

## OPINION EDITORIAL

# Engaging South African Men in HIV Prevention: A Call for Gender-Sensitive and -Transformative Approaches

Tanya Tewari, McMaster University

## INTRODUCTION

South Africa (SA) currently has the highest human immunodeficiency virus (HIV) prevalence rate in the world. According to most recent estimates, approximately 20.4% of the nation's adult population is living with the disease, which is equivalent to 7.52 million people [1]. The steep trajectory of the HIV/AIDs crisis in South Africa has been attributed to a denialist government's lack of response and numerous missteps during the epidemic's early stages. Fortunately, this has changed in recent decades [2], and the South African government has made significant commitments to tackling HIV on a national scale. Today, SA has the greatest number of people on antiretroviral therapy (ART) in the world and has made universal access to treatment a top priority [2]. In 2016, it was reported that 56% of people living with HIV were in fact accessing ART [3]. However, despite these definite strides towards progress, there continue to be high rates of new HIV infections. These rates are most prominent amongst people aged 15-49, a group that comprises an important reproductive and working sector of the population [4]. Recent studies suggest that potential reasons for this may include a decline in condom use during sexual intercourse across several age groups, and a decline in knowledge levels about sexual and reproductive health [5]. These changes have also been accompanied by an increase in risky sexual behaviours [5]. Altogether, these findings point to a serious need for reconsidering HIV prevention approaches in the country.

## NEGLECT OF HETEROSEXUAL MEN

The neglect of heterosexual men in particular comprises a significant gap in HIV prevention. In SA, the focus of the HIV epidemic has been oriented towards women and children. In 1999, HIV/AIDs researchers Exner et al. labeled heterosexual men as "the forgotten group in the HIV epidemic" [6]. Historically, due to their perceived secondary status in a highly gendered society, as well as a general lack of sexual autonomy and biological susceptibility, women have been deemed more vulnerable to HIV [6]. In contemporary research, this conceptualization of women has sometimes been referred to as the "vulnerability paradigm" [7].

Consequently, most HIV-related public health efforts, including testing, care, and treatment, has specifically targeted women, especially those of child-bearing age [8]. Thus, while men are understood to be active HIV transmission agents, they have not always been engaged as active agents in prevention efforts. This is a reality that persists into today. Regrettably, the social conditioning and gender roles that increase risks of HIV infection, have been deemed immutable and not adequately targeted in HIV prevention efforts [7]. Due to these factors, the HIV risk of heterosexual men in SA has remained largely unaddressed.

This is problematic for multiple reasons. First, while men experience many risks related to HIV infection, prevention resources are primarily affixed in healthcare centres and hospitals. Unfortunately, these settings tend to be underutilized by men [8]. Extensive research has been conducted, evaluating

major differences in health seeking behaviours between men and women. Overall, it was demonstrated that South African men were less likely to seek out medical care when compared to their female counterparts [9]. Similarly, they also tend to be more advanced in their disease progression when finally seeking help [10]. Men have also been shown to be less likely to undergo HIV testing and know about their disease status compared to women [11]. Testing can be seen as threatening traditional norms of masculinity [11].

Secondly, HIV infection in young South African men has been associated with a number of risky health and sexual behaviours [8]. For instance, a significant number of men have reported substance abuse with alcohol, marijuana, methamphetamine and methaqualone [12]. Polysubstance abuse is also well established as a major factor in risky sexual behaviour [13]. South African men also report high levels of concurrent sexual relationships, low levels of condom usage, and repeat incidences of sexually transmitted infections [14]. Through these behaviours, South African men increase not only their own HIV risk, but also that of their female partners.

## **MOVING TOWARDS GENDER-INFORMED PREVENTION**

Due to discouraging trends in health-seeking behaviours, coupled with the propensity for engaging in risky sexual behaviours, men should be considered important targets for HIV prevention. In SA, the prevention landscape has been dominated by clinical and medical approaches to reduce the rates of HIV transmission. These include condom promotion, voluntary circumcision and pre-exposure prophylaxis (PEP) [15-17].

However, behavioural or combination approaches, which have not yet been adequately developed offer a unique opportunity to halt risky sexual behaviours by considering broader social and community level contextual factors, such as gender roles and inequalities [18].

