Addressing Gender Issues among Vulnerable Adolescents through HIV Prevention in Montenegro

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Montenegro’s HIV prevention programmes among especially vulnerable adolescents recognize the specific vulnerabilities of both boys and girls and the importance of developing gender-sensitive strategies and interventions

Summary
Recognizing that gender inequality leaves girls and women particularly vulnerable to HIV infection, UNICEF has made a special effort to address gender issues in HIV prevention activities among most-at-risk adolescents from Roma, Ashkali and Egyptian (RAE) communities in Montenegro.1

UNICEF and its implementing partners focus on the situation of most-at-risk and especially vulnerable adolescents (MARA/EVA) in two economically and socially marginalized RAE communities in Montenegro: Konik, a collective center for displaced Roma families just outside the capital Podgorica; and a community of domestic and displaced RAE families in Niksic. The project aims to strengthen national capacity to include MARA in national HIV/AIDS strategies, builds the base of data regarding MARA/EVA, promotes healthy lifestyles, including sexual and reproductive health and builds leadership skills among young adolescents from the RAE community.

Gender-related issues, including differences in young women’s and men’s levels of knowledge and access to information, their risk behaviors, their differing vulnerabilities to HIV, the need for gender-sensitive prevention, and girls’ empowerment are central concerns in all programme activities.

1. The importance of Gender-Sensitive Programming
UNICEF has long recognized that HIV prevention must be built on a commitment to gender equality through girls’ and women’s empowerment. This includes issues of control over economic resources, matters of health and sexuality, as well as working to abolish human rights violations, such as gender based and domestic violence. Sex and age disaggregated data are used in analysis and documentation; gaps in the realization of girls’ and boys’ rights as specified in the CRC and CEDAW are analyzed and influence partnership, policy dialogue, knowledge brokering and programming.2

2. Background – Gender and risk/ vulnerability in the MNE Roma community
Montenegro, with a population of 625,000, gained independence in 2006 and aspires to EU membership. While the GNI per capita is USD 6,440 (2008), 10 per cent of Montenegrins

1 The HIV prevention project in Montenegro is part of a regional programme on HIV/AIDS prevention, which covers seven countries in the CEE/CIS region: Bosnia & Herzegovina, Ukraine, Serbia, Albania, Romania, Moldova and Montenegro.
overall live below the poverty line. The poverty rate among the estimated 20,000 RAE population, however, is about 36 per cent.³

The RAE community suffers from stigma and discrimination, which affects, for example, their access to state services like health and education. More than three-quarters of boys and half of girls have never enrolled in school, and it is estimated that 63 per cent of RAE have no formal education. These factors are further exacerbated in the context of displacement and legal insecurity in which many RAE families live. Most young RAE have little, if any, friendly contact with adolescents outside their community. Strong patriarchal traditions restrict the freedom of movement of girls outside their family home, and beyond the community confines, much more than that of boys.

“After school, I go home to help my mom. We girls are not allowed to go out with friends; parents often say that girls always cause problems when they go out,” Besnik (17) from Niksic

“When I go to the city center, I always get called upon because of my dark skin. No matter what I am wearing, others will call me dirty. When I went to play football in a club nearby, the trainer refused to let me participate because I am Roma.” Bayram (16) from Konik

At 0.014 per cent, Montenegro is a low prevalence country for HIV/AIDS. The main mode of HIV transmission is sexual (83 per cent), and the ratio of men to women among those infected is estimated at 4:1.⁴ Some groups of the population, however, face important risks, among them RAE adolescents. (The average age of the RAE population is only 21).⁵ Young RAW lack knowledge on HIV/AIDS, and show significant risk behaviors. Half of all RAE girls and one quarter of all boys have never heard of HIV or AIDS. Sex between men (MSM) is not uncommon among RAE youth: A fifth of surveyed young men from Podgorica have MSM experience, including as a means of survival in dire economic conditions.⁶ Most young men had their first anal intercourse before age 18; one-tenth of all boys reported that they had experienced forced sex.⁷ Yet most newly registered cases of HIV in recent years are in men who have sex with men. However, speaking about engaging in MSM-sex is surrounded by taboo and stigma.⁸ Most men who have sex with men also have heterosexual experiences, or are married, thus putting their female sex partners or wives at risk.

