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**HETEROSEXUAL MASCULINITIES AND HIV:  
CHALLENGES TO RISK REDUCTION AND  
OPTIMAL CARE**

# WHERE ARE MEN IN THE PANDEMIC?

- ✘ Early focus on MSM in rich countries
- ✘ As pandemic spread, major concern with women as ‘victims’ of male partners
- ✘ Hetero men written off as ‘self-centred, disinterested or violent’ (Barker et al 2009)
- ✘ Recently greater inclusion of men in HIV policy but mostly with reference to their potential role in protecting women

# THREE APPROACHES TO INCLUSION

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- ✘ Gender neutral services
- ✘ Gender sensitive services
- ✘ Strategies for promoting gender equality

# GENDER NEUTRAL SERVICES

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- ✘ Earliest services directed at both women and men with little attention to differences between them
- ✘ For example 'use a condom' inappropriate as universal prevention message
- ✘ Neither testing nor counselling services designed to meet gender-specific needs
- ✘ Lack of attention to specific health care requirements of positive heterosexual men

# GENDER SENSITIVE SERVICES

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- ✘ Next wave : recognition that hetero men might have specific role in pandemic led to changes in content and location of educational campaigns (eg workplace)
- ✘ Also positive attempts to draw men into prevention and care especially PMTCT and repro health
- ✘ But central aim still to reduce risks to women and children with VAW a major focus
- ✘ Most of these schemes faced problems in enrolling men and have shown relatively little evidence of success in changing behaviour

# PROMOTING GENDER EQUALITY

- ✘ Recent initiatives go further in identifying need to promote gender equity if masculinity is to be made healthier (ABC to GEM: Dworkin & Erhardt 2007)
- ✘ Aim to deconstruct and reconstruct gender roles especially in sexual context (Barker et al 2009)
- ✘ Stepping Stones: controlled trial in SA of participatory learning process showed some success in changing behaviour especially re VAW (Jewkes et al 2008) (see also One Man Can)
- ✘ But effectiveness still relatively poor and initiative very costly and labour intensive

# LIMITATIONS OF CURRENT KNOWLEDGE BASE

- ✘ Analyses rarely take material circumstances of participants into account (SA) (Morrell 2002)
- ✘ For example more rights for women seen by men as frustrating and leading to 'lack of respect' (Dworkin et al 2012)
- ✘ Very few initiatives designed to enable effective evaluation
- ✘ Lack of clarity on output measure. Behaviour change or rates of HIV?
- ✘ Most projects short term and can give little or no indication of long term effects
- ✘ So much more research needed if strategies such as PrEP and TasP are to be optimally effective

# MORE FUNDAMENTAL CHALLENGES

- ✘ Existing gender inequalities mainly benefit men
- ✘ So women may have nothing to lose and everything to gain by transforming 'gender regimes' while men may be risking entire 'patriarchal dividend' in order to reduce single risk of HIV
- ✘ So will all men really want to change and will material circumstances allow them to do so? (Dworkin 2011)
- ✘ Are some men excluding themselves rather than being excluded ?
- ✘ Can we square the circle to meet the needs of heterosexual men for risk reduction and high quality care while sustaining some form of 'masculine' identity?
- ✘ And how should we frame the role of women in achieving healthier heterosexuality for both men and women?