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## **Men and Boys Can Make a Difference in the Response to the HIV/AIDS Epidemic**

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\* The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

## **Men can make a difference in the response to HIV/AIDS**

**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 and boys as partners in the effort against AIDS is critical in order to change the course of the epidemic.**

**It is important to see men not as a "problem" but as being part of the "solution". Such an approach can lay the foundations for stimulating the kind of partnerships that can be effective in efforts to transform existing gender imbalances and inequalities.**

The 21<sup>st</sup> Special Session of the UN General Assembly (ICPD+5) held in 1999 drew attention to the role of gender equality and equity as a key determinant of success in the fight against AIDS. In the Declaration of Commitment, adopted at the General Assembly Special Session on HIV/AIDS in 2001, one of the specific goals focus on challenging gender stereotypes and attitudes as well as gender inequalities in relation to HIV/AIDS. The goal also calls for the active involvement of men and boys.

Given the urgency of curbing HIV rates, activities with a focus on men and boys need to be scaled up dramatically. Far greater attention must be given to the needs of the millions of men now living with HIV, including support in preventing transmission to others. Men need also to be encouraged and helped to play a much greater part in caring for orphans and sick family members. Finally, even though the outcomes may take years to materialize, it is important to challenge harmful concepts of masculinity, including the way adult men look on risk and sexuality and how boys are socialized to become men.

Men's vulnerability in the AIDS epidemic is part of a bigger picture. While being a boy and then a man generally brings privileges, it carries high health costs. Except in a handful of countries, men have a shorter life expectancy at birth than women. Older men frequently delay seeking health care for illnesses that could be prevented or cured. Young men die more often than young women, mainly from traffic accidents and violence -- both related to ideas of "manhood" that encourage boys to take risks or use violence. Similar ideas of manliness encourage sexual and drug-related risk-taking.

While biological factors contribute to the behavioural differences between men and women, in every society, men's conduct is determined at least in part by expectations as to how men should act -- expectations often shared by women as much as men. Ideas about "manhood" evolve over time. They differ from culture to culture and within cultures. Education, age, upbringing, income all influence the role that men are expected to play.

Studies from around the world show that men on average have more sex partners than women. This means that a man with HIV is likely to pass the virus on to a greater number of people than a woman, especially since for biological reasons HIV is twice as easily transmitted sexually from a man to a woman as vice versa.

Many if not most men do not put themselves or their partners at risk through their sexual or drug-taking practices. Without men, however, HIV would have little opportunity to spread. Over 70% of HIV infections worldwide are estimated to occur through sex between men and women. A further 10% can be traced to sexual transmission between men. In addition, over 5% of infections are estimated to result from the sharing of needles and syringes by people who inject drugs, four-fifths of whom are men.

Beliefs about what it is to be a man (and a woman) undoubtedly underpin these statistics. Together with cultural expectations about gender roles and behaviours, they influence how people act and the risks they take. Working with and persuading men to change some of their attitudes and behaviours has enormous potential to change the course of the HIV epidemic and to improve the lives of their families and their partners.

### **Why focus on men?**

*There are five main reasons for focusing elements of the response to the HIV/AIDS epidemic on men and boys.*

#### **1. Men's health is important but receives inadequate attention.**

*In most settings, men are less likely to seek needed health care than women, and more likely to engage in behaviour -- such as drinking, using illegal substances or driving recklessly -- that puts their health at risk. In stressful situations, such as living with AIDS, men often cope less effectively than women.*

#### **3. Men's behaviour puts women at risk of HIV.**

*On average, men have more sex partners than women. HIV is more easily transmitted sexually from men to women than vice versa. In addition, HIV-positive drug users – who are mostly male – can transmit the virus to both their drug partners and sex partners. A man with HIV is therefore likely to infect more people over a lifetime than an HIV-positive woman. Women are also vulnerable given men's greater overall economic and social power and unequal gender relations. It is men who generally decide when and with whom to have sex and when and if to use condoms. This leaves women with little or no control over their exposure to the virus. It is men too who are most usually the perpetrators of sexual violence, whether in war or civil unrest, or within ongoing relationships.*

#### **2. Men's behaviour puts them at risk of HIV.**

*In some settings, men are less likely to pay attention to their sexual health and safety than are women. Men are more likely than women to use alcohol and other substances that lead to unsafe sex and increase the risk of HIV transmission, and men are more likely to inject drugs, risking infection from needles and syringes contaminated with HIV.*

#### **4. Unprotected sex between men endangers both men and women.**

*Often sex between men is hidden. According to surveys from across the world up to a sixth of all men report having had sex with another man. Many men who have sex with men also have sex with women -- their wives or regular or occasional girlfriends. Hostility, stigma, discrimination and misconceptions about sex between men have resulted in inadequate HIV prevention measures in many countries.*

#### **5. Men need to give greater consideration to AIDS as it affects the family.**

*Fathers and future fathers should be encouraged to consider the potential impact of their sexual behaviour on their partners and children, including leaving children behind as orphans and introducing HIV into the family. Men also need to take a greater role in caring for family*

*members with HIV or AIDS. While it is important for men's own health that they become more involved in HIV prevention and care, there are important benefits for women too. Some of these link to women's heightened vulnerability to HIV infection, others tie more closely to equality and equity in care.*

## **THE ROOTS OF MASCULINITY**

Broadly speaking, men are expected to be physically strong, emotionally robust, daring and virile. Some of these expectations translate into attitudes and behaviours that have become unhelpful or frankly lethal with the advent of AIDS. Others, on the contrary, represent valuable potential that can be tapped by AIDS programmes.