Gendered norms about sexuality and family formation cause specific vulnerabilities of young women in the RAE community: Men enjoy greater sexual freedom, while women are expected to be virgins until marriage and to remain monogamous thereafter. Up to 90 per cent of Roma girls are married before the age of 16, only about half of all married RAE

³ UNDP 2009 National Human Development Report
⁴ UNGASS Report Montenegro 2009
⁵ All figures are from the “Behavioral Study on HIV /AIDS among (MARA) RAE Displaced Adolescents/Youth (aged 15-24) in collective settlements in Montenegro”, 2008, conducted under the project.
⁶ same as footnote6, all from the survey conducted under the project.
⁷ same as footnote 6, all from the survey conducted under the project.
⁸ All numbers are from the survey conducted under the project, see footnote 6.
women chose their husbands themselves. Domestic violence is widespread: every second RAE woman has been a victim of some sort of violence, every third woman has experienced physical violence. Almost one quarter of girls report that they experienced forced sex.

“I am the only one in my group of friends who is not yet married. My parents are exceptional, because they did not want me to get married yet. And my married girlfriends tell me to not get married. They always worry about money or their children, while their husbands go out. My friends have a much more difficult life than I, even though I have to earn money for my entire family as well.” Melina, 18yrs.

While motherhood is common among young RAE women, the rate of abortion and miscarriages is high, too. Of those surveyed, which were all 24 years of age and below, 85 per cent had children. 25 per cent confirmed having had an abortion, 30 per cent had experienced a miscarriage. These figures illustrate that young women’s sexual and reproductive health concerns go far beyond those related to HIV/AIDS, and that the lack of information and access to health services, the low level of education, rights awareness and lack of control over their own life severely restrict young women’s health and well-being.

3. Including Gender in Programme Design: Challenges and Results

Attention to gender inequality was a key condition of success for the UNICEF project. Yet, as gender sensitive programming was new to UNICEF’s partners there were several challenges:

a) **Capacity Building and Empowerment** – First, knowledge and skills of UNICEF staff and national partners on gender and MARA programming needed to be built. This will be achieved through: A) a gender-sensitive HIV/AIDS situation analysis of Montenegro; B) a training package – developed at the regional level – on gender for public health professionals, civil society, outreach workers, community leaders and policymakers; and, C) Programming Briefs on developing gender-sensitive Prevention programming for adolescent injecting drug users (IDU), sex workers (SW) and MSM.

The programme empowered RAE adolescents to raise their voices and engage in community decision making, as well as to pursue their own goals. For example, two young men who participated will be the first from the RAE community in Konik to attend secondary school. For young women, participating, for example as an interviewer or respondent, and being allowed to speak about their own situations and experiences produced a feeling of empowerment. It raised awareness on the lack of role models for girls and the effects of the very restrictive gender norms in the community. Through a snowball effect, the group of participants widened, as the program interventions progressed – but without the extra effort, boys would have vastly outnumbered girls.

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10 Interviews conducted during visit to MNE in June 2010.

11 All numbers are from the survey conducted under the project, see footnote 6. It is impossible to determine the causes of the miscarriage or to say how many of the miscarriages had been externally induced.
b) **Data Collection** – The lack of age and sex-disaggregated data and gender analysis of data on HIV/AIDS in the RAE community needed to be addressed. A behavioral survey of adolescents (15 to 24 years of age) was done, ensuring the representation of young women among respondents and interviewers, and eliminating gender bias in the questionnaire.

