



Canadian HIV/AIDS Clearinghouse

CRITICAL ISSUES IN HIV PREVENTION

A Discussion of Heterosexual Men and HIV Prevention



Canadian Strategy on HIV/AIDS
La Stratégie canadienne sur le VIH/sida

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This discussion of heterosexual men and its impact on HIV prevention is the fourth in a series of reports on Critical Issues in HIV Prevention. These reports will examine issues that impact on the programming activities of Canadian HIV prevention educators and provide a starting point for further discussions.

For more information on this or any other HIV prevention subject, contact the HIV Prevention Program at the Canadian HIV/AIDS Clearinghouse at the address below.

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While men's behaviour currently contributes substantially to the spread and impact of HIV, and puts men themselves on the front-line of risk, such behaviour can change.

Engaging men as partners in the effort against AIDS is the surest way to change the course of the epidemic. Pointing the finger or apportioning blame is unlikely to motivate men to listen or change their ways.¹

Introduction

Those engaged in the battle against HIV/AIDS often reflect on the 'hidden epidemic' with grave concern. Evidence suggests that a significant number of Canadians are currently living with HIV but are unaware of it. This reality is alarming on a number of levels and highlights the urgency of implementing effective prevention programs. Easier said than done, perhaps, if those programs are not directed at the populations most at risk of infection. Recognizing the hidden epidemic in our prevention efforts, however, is not the same as acknowledging in a proactive way the at-risk groups that are often forgotten or overlooked. One such group is heterosexual men.

When HIV/AIDS surfaced in Canada two decades ago, it did so with absolute disregard for gender, race, sexual orientation or age and claimed the lives of thousands. Canadians reacted in fear because very little was known about the disease. It was also easier for many to discount this new public health crisis because it was originally isolated in the gay community and seemingly posed little threat to the general population. This is what many Canadians believed and, for a long time, little was done to challenge their point of view. Frankly, there were too few reasons to believe that placing emphasis anywhere outside of the gay community would have any relevance or impact on the spread of HIV/AIDS. Today, while many continue to embrace this misguided notion and take some comfort in their "safe" heterosexual lifestyles, the evidence is

pre-empting the sense of safety they have felt in their perceived isolation from HIV. Canadians are facing the reality that HIV/AIDS is an epidemic that does affect heterosexuals and one that currently has a strong foothold amongst heterosexual men.

Behind the Scenes

HIV/AIDS surveillance activities in Canada tend to focus on exposure categories or the at-risk populations when reporting on prevalence and incidence rates. Many of the reports published address communities such as injection drug users, Aboriginal people, men who have sex with men, and prisoners. These groups are acknowledged to be at-risk of HIV infection for a number of reasons and each warrants prevention efforts that are designed to respond to the unique characteristics that exist within each group. Heterosexual men comprise a large number of those affected within these groups but are seldom referred to in terms of a distinct at-risk population.

In 1999, Health Canada reported that 11% of the HIV-positive test results recorded were attributed to heterosexual men, third only to men who have sex with men (48.5%) and injection drug users (22.9%).² The same report indicated that, overall "there is an increase in positive HIV reports attributable to heterosexual sexual contact. In 1999, 19.4% (216/1114) of all positive HIV tests among adults for which exposure category was known were attributable to heterosexual contact. In 1998, this exposure category accounted for 17.2% of positive HIV test reports; the proportion during 1985-1994 was 6.2%."³

Understanding why heterosexual men are vulnerable to HIV infection is probably more challenging than interpreting the statistical data that exists. While often perplexing, numbers are numbers. Not so clear-cut, however, is comprehending the cultural, spiritual, attitudinal and behavioural concepts that continue to influence the upward trend in HIV infections among heterosexual men, or that seem to be present in the

minds of many with respect to how men are defined and/or regarded.