Men's traditional role as economic providers – a major contribution to family welfare and survival – has traditionally meant that women are the ones expected to look after children and care for sick family members. With millions of women falling ill and dying of AIDS, and millions of children left orphaned, it is urgent for men to be more fully engaged in domestic tasks and the provision of care within the family.

Additional challenges for HIV prevention arise from traditional expectations that men should take risks, have frequent sexual intercourse (often with more than one partner) and exercise authority over women. Among other things, these expectations encourage men to force sex on unwilling partners, to reject condom use and the search for safety as “unmanly”, and to view drug-injecting as a risk worth taking. Changing these commonly held attitudes and behaviours must be part of the response to the epidemic.

The roots of such behaviour lie in the broader culture and in the home. Boys are encouraged to imitate older boys and men, and discouraged from imitating girls and women. Boys who see fathers and other men being violent toward women, or treating women as sex objects, may end up believing this is “normal” male behaviour.

During childhood and adolescence, girls are often kept close to their mothers while boys are permitted to spend most of their time outside the home. This gives them more freedom but also greater exposure to other boys and men who may implicitly or explicitly encourage them to see women as sex objects that men have a right to dominate. It may be in this context also that they learn behaviours such as substance use or rejection of condoms.

Is it possible to change the way boys are brought up? Research suggests that when fathers and other male family members offer a positive role, boys develop a more flexible vision of manhood and are more respectful in their relationships with women. But all members of the family have an important role in raising boys. Mothers often reinforce traditional ideas about manhood by showing that they do not expect sons to do household chores or express their emotions. Relatives, teachers and other adults may worry more about the sexual behaviour of girls, leaving boys to learn about sexuality on their own. Boys may be discouraged from talking about their bodies and issues such as puberty and masturbation. This can be the start of lifelong difficulties for men in talking about sex and learning the facts rather than believing the many myths that surround the subject.

## **RELATIONSHIPS WITH WOMEN**

Men's sexual and intimate relationships with women vary tremendously within and between countries. Some men and women live their lives in respectful and mutually faithful relationships. Other men have a regular woman partner and also engage in occasional sex with other women

-- or men. In some parts of the world, formal or informal polygyny -- in which a man has more than one wife or regular woman partner -- is common.

In many cultures, women are expected, and sometimes forced, to be sexually faithful to a husband or male partner while he is permitted or even encouraged to also have sex with other women. This means men are more likely than women to have extramarital sex partners, which increases their own and their partners' risk of contracting HIV.

Two factors greatly compound the risk to wives and long-term women partners. One is the secrecy surrounding male infidelity. Most men do not talk openly about their outside encounters to their wife or partner, and may react with anger or even violence if questioned about them or asked to use condoms. Risk is also increased by the stigma and shame that surround AIDS. Both factors stifle discussion within couples about preventing transmission of HIV.

Given existing economic and gender inequalities, as well as dominant cultural expectations, women who seek occasional or regular non-committed sexual relationships with men may also find it difficult to obtain protection. Research from all over the world shows that men are more able than women to influence how sex takes place. Women who seek sex on their own terms may thereby find themselves seriously disempowered when it comes to prevention. All this must change if women and men are to achieve greater equality in their sexual relationships, and if both are to be able to contribute to HIV prevention and care.

## **SEX BETWEEN MEN**

In many parts of the world men who have sex with men are frequently the target of prejudice, stigma, discrimination, even legal sanction. This social stigma has prevented many men and boys from admitting that they are at risk of contracting HIV from sex with other men and has prevented the development of HIV prevention campaigns directed at those men at risk. Negative social attitudes often lead to stress for men who identify themselves as homosexual (gay) men.

Since the beginning of the AIDS epidemic, community groups and other NGOs made up of men who have sex with men have engaged in prevention and care. In some countries, homosexual men started the first support organizations for people living with HIV/AIDS, in the absence of action by governments and traditional NGOs.

Efforts by NGOs working with men who have sex with men have often been limited in scope and in some cases constrained by repressive legislation, stigma and discriminatory attitudes. Most receive little or no financial or political support from governments -- constraints that must be tackled if countries are to mount more effective prevention of HIV transmission through sex between men.

## **MEN, VIOLENCE AND HIV**

Male violence drives the spread of HIV in a number of ways -- through wars and the migration they cause, as well as through forced sex. As recent events in the Balkans, Rwanda, Burundi and East Timor have shown, wars can exert a terrible effect on civilian populations. Not only are families split up and husbands and wives separated, but in refugee camps and elsewhere women may find themselves the victims of unwanted demands for sex, or may have to trade sex in order to survive. Innumerable instances of rape by members of the armed forces and by paramilitary groups have been documented, and there is strong evidence that sexual violence, or the threat of it, is used as a means of terrorizing or subjugating both women and other men.

