But it is not in any way linked to HIV/AIDS transmission risks. In the story we meet Andrés and María who are thinking about having sex. Then we hear the story about Andrés' mother, Susana who was in an abusive relationship with Andrés' father, Juan. She leaves him and meets another guy, José. He is apparently also abusive but in a nicer way if we are to believe JSP's description. *"Juan started to physically abuse Susana and she had to move back to her parent's house. Two years later she met José who was a nice man and only abused her when she made him angry"*. How the organisation regards power between the man and the woman in the relationship is interesting. This particular phrasing appears to allow the male to use violence as a tool, if the male sees it justified. JSP by using *'The family circle'* as part of their HIV preventive strategy reaffirms and apparently approve of the existing Dominican gender structure - a structure that has proved to increase women's vulnerability to HIV/AIDS.

7) Concluding remarks

In this thesis we have examined organisations and scholars in the field of HIV/AIDS expressing the importance of gender as a category in HIV/AIDS prevention. Gender is a significant factor in an individual's life and it affects one's ability for protection, treatment, access to health personnel and medication, and the ability to cope when infected or affected with HIV/AIDS.

I have analysed two preventive programmes of two Dominican organisations, CMS and JSP. I have seen how the category of gender is significant in the organisations understanding of HIV/AIDS transmission problems and how gender has been a factor in the making of the two organisation's preventive strategies. Additionally I have done research on implicit messages about gender in the Dominican Republic communicated by the two organisations. I have focused my research on how the organisations communicate gender in HIV/ AIDS prevention and not on the target groups' reception of these messages.

R. Connell's (1987) theory of 'Gender and power' has been used as a tool for my analysis. Both sexual division of power, sexual division of labour and structure of cathexis are core elements in determining people's ability for HIV/AIDS protection. The sexual division of power is related to gender based and domestic violence which has been identified as an intensifier in raising the HIV transmission rate amongst women. The structure has also been recognised to weaken women's possibilities and abilities to participate in decisions concerning safe sex and protection. In relation to the sexual division of labour, we see how the gender structure can weaken women's abilities to participate in higher education and get well paid jobs, which limit their abilities to economically provide for themselves - a difficult situation that can make a woman financially dependent on her man. That puts her in a difficult position to negotiate terms around safe sex. In relation to the structure of cathexis we see that gender related ideas and images strongly programmed in a person and in a society, dictate sexual feelings, sexual behaviour and hence sexual knowledge. This makes women vulnerable to HIV/AIDS as the female ideal dictates girls and women to be chaste, unskilled and innocent in relation to sex. That puts her in a difficult position to negotiate the terms of sex and promote her sexual rights. Additionally we have seen how these structures play a significant part in the difference in male and female self confidence. Like Connell (1989) emphasised, these structures cannot be separated from each other and together they shape a

patriarchal society where women's rights, possibilities and abilities suffer. Because a societal structure advantageous to men puts restrictions on a woman's possibilities of self realisation by limiting her believes of her possibilities for the future. It is making her more careful, worried, reluctant, responsible, and vulnerable in relation to HIV/AIDS. In relation to the male behaviour one can detect more self-esteem, confidence, security, and carelessness which also make him vulnerable to HIV/AIDS but additionally makes him a threat to women's vulnerability.

In the HIV/AIDS preventive programmes of the two organisations these gender structures can all be recognised. The Dominican gender structure has earlier been summarised by saying that men are of the streets and women of the houses – men belong in the public and women in the private. In the flyers from CMS gender structure related problems are many times explicitly stated and regarded as a problem, while at JSP, gendered structure related problems can be found more implicitly in the text. However, a Dominican societal structure and social practice that benefits men is regarded as problematic by both CMS and JSP. In the strategies of the two organisations however, the gender structures are for the most part not efficiently attempted challenged. For instance CMS has a clear identification of a target group - they address women. Through their style of writing it can look as if one of the goals of CMS is to combine Dominican women in the fight against HIV/AIDS. Their including style of articulation make women feel that the problem with forced sex, resistance towards condoms and sexual violence are not unique, but concerns shared by many women. That could be a comforting and helpful thought to women who find them self in difficult situation. CMS is bringing public attention to common societal problems, many of which are often regarded as private or issues concerning only the family. It can look as if they are breaking the Dominican gender structure by bringing women and problems regarding women out in the public sphere. However, when analysing the strategy, one did not see an attempt of actually unifying these women in their battle of self protection. All the suggested arguments and negotiations were still characterised as a private matter to be discussed between the women and her man. She is not being removed out of the private space at all, just encouraged to continue fighting her battle on private ground. In relation to JSP, one could detect another type of strategy. They are to a lager extent encouraging boys and girls to discuss HIV/AIDS related problems with each other. Boys and girls are publicly discussing sex, safe sex practices, and negotiation techniques in relation to sex. JSP is by this strategy challenging norms and breaking the structure of cathexis.