In order to successfully engage heterosexual men

in HIV prevention, I suggest the use of gender-sensitive and gender-transformative programs that not only acknowledge dangerous gender norms, but also openly challenge them. While programs employing similar methods, namely Stepping Stones and the Sonke Gender Justice Network, have operated in SA, this type of prevention is still in its nascent stages and requires further development [19].

Fortunately, in 2014, the Joint United Nations Programme on HIV/AIDS (UNAIDS) also developed a gender assessment tool (GAT) for countries wishing to implement national-scale HIV responses [20]. The main objectives of the GAT are to assess the HIV epidemic in a country; and develop a context-specific response to the epidemic, with a gendered perspective and acknowledgment of persistent definitions of masculinity.

## **CONCLUSION AND RECOMMENDATIONS**

In order to truly curb the rates of new infections, as well as reduce HIV related mortality, South African men need to be targeted in prevention efforts, including state-led programming. I suggest four major recommendations in order to engage heterosexual men in HIV prevention strategies. First, it is important that HIV-prevention programs abandon a gender-neutral approach, and consider the implications posed by differing social structures and norms for men and women. In particular, gender-theories should help inform the development of prevention programming for heterosexual South African men, as they can provide significant insights and context into their risky sexual behaviours. A useful tool for developing such programs is the new gender assessment tool (GAT) created by UNAIDS.

Second, it is important that gender-transformative and gender-sensitive programs are monitored and evaluated on a regular basis. Specifically, researchers should assess i) how changing notions around masculine norms and educating men about gender ideology will impact their behaviours and ii) whether such changes in behaviour are long-term and withstanding.

Third, the development of HIV prevention programs should be an interdisciplinary process. As demonstrated by literature, combination prevention efforts (employing biomedical, behavioural and structural approaches) are preferred due to their long- lasting impact on reducing HIV incidence [21]. Implementing such successful combination prevention programs, that are also gender-transformative in nature, requires a maximizing of synergies across several fields including biology, medicine, psychology, sociology, politics, and epidemiology, etc.

Lastly, while this article addressed the HIV landscape in South Africa as a whole, it is important to acknowledge that the nation is heterogeneous in nature. Norms of masculinity and femininity are heavily reliant on socio-cultural surroundings, which differ with region, class, ethnicity, and religion. In order for a prevention program to be successful, it is important that a thorough analysis of the context in which it will operate is done during the development stage. I think that these measures will altogether help address the dire need for gender nuanced HIV prevention approaches needed to address the challenge of HIV in South Africa.

