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A WORLD AIDS CAMPAIGN WHERE MEN MAKE A DIFFERENCE: A CHALLENGE FOR THE MEN IN THE THIRD MILLENNIUM!

In all societies, men are known to engage in high risk activities for acquisition of HIV. Often men have more sexual contact than women. Intravenous drug users (IVDUs) are more often men than women. Due to the high risk behaviour of men, their female sexual partners are at high risk of acquiring HIV infection. HIV is also more easily transmitted from the male to the female due to biological reasons.

Though males are at a higher risk of HIV infection, they are also capable of contributing significantly to AIDS control efforts in the world. Instead of blaming them for the spread of the AIDS virus, efforts should be geared to encourage positive behaviour and responses by including as many men as possible in the global struggle against AIDS.

In certain regions of the world, successful HIV control programmes have targeted men. For example, in Africa and Asia, programmes have been initiated for truck drivers to help them reduce the number of sexual partners and to adhere to safe sex practices. In Thailand, programmes have been initiated to reduce high risk behaviour among army recruits and college students. Thus, implementing HIV control programmes targeting men is important but these programmes need to be implemented side by side with programmes targeting HIV control in women.

At the 21st Special Session of the UN General Assembly held in 1999, it was pointed out that one of the key issues in HIV epidemic control is gender equality and empowerment of women. It was also stressed that men should take care that their sexual and reproductive health is maintained and does not endanger that of their sexual partners. In the world, young males are at increased risk of HIV infection. It is estimated that out of every four HIV infected individuals in the world, one is a male less than 25 years old[1].

Being a male in a society sometimes, has certain disadvantages. For example, in many instances, males may have a shorter life expectancy than females. Young males often die of traffic accidents and violence due to their risk taking behaviour. The behaviour of males in a society is often influenced by their culture, education, upbringing and socio-economic status in society. In most societies, males have more sexual partners than females. This puts them at greater risk of acquiring HIV infection than females. If infected, they are likely to infect their spouses or sexual partners.

The HIV epidemic is mainly a heterosexual epidemic, with 70% of the infections occurring due to sexual contact between males and females[1]. In India three-fourths of the infection are due to heterosexual mode of transmission[2].

This issue commemorates the World AIDS Day (December 1, 2000)

Even in the 5% of individuals world-wide, who have been infected through intravenous drug use, 80% are males. Thus, it is important that men have to be targeted if this epidemic has to be brought under control. In the long run, this will reduce their high risk behaviour and at the same time, improve the lives of their families and their sexual partners.

infection, require special care to ensure that they do not follow the footsteps of their parents.

Sexual education for boys is important both at the school and at home, so that when they grow up, they learn to be responsible adults and their behaviour does not put their families and sexual partners at risk of HIV infection.

WHY FOCUS ON MEN?

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 to risk. In stressful situations, such as living with AIDS, men often cope less effectively than women.

Men's behaviour puts them at risk of HIV: While HIV transmission among women is growing, men including adolescent boys continue to represent the majority of people living world-wide with HIV/AIDS. In some settings, men are less likely than women to pay attention to their sexual health and safety. 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.

Men's behaviour puts women at risk of HIV: On the average men have more sex partners than women. HIV is more easily transmitted 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.

Unprotected sex between men endangers both men and women: Most 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 and misconceptions about sex between men have resulted in inadequate HIV prevention measures in many countries.

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 as AIDS orphans and introducing HIV into the family. Men also need to take a greater role in caring for family members with HIV or AIDS.

Source: Men and AIDS – A gendered approach: 2000 World AIDS Campaign, UNAIDS.

HIV in Adolescent Boys

Male sexual behaviour is often influenced by societal culture and the upbringing at home. If boys are encouraged to imitate older men in society and if the men in the family are violent towards women, these children may have the notion that it is normal for a man to be violent in his behaviour towards women. Hence, the upbringing of the male child is important. He should be taught family values, which could be imparted in the school and at home. Children coming from households, where the parents themselves have high risk behaviour for acquiring HIV

In the developed countries, the percentage of young people who were no longer virgins by the age of 17 started gradually rising in the 1970s but with the onset of the HIV epidemic, this trend has been reversing. In Switzerland, 65% of boys had begun to have sex by the age of 17 years in 1985 and this fell to 54% by 1997[3]. In the United States, the proportion of the 15 year old boys, who were sexually active, fell from 33% in 1988 to 25% in 1995[3]. Increased condom use among teenage males has been reported in USA from 1988 to 1995[4]. In most Asian countries, most men and women generally start

sexual activity later than elsewhere, usually after the age of 20. In sub-Saharan Africa, many young people start their sexual activity at a very early age[3].