Millions of men a year are sexually violent towards women and girls, sometimes in their own family or household. Rape within the family is not always incest or the sexual abuse of a minor. A man can rape his wife to uphold his “manhood”, though national legislation seldom recognizes forced marital sex as rape.

## **MEN AND SUBSTANCE USE**

There is a direct connection between drug and substance use and HIV transmission. Injecting drug use is estimated to be directly responsible for over 5% of HIV infections worldwide. The use of recreational drugs, including alcohol, is also associated with unsafe sexual activity that can in turn result in HIV infection. Worldwide, men are more likely than women to use such substances.

Of the estimated 7 million persons around the world who inject drugs, four-fifths are men. Male drug injectors are more likely than women to have non-injecting partners, are more likely to share needles than women, and tend to be the first to use shared injecting equipment.

Programmes aimed at preventing HIV transmission to and from men through sex and drug use – including education and harm-reduction programmes for injecting drug users – exist in many countries, often without the approval of local or state governments. The most effective programmes not only hand out sterilization materials to clean needles and syringes, or offer clean needles when the law allows them to do so, but also take into account how boys and men view substance use and their specific motivations for drinking and taking drugs.

## **SPECIAL SETTINGS, SPECIAL NEEDS**

Some circumstances place men at particularly high risk of contracting HIV. Men who migrate for work and live away from their wives and families may pay for sex and use substances, including alcohol, as a way to cope with the stress and loneliness of living away from home. Men living or working in all-male settings, such as the military, may be strongly influenced by a culture that reinforces risk-taking behaviour.

Men in the military are at increased risk of HIV and other STIs. Away from home and from their regular sex partners, sexual activity -- both consensual sex and rape -- may increase. Several studies confirm higher rates of HIV infection among military personnel. Unprotected sex between men in the military, generally hidden, may also contribute to HIV transmission.

The cross-border mobility of truck drivers, migrant workers and military personnel means that they sometimes play an important role in introducing HIV into an area. For men away from home, the limited choice of sex partners often includes sex workers, a small group who are liable to become infected through frequent and unprotected intercourse with their clients and in turn infect others in the community.

Male sex work is common in many countries, although it is often hidden and denied since most male sex workers have sex with other men. Some do have female clients, including “sugar mommies” – older women offering cash or gifts for sex. Young male sex workers, like their female counterparts, often lack the power to negotiate safer sex, although male condom use may in theory be easier for a sex worker when his client is a woman.

In addition to these specific risk settings, poverty and unemployment may increase men’s sexual risk-taking as a way of compensating for their perceived loss of manhood. Research in some countries indicate that when men become unemployed and hence lose their status as providers, they are more likely to have sex with sex workers or other partners to feel “more like men”.

## **MEN'S HEALTH NEEDS AND HEALTH-SEEKING BEHAVIOUR**

How can men be encouraged to use health services and seek support when they need it? When asked what they want in health centres, men often cite the same things as women: high-quality services at an accessible price; privacy; confidentiality; staff who are sensitive to the needs of men, including those who have sex with men; and clinic hours that are compatible with work schedules. Some men also prefer male doctors and nurses. In countries such as Australia, the public health sector is coming up with creative approaches, such as offering men's health nights at clinics, and encouraging men to seek not just HIV counselling and testing but screening and treatment for prostate or testicular cancer. Community-based organizations have started support groups for men who were victims of sexual abuse as children.

## **MEN AND FAMILIES**

Men's reluctance to acknowledge a health problem and seek help for coping is noted in the context of HIV/AIDS. Reports from Africa, Asia and elsewhere suggest that infected men are less likely than women to support one another and look for help from their family and friends. Men who discover they are HIV-positive often cope less well than women. An exception are settings in which HIV is transmitted through sex between men and where special support networks exist for HIV-positive gay men.

Research worldwide also shows that men generally participate less than women in caring for children – in part because men are more likely to be working outside the home and in part because men are not raised or encouraged to act as caregivers. Again, this has a direct bearing on the epidemic, which by the end of 2002 had left 14 million children orphaned. The vast majority of these children are left to the care of women relatives and neighbours, though some orphan groups or households are headed by boys.

Fathers, and men wishing to have children, need to be more aware of their potential to transmit the virus to their partners and, through mother-to-child transmission, to their children as well. They need to bear in mind that their children will be orphaned if they and the mother die of AIDS. How might men as fathers be motivated to keep themselves safe and uninfected for their children's sake? Or, if they already suspect or know they have HIV, motivated to protect their wife and children from the virus? One way might be to encourage fathers to be more involved in their children's lives. While it is important not to oversimplify the complex factors involved in men's attitudes about sex, shining the spotlight on their important role of fatherhood is one avenue for encouraging men to reflect about the consequences of their sexual behaviour.