## REFERENCES

1. Statistics South Africa. Mid-year population estimates. 2019. Pretoria: Statistics SA. Available from: <http://www.statssa.gov.za/publications/P0302/P03022019.pdf>
2. Simelela NP, Venter WD. A brief history of South Africa's response to AIDS. *SAMJ: South African Medical Journal*. 2014 Mar;104(3):249-51.2.
3. Joint United Nations Programme on HIV/AIDS (UNAIDS). Prevention gap report. Geneva: UNAIDS. 2016. Available from: [https://www.unaids.org/sites/default/files/media\\_asset/2016-prevention-gap-report\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf)
4. Mabaso M, Makola L, Naidoo I, Mlangeni LL, Jooste S, Simbayi L. HIV prevalence in South Africa through gender and racial lenses: results from the 2012 population-based national household survey. *International Journal for Equity in Health*. 2019 Dec 1;18(1):167. Available from: <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1055-6>
5. Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Zungu N, et al. South African national HIV prevalence, incidence and Behaviour Survey, 2012. Available from: <http://www.hsrc.ac.za/en/research-outputs/view/6871>
6. Exner TM, Gardos PS, Seal DW, Ehrhardt AA. HIV sexual risk reduction interventions with heterosexual men: the forgotten group. *AIDS and Behavior*. 1999 Dec 1;3(4):347-58. Available from: <https://link.springer.com/article/10.1023/A:1025493503255>
7. Higgins JA, Hoffman S, Dworkin SL. Rethinking gender, heterosexual men, and women's vulnerability to HIV/AIDS. *American Journal of Public Health*. 2010 Mar;100(3):435-45. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2820057/>
8. Rotheram-Borus MJ, Tomlinson M, Durkin A, Baird K, DeCelles J, Swendeman D. Feasibility of using soccer and job training to prevent drug abuse and HIV. *AIDS and Behavior*. 2016 Sep 1;20(9):1841-50. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4970963/>
9. Mane P, Aggleton P. Gender and HIV/AIDS: what do men have to do with it?. *Current Sociology*. 2001 Nov;49(6):23-37. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2820057/>
10. Mills EJ, Beyrer C, Birungi J, Dybul MR. Engaging men in prevention and care for HIV/AIDS in Africa. *PLoS medicine*. 2012 Feb;9(2). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3274499/>
11. Katirayi L, Chadambuka A, Muchedzi A, Ahimbisibwe A, Musarandega R, Woelk G, et al. Echoes of old HIV paradigms: reassessing the problem of engaging men in HIV testing and treatment through women's perspectives. *Reproductive Health*. 2017 Dec;14(1):124. Available from: <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-017-0387-1>
12. Morojele NK, Kachieng'a MA, Mokoko E, Nkoko MA, Parry CD, Nkowane AM, et al. Alcohol use and sexual behaviour among risky drinkers and bar and shebeen patrons in Gauteng province, South Africa. *Social Science & Medicine*. 2006 Jan 1;62(1):217-27. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/16054281>
13. Leigh BC, Stall R. Substance use and risky sexual behavior for exposure to HIV: issues in methodology, interpretation, and prevention. *American Psychologist*. 1993 Oct;48(10):1035. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2585544/>
14. Bhana D, Pattman R. Researching South African youth, gender and sexuality within the context of HIV/AIDS. *Development*. 2009 Mar 1;52(1):68-74. Available from: <https://link.springer.com/article/10.1057/dev.2008.75>
15. Republic of South Africa. Let our actions count: South Africa's national strategic plan for HIV, TB and STIs, 2017-2022. 2017. Available from: [https://www.gov.za/sites/default/files/gcis\\_document/201705/nsp-hiv-tb-stia.pdf](https://www.gov.za/sites/default/files/gcis_document/201705/nsp-hiv-tb-stia.pdf)
16. Joint United Nations Programme on HIV/AIDS (UNAIDS). Ending AIDS: progress towards the 90-90-90 targets. UNAIDS. 2017 Jul 20. Available from: [https://www.unaids.org/en/resources/documents/2017/20170720\\_Global\\_AIDS\\_update\\_2017](https://www.unaids.org/en/resources/documents/2017/20170720_Global_AIDS_update_2017)

17. Walensky RP, Park JE, Wood R, Freedberg KA, Scott CA, Bekker LG, et al. The cost-effectiveness of pre-exposure prophylaxis for HIV infection in South African women. *Clinical Infectious Diseases*. 2012 May 15;54(10):1504-13. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3334365/>
18. Wit JBFD, Aggleton P, Myers T, Crewe M. The rapidly changing paradigm of HIV prevention: time to strengthen social and behavioural approaches. *Health Education Research*. 2011Feb;26(3):381-92. Available from: <https://academic.oup.com/her/article/26/3/381/742990>
19. Mannell J. Advancing gender equality to improve HIV prevention: a study of practice. *African Journal of AIDS Research*. 2016 Dec 16;15(4):315-23. Available from: <https://www.tandfonline.com/doi/abs/10.2989/16085906.2016.1221837>
20. Joint United Nations Programme on HIV/AIDS (UNAIDS). UNAIDS gender assessment tool towards a gender-transformative HIV response. UNAIDS. 2018. Available from: <https://www.unaids.org/en/resources/documents/2019/unaidsgender-assessment-tool>
21. Joint United Nations Programme on HIV/AIDS. Combination HIV prevention: tailoring and coordinating biomedical, behavioural and structural strategies to reduce new HIV infections. AIDS. 2010. Available from: [https://www.unaids.org/en/resources/documents/2010/20101006\\_JC2007\\_Combination\\_Prevention\\_paper](https://www.unaids.org/en/resources/documents/2010/20101006_JC2007_Combination_Prevention_paper)