Adolescent boys are often under the influence of their peers. If misguided by their peers, they could be at high risk for HIV infection. Hence talking to them about their concerns related to sexuality and health seeking behaviour is important to enable them to protect themselves from unsafe sexual practices.

Boys often have misconceptions related to potency, masturbation and other sexuality related issues. They also do not have reliable sources of information to depend upon[5]. They are often taught to believe that they should not depend on others or worry about their health. Hence they do not approach health care agencies or reproductive health clinics with their concerns related to sexuality. Sometimes, sex education for boys and young men requires well trained and committed counsellors (in health care and educational settings) who can spare the time and listen carefully to them so that they can address their anxieties and problems related to sexuality. Many boys and young men have aggressive tendencies and unless the staff is suitably trained to handle such situations, they may not be able to address the underlying problems adequately.

REACHING ADOLESCENT BOYS

A 1998-99 World Health Organisation survey of 77 governmental and NGO health promotion programmes for adolescent boys turned up a number of creative approaches to attract boys to health clinics and into discussions about health. Some clinics offer special hours for boys and young men. Some programmes seek to connect boys with adult men who can serve as positive role models, while others hire and train young men to work as peer health promoters. Recognizing the many interconnected needs of boys, most of the programmes surveyed work simultaneously in general health promotion, vocational training, counselling, educational support and the prevention of violence and substance abuse. Some reach out to young men wherever they congregate in schools, sports clubs and events, workplaces, bars, taxi stands, military facilities and juvenile justice centers.

Source: Men and AIDS – A gendered approach: 2000 World AIDS Campaign, UNAIDS.

Relations of Men with Women

Some men and women have a respectful and faithful relationship all through their lives. Some men have occasional extramarital relationships with either other women or men. In certain societies, the tendency of males to have more than one sexual partner is accepted and common.

In many cultures women are expected to be faithful to their husbands, while it is accepted that the male can have sexual contacts with other women[6,7]. This increases the HIV risk of the regular female partner. Economic disadvantage, language barriers, and strong cultural gender norms regarding sex exacerbate the risk for HIV infection among women [8]. Thus, women are at lower risk of HIV infection from their own behaviour but their risk is from their spouses[9-14].

Two factors that compound the risk to wives and the long-term female partners are the secrecy of infidelity and the stigma and shame surrounding AIDS. Most men do not talk openly about their extramarital relationships to their wives and may react with anger or even violence if questioned about them or asked to use condoms. The stigma and shame that result on knowing about the HIV status inhibits discussions about safer sex practices. Both factors stifle discussions between the partners about preventing transmission of HIV. In India it is seen that where trust is high and spousal conflict is minimal, HIV and AIDS are reacted to more positively than when there is mistrust and inter-spousal conflict[14].

In India, it has been found that husbands, who acquired HIV infection, were not found fault with in the same way as women because it was expected that men often seek sex outside marriage. Thus, the response of the community to men infected with HIV is different from that to women.

In extramarital relationships, men are more often able to negotiate or influence how sex takes place than women in most countries. Hence, it is important that they should take part in the process of HIV prevention to contribute to the control of the HIV/AIDS epidemic.

In a study carried out in southern Vietnam, 25% of the men studied had had a casual sex partner in the previous year compared to only 0.5% of women and 40% of the men, who had reported casual sex, had not used condoms[3]. In another survey carried out in Gujarat, 33 of 78 married men interviewed admitted having casual

sex, most often with unmarried women in their community[3]. In a review of 134 HIV infected women in Chennai, it was found that 88% had no extramarital contacts or any other HIV-related high risk behaviour[3].

Violence and HIV

Violence against women is a significant public health problem, which affects women, men, and children[15]. Violence is often encountered when the males are questioned regarding their extramarital affairs or if they are requested to use condoms. A study conducted in Zambia showed that marriage with a violent and dominant man often compromises the woman's ability to protect herself from HIV infection. In such a setting, only 25% of the women felt that they could refuse to have sex with her husband even if he was unfaithful and found to be HIV infected. Only 11% of the women felt that the wife could ask her husband to use a condom under such circumstances. It is also documented that men who used force to get sex at home were more likely to have extramarital sex or sexually transmitted diseases. In 1991, a group of Canadian men adopted the White Ribbon as a symbol of their opposition to violence against women[1]. The White Ribbon Campaign has now spread to Australia, Finland, Norway, the US and Latin America. It urges men around the world to wear a white ribbon or hang a white ribbon from their house, their vehicle or at their workplace each year for a week as a public pledge never to commit, condone or remain silent about violence against women.