One can claim that both organisations sketch a picture of boys as typical *tígueres*, and both organisations also sketch pictures of girls that, to a smaller or larger degree, harmonise with the earlier presented descriptions of girls as respectful and responsible. Both organisations regard the gender related behaviour as problematic in relation to HIV/AIDS transmission in the Dominican Republic. However, the strategies of the two organisations make no attempt to challenge or break with the gender behaviour pattern that appears to be so harmful. One could rather say that they are reproducing and strengthening a pattern they see as a problem in HIV/AIDS prevention. In both strategies girls and women have been given the responsibility of negotiating safe sex, abstinence or postponement of sex. Both strategies are relying heavily on the use of the responsible female gender role and making the girl or the woman a spokesperson for safe sex. Trough this strategy no one is confronting what is identified to be the real problem, namely the male *machismo* behaviour. By giving girls and women this responsibility, one is reinforcing the female role of being responsible, worried and careful while promoting the freedom of boys and men to be carefree, irresponsible and worriless. So by reproducing these ideal and stereotypic gendered behaviour one is hardly helping girls and women to protect them selves from HIV/AIDS. In addition, one could also question what boys and men can gain from such a strategy as one would hope that everyone would benefit from learning how to take care of their own health.

Another issue to be considered is how reliable and realistic the pictures of the gender images and gender structure are. JSP do for instance never write about sexual relationships between a boy and a girl where the girl is older than the boy. Neither do they present a story of a boy and a girl where the girl is the driving force and the one pushing or pressuring the boy into having sex with her - making him the responsible one who has to think about consequences in relation to sex and unprotected sex. In relation to CMS where men are portrayed as very sexually aggressive it does not appear to be a possibility that women, probably sometimes, engage in premarital or non-marital sexual activities. The one exception mentioned is if a man accuses the women for 'sleeping around', giving him an excuse to be violent. One of the few examples which diverge from the present gender structure is in the story about Martín (from letters to Aunt Maggie) who does his uncles laundry and is worrying that it can transmit the HIV virus. Besides from that there are few challenges to a classical Dominican gender pattern. There are few sign of a more liberal Dominican culture, earlier described by my informant Ana, where girls and women are tougher, are more participative in political life and have expectations and requirements to their husbands or boyfriends. Additionally there are few signs of the more modernised men – men whom have started to

recognise the need to stop unequal gender relations in a relationship. This begs the question, if these organisations main characterisations of the male and female gender roles harmonise with the hegemonic ideal of the Dominican male and female gender roles and these do not harmonise with the real world, could this cause more harm than help? One may be in danger of contributing to strengthen an emphasised femininity, a hegemonic masculinity, and a gender structure that does serve neither girls nor boys in their process of attaining HIV/AIDS protection.

The task of HIV/AIDS prevention is difficult. On one hand one can argue that a 'traditional' Dominican gender structure and behaviour that in several ways has been identified as damaging in relation to HIV/AIDS prevention are not purposefully challenged nor attempted to be deconstructed by these two organisations, but rather reproduced and intensified. The implicit messages concerning gender communicated by the two organisations are more harmful than helpful. As a counter argument one can claim that these two organisations are just portraying the society as they see it and reality should be taken into account in order to make a successful HIV/AIDS preventive programme. The question of HIV/AIDS prevention is urgent. Even though the organisations would like to see gender equality in the division of power, labour and in the structure of cathexis, there is hardly time to wait for such changes to happen. What seems to be clear is that gender in relation to HIV/AIDS prevention is a complex category which requires attention, comprehension and effort. Even when gender is a field of specialty, one may fail to see the messages gender is conveying. Gender is always an implicit part of communication and as a result it can not be disregarded in strategies of HIV/AIDS prevention.

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