In many cultures, for example, men are known as masters of their domain. To question their authority, regardless of the issue, is to challenge their masculinity and to jeopardize their rightful place as leaders within their societies. Notwithstanding how men are perceived by others, men themselves often place an unnecessary burden on conforming to traditional beliefs and ignore their individual needs. Men are “supposed” to be strong and independent, so they will be less likely to seek out support services or social networks to discuss their own reactions to the HIV/AIDS epidemic, or their own susceptibility to infections. Men often believe that because they are men, their own health care is of little concern. They see themselves as more resilient and less vulnerable to illness of any kind, including HIV. The concept of self-care, routine visits to health care providers, and/or preventative health interventions such as HIV testing are not likely to be considered.

Men play a central role in HIV transmission, due to their greater risk-taking behaviour.⁴ Much has been written about specific situations that place heterosexual men at particularly high risk for HIV infection. Men are more likely to have multiple sex partners than women and are less likely to negotiate safer sex practices. Most injection drug users are men and it is widely known that sharing needles, syringes and other drug paraphernalia is a common practice and is not limited to heroin or cocaine use, but might also include steroids or other substances. It is acknowledged that safer sex practices are often not adhered to or negotiated while one or both sexual partners are under the influence of alcohol or other substances. Unprotected sex and injection drug use are common behaviours in prisons, and there are more men incarcerated than women – most of whom identify as heterosexuals. Also, engaging in sexual practices with multiple partners and/or sex trade workers where other sexually transmitted diseases may be present (in either partner) increases the risk of HIV infection.

Front and Centre

The different gender roles of men and women in our society are reflected in different attitudes and behaviour. Social norms, upbringing, peers and the media socialize men to meet standards of masculinity that set them apart from women. Men are generally expected to project the image of being strong, assertive, dominant, self-reliant, and willing to take risks.⁵

Effective prevention efforts directed at heterosexual men must take into account the social dynamics that challenge many men and the variety of cultures in which men are raised. They need to acknowledge how men identify with their role in their families and the communities in which they live. They must address the many pressures men face in displaying their strength and dominance in the eyes of other men and assist them to challenge the way they view the expectations surrounding their own roles and identities. Prevention efforts need to be sensitive to the many spiritual beliefs and cultural values that have, in many cases, predetermined how men behave in society. Finally, all prevention efforts designed for heterosexual men must solicit their input from the beginning of the planning process.

The 2000 and 2001 AIDS Awareness Campaigns were designed to reach out to heterosexual men worldwide. While countless prevention programs are already in place, and are indeed effective, evidence suggests that the impact on heterosexual men has been limited. UNAIDS, therefore, has proposed the following Points of Action⁶ for all prevention programs globally.

- Promote understanding of the ways in which gender stereotypes and expectations affect women and men, and support work to enhance gender equality and equity.

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- Challenge harmful and divisive concepts of masculinity and other gender stereotypes.
 - Encourage discussion about the ways in which boys are brought up and men are expected to behave.
 - Encourage men to talk about sex, drug use and AIDS, with each other and with their partners.
 - Enhance women's capacity to determine when, where and whether sex takes place.
 - Enhance men's access to appropriate sources of information, counseling and support.
 - Promote greater understanding and acceptance of men who have sex with men.
 - Support government and non-government actions to reduce male violence and sexual violence.
 - Help men in their role as fathers and providers of care and support both within the family and in the community.

Conclusion

In spite of the many treatment advances we have realized in the last two decades of the HIV/AIDS epidemic in Canada and around the world, the most effective and consistent line of defense for us is prevention. People living with HIV are living longer. The next critical step, however, is to stop the spread of this disease. Prevention programs to date have had some measure of success in specific at-risk populations. There are programs in place now for injection drug users. There are numerous services established for the gay community. Aboriginal people have begun to acknowledge HIV/AIDS and speak openly about its impact on their communities. And progress has found its way inside prison walls. This progress has been no small task, and we have learned from it. Continued success will be realized through establishing our roots in a constant state of change and readiness, and a vigilance that is relentless. Reaching out to and engaging heterosexual men is another critical call to action.

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