Wars, the resulting migrations and forced sex are severe forms of male violence that contribute to the spread of HIV infection. 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. Wars can have a terrible effect on the civilian populations as recently witnessed in the Balkans, Rwanda, Burundi, and East Timor. In refugee camps and elsewhere women may find themselves the victims of unwanted sex and may have to trade sex in order to survive. Protecting oneself from pregnancy, STDs and HIV is difficult in such situations, which make women more vulnerable.

Condom Use and HIV

Men and condom use: Condom usage at present is an important barrier method to prevent the transmission of HIV. Although not the safest method, their correct and consistent use has helped in reducing the risk of HIV infection in commercial sex workers and STD patients attending out-patient clinics in Pune[16, 17]. Provision of in-depth ongoing awareness related to condom use is required[18]. The authors experience of working with HIV/ AIDS patients attending a referral clinic has shown different situations in which condoms are used.

Condoms for casual sex**:** Changing behaviour related to condom use is difficult but men have reported condom use in casual and commercial sex. Condom use is, however, difficult when it is to be used with a spouse. This is more difficult when a young male partner is positive but has not revealed his HIV serostatus to his wife.

Condoms and family planning: Traditionally, condom use in India has been associated with family planning as a spacing method. Men do not use condoms when one of the partners is sterilized or using an IUD and they have difficulty in communicating about the possible risk of HIV/STD to their own spouse.

Negotiating condom use with spouse: Young newly married men with a sexually transmitted disease, often find it difficult to talk about condom use with their wives.

Condom use and alcohol: While condom use is a male controlled method the responsibility of a male partner is to protect himself from getting an infection, and ensure that his own regular partner/spouse does not get an infection. This, however, becomes difficult when the man is under the influence of alcohol and the correct and consistent use of condoms may be difficult.

Condoms and mobile population: Truck drivers and other mobile populations like tradesmen from rural areas coming to sell their products in urban markets, often engage in casual sex. Accessibility to condoms may be difficult in many places. Hence, these men could become infected with HIV and in turn transmit the infection to their wives.

Experience from Botswana emphasizes the need for going beyond awareness and to undertake in-depth ongoing prevention interventions that focus on condom promotion through peer-educators, especially in the context of behaviours related to drinking habits[18].

Policy changes are required for prevention efforts to bring effective behaviural changes to better control the sexual behaviour of men. This has to be brought about through increasing responsibilities of men, ensuring social and cultural sensitivities to facilitate the programmes and empowering young men and women[4,18-21]. There are positive indications that both men and women can contribute to safer practices like condom use. While

planning interventions that can have a meaningful impact, like counseling, it is necessary to distinguish between the thought processes behind decisions related to condom use that are made in the heat of the moment versus decisions that are made in the cold light of day[22,23].

In a study in South Africa, it was found that though 85% of men and women interviewed knew that condoms could prevent the spread of HIV infection, only 60% had ever used a condom. Of the men, who had casual sex partners, more than 50% intended to use condoms with their casual sex partners but actually only 16% did. The reason given for not using a condom was that they did not have a condom available when they needed it. Thus, condoms must be widely and conveniently available to users if they are to be an effective method of HIV control[24].

In certain regions of the world like Tanzania and Zambia, many teenage girls have had sexual relations with men 10 years or more older than themselves. The fear of HIV infection is resulting in men seeking younger sexual partners. Epidemiological studies have shown that this has resulted in a marked increase in HIV seroprevalence in teenage girls[25]. Men, who have sexual relationships with younger girls and do not use condoms thinking that they are not at risk, may actually be at higher risk of HIV infection in those regions.

Sex between Men

In most countries, sex between men has been reported. While in certain societies, it is accepted, in most societies it is repressed or denied[26-28]. Some men have stable, long-term relationships with other men. At the same time there are some men, who are married but occasionally have sex with other men, without their spouse being aware of it. In certain institutions (for example in prisons or in the army) where males are predominant, sex between males may occur because access to female partners is difficult.

In many countries sex between men is discriminated against and a social stigma may be attached to persons practicing it. In some countries there are laws against such behaviour, where, it may be difficult to carry out HIV prevention programmes targeting this population. In such societies, these men are often under stress because of the social ostracism and stigma associated with homosexuality. Most of the countries with openly gay communities are in the developed world. In the developing countries, men who have sex with men are less likely to come out in the open and are less likely to have access to HIV prevention and care facilities.

Due to the fragile nature of the anal canal mucosa, it is easily damaged during anal intercourse. Hence, sex between males has a high risk of HIV infection, especially to the passive partner.