This survey was the first baseline ever created on RAE adolescents. It initiated discussions about issues of sexual health and HIV/AIDS prevention in the RAE community. However, several important gender-related challenges were revealed:

a. Despite significant efforts to retain women interviewers from the RAE community, more women than men dropped out during the training phase.

b. Given the constricted living conditions and control exerted by other family members, it was difficult for interviewers to select respondents randomly and ensure privacy during interviews.

c. Taboos may have caused bias in responses, for example about MSM sex. However, given the prior absence of information, the survey was an important first input into the planning of prevention measures directed at boys/men.

c) **Establishing a Community Advisory Board** – The ongoing support and oversight of an advisory board and a medical doctor from the Institute of Public Health familiar with the local context in the settlements and Roma, was essential to ensure participation and community ownership of results.

d) **Building Stakeholder Support** – Involving community elders and representatives, and getting parents convinced of the merits of the programme was key, considering their skeptical attitudes towards the programme and girls’ involvement in particular. Door-to-door visits to 120 families were carried out in Niksic: “We needed to promise that we would take the girls home, one-by-one, after the workshops; otherwise they would not be allowed to participate”, as Fana Delija, the workshop organizer in Niksic relates. In the end, approximately 20 girls and 50 boys in total participated in the activities.

e) **Gender-sensitive Intervention Design and Implementation** – To ensure the equal participation of girls and boys, activities promoted openness and empowered girls by creating both shared (male/female) and women-only spaces. Weekly visits of a medical doctor, peer-to-peer visits and policymaker-community exchanges were also included.

A series of weekly workshops were held on a range of topics including human rights, gender stereotypes, family violence, stigma and discrimination, access to youth friendly, voluntary counseling and testing, and other health services, the right to education, and the promotion of healthy lifestyles (including hygiene, nutrition, prevention of substance abuse, HIV). Breaking through the taboo around these topics was a big challenge, but in the end an important achievement of the programme.

“The workshops were interesting and fun. I had never been allowed to talk about these topics before”, Mona (18) recalls.

4. **Lessons Learned** – Given the very limited experience with gender sensitive AIDS prevention, the programme produced several lessons learned.
✓ The context of displacement, social marginalization discrimination, enshrined gender norms and poverty impacts the planning of appropriate and gender sensitive AIDS prevention. It clearly shapes the risk behavior of MARA from the RAE community in Montenegro. The temptation to earn money in any way possible, including through sex work or the drug trade, is difficult to resist for young women and men who only know poverty and discrimination.

“As a drug dealer, I made several thousand Euros a month”, young RAE man, 20 years old.

✓ Practical needs took precedence in the project. Many participants voiced concerns about their socio-economic exclusion, including lack of access to education and social services or lack of basic hygiene. More specific issues like HIV/AIDS, reproductive/sexual health, including condom use, and gender issues like power relations, sexual and reproductive rights or women’s participation in decision-making were not felt equally pressing.

✓ Unequal gender relations and a glaring lack of access to reproductive health information and services for young women highlighted their particular vulnerability to HIV transmission through their partners. Unempowered and dependent, young women do not voice their needs and wishes with their partners (married or unmarried). Not insisting on condom use leads not only to HIV and STI transmission, but also to unwanted pregnancies and high rates of abortions.

✓ Gender and HIV/AIDS risk needs to be understood in the context of gender-based violence and sexual violence: Adolescents (male or female) who engage in selling sex out of economic need, or young women who are victimized by sexual violence rarely have the power to negotiate sex practices or condom use with their partners.

✓ The project highlights the importance of combining work with adolescents in mixed-gender, as well as separate groups. Sometimes, it was essential to split up the groups to create an open environment for discussion. Yet given the strong stereotypes and gender differences in daily life, it also proved essential toward the empowerment of girls to allow for their equal participation in mixed settings.

✓ Prevention approaches are most successful when beneficiaries themselves participate in the planning, so that their needs and daily practices are reflected. For RAE adolescents, this has not been the case so far: they have been effectively disregarded in the public sphere of their own communities and society. In response to these unmet needs of adolescents, empowerment and development of youth leadership will receive increased attention during the final phase of the project.

“Our community leaders have never asked for the opinion of us young people. Therefore we think we need to become organized as a group to make our voices heard. We do not even have a place to meet as young people”, Bayram (19) from Konik