After the onset of the HIV epidemic among the gay community in USA, prevention campaigns were organized on a massive scale and consistent condom use during anal sex increased to 70% by 1995. However, with the advent of anti-retroviral therapy, more gay men in USA, UK and Australia are reporting unprotected sex and the HIV incidence has almost doubled in men with rectal gonorrhoea between 1996 and 1998[3].

In certain countries, homosexual men have started support organisations for people with AIDS. In India the NAZ foundation in New Delhi has developed an HIV education, testing and counselling centre with telephone hotline facilities for men who have sex with men. Support to such non-governmental organisations is essential if HIV prevention is to be carried out among homosexual males[26-28].

Men Who Have Sex with Men and Women

In the Fortaleza study in Brazil, 15% of the men identified themselves as bisexual and 23% reported having sex with women in the previous year. Of those reporting unprotected sex with women, 67% also had unprotected anal sex with a man[29]. This overlap of sexual behaviour allows the transmission of HIV from the homosexual to the heterosexual population and vice versa[3,30].

In Asia, there is social pressure on men to marry and father children. Hence, most men, who have sex with men, are also married. In a study carried out on truck drivers in India, it was found that 25% were bisexual. In a clinic for sexually transmitted diseases in Pune, the receptive male partners of men reporting anal sex with men were 2.6 times more likely to be HIV infected than men who reported no anal sex[31].

Thailand has made significant progress in the control of heterosexual transmission of HIV infection. In a study of military conscripts in northern Thailand, 134 of 2000 men reported sex with other males and of these, 131 had sex with women as well. The men reporting male to male sex were three times more likely to be HIV infected than those who reported sex only with women. This group has not been targeted in the HIV control efforts in Thailand and other developing countries[3].

Injecting Drug Use among Men

Injecting drug use results in 5% of the HIV infections found world-wide. Intravenous drug use is often associated with unsafe sexual activity, which could result in transmission of HIV infection[32,33]. It is estimated that there are 6 to 7 million HIV infected individuals in the world, of whom 80% are males. In India, most HIV seropositive intravenous drug users detected are in the state of Manipur in north-eastern India[34-37].

Among injecting drug users, men and boys are more likely to share needles than women. Some of them could have non-injecting sexual partners. Under the influence of the drug, high risk sexual activity is more likely. Harm reduction programmes for injecting drug users include provision of needle sterilization materials or needle exchange facilities to provide clean needles and syringes.

Other High Risk Groups

Men in the military are often away from their families for long periods of time and may have unprotected sex with other men in the army or with commercial sex workers. This results in the transmission of HIV to the military personnel, and in turn to their spouses. Adequate awareness programmes among the military personnel are required to inform them of the risks associated with HIV related high risk behaviour.

World-wide, many men are in jail. Here, often sex takes place between prisoners themselves or between prisoners and guards and most often it is unprotected by condom use. In such settings, if condoms are not available, there is likelihood of HIV transmission among the inmates and when the prisoners are released, they in turn transmit HIV infection to others in the community.

Male sex workers and young people living on the streets are also at high risk of HIV infection.

Aggressive Male Behaviour or Masculinity

In most societies, males are expected to be physically strong and more aggressive or daring. In certain societies, it is an accepted tradition that men have multiple sexual partners. In such settings, it may be viewed unmanly to use a condom or not to have multiple sexual partners. In many societies, males are expected to take risks more often and injecting drugs use may be viewed as manly behaviour. It is important that efforts are made to change these attitudes and behaviours if the AIDS/HIV epidemic is to be controlled. AIDS education needs to systematically challenge the imaginary margin of safety which heterosexual men construct for themselves when they choose to have multiple sexual partners[38].

Prevention of Sexual Transmission of HIV in Males

Prevention of HIV transmission among males and their sexual partners can be possible either by abstinence or by a mutually faithful sexual relationship between HIV uninfected partners. In the case of men, who have multiple sexual partners, the use of condom does markedly reduce the risk of acquisition of HIV infection.

Condom use is the most common method of HIV prevention in most parts of the world. However, there is often resistance to use of condoms by males because some of them feel that its use reduces sexual pleasure. This can be prevented to some extent by either using lubricated condoms or by applying a suitable lubricant. Some men do not use condoms because of the lack of information as to how to use it properly or simply because they do not have access to condoms[24]. Many young people have misconceptions about the efficacy of the condom in preventing the spread of HIV infection, since they felt that the HIV virus could pass through the condom. However, scientific data from studies among discordant couples show that consistent and correct use of condoms of good quality helps to markedly reduce the risk of HIV infection.

In Brazil, Mexico, Nicaragua and Uganda, there has been a marked increase in the use of condoms by young people. At the same time, there are certain other countries like Kenya, where 63% of unmarried men and women, who had had sex, never used a condom. One-third of the commercial sex workers interviewed in Kismu in Kenya had never used a condom and 75% of the sex workers surveyed were HIV seropositive. The use of condoms by men and women in their extramarital relations in Kenya was very low[3] . One of the factors known to influence the frequency of condom use is alcohol intake. Individuals who are under the influence of alcohol, are less likely to use condoms correctly and consistently than those who are not[39]. Thus, urban workers in many developing countries continue to need more information about AIDS and remain at risk of HIV infection due to multiple sexual partners, inconsistent condom use, violence in relationships and alcoholism. There is a need for continued intensive prevention efforts using peer education methods[39].

An alternative to the use of the male condom is the female condom. It is made of polyurethane plastic and

does not require special storage. It can be used along with oil-based or water-based lubricants. However, it is more expensive than the male condom and hence, is not as widely used. Some studies have shown that the female condom is more acceptable to males and females than the male condom.

In communities, where men who have sex with other men (MSM) are ostracized by society, it is not easy to conduct HIV prevention programmes directed to them. However, HIV/AIDS information and prevention outreach programmes dedicated to them in regions where no programmes exist, can be developed successfully by peer groups of the same area[40]. A self-help group of MSMs in Mumbai has tried to market stronger condoms to promote HIV prevention.

Men and Sexually Transmitted Diseases

Over 330 million cases of sexually transmitted diseases (STDs) occur in the world. A person with an untreated STD is 6 to 10 times more likely to transmit or acquire HIV during sex. The risk increases 10 to 300 fold in the presence of a genital ulcer. STDs can be easily cured by antibiotics. Hence, men with STDs should be encouraged to have treatment to help reduce the risk of acquisition or transmission of HIV infection[1].

Male Circumcision and HIV Infection

Researchers have been debating the association between circumcision and the risk of acquiring HIV infection for several years. There is substantial evidence that circumcision protects males from HIV infection, penile carcinoma, urinary tract infections, and ulcerative sexually transmitted diseases[41]. A study in the Luo ethnic group in Kenya showed that 10% of the circumcised men and 25% of the uncircumcised men were HIV seropositive. Another study done in Uganda showed that prepubertal circumcision is associated with reduced HIV risk, whereas circumcision after 20 years of age is not significantly protective against HIV-1 infection. Age at circumcision and reasons for circumcision need to be considered in studies related to circumcision and HIV risk[42,43]. A recent review of 27 studies in Africa has shown that males who were circumcised were 60% less likely to acquire HIV infection as compared to those who were not circumcised[3]. While circumcision may reduce the risk of HIV infection, it does not eliminate the risk.

POINTS FOR ACTION

Gender awareness

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

Sexual communication and negotiation

- 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, counselling and support.
- Promote greater understanding and acceptance of men who have sex with men.

Violence and sexual violence

- Support government and non-government actions to reduce male violence and sexual violence.

Support and care

- Support men in their role as fathers and carers, both within the family and in the community.

Source: Men and AIDS – A gendered approach: 2000 World AIDS Campaign, UNAIDS.

Men and their Families

Men have major investments in their families both as husbands as well as fathers. Research has shown that men generally participate less than women in taking care of their children, usually because they are often working away from home or because of certain cultures in the society. However, many initiatives have been successful in getting more fathers to be involved in the care of their children. The shifting sexual culture and roles may allow women and men to better control their sexual behaviour. Sensitive programmes able to facilitate these changes and promote sexual health of youth are needed[21,44]. Fathers need to be motivated to remain HIV free for the sake of their children. Their children could be orphaned if they or their wives were infected with HIV[45-47]. For the sake of their children, they need to be encouraged to avoid HIV related high risk sexual behaviour. Messages given at family planning clinics advising increasing male contraceptive responsibility and emphasizing the risks and consequences of contracting HIV appear to be viable routes to be explored[20].

Conclusions

Globally about 70% of all HIV infections are caused by heterosexual transmission and about 5-10% of all HIV cases are due to sexual transmission between men who have sex with other men. In India, more than three-fourths of all HIV transmission is caused by heterosexual mode of transmission. Men have a greater responsibility to make more efforts to curb the fast pace of spread of the HIV epidemic.

A response to the AIDS epidemic is required from men at varied levels. At an individual level, men need to protect themselves from acquiring HIV infection and require reliable information that begins at a young age to enable responsible decision making to avoid risk. As adults, men need to ensure that safe sex practices are adopted by their partners, both female and male, regular as well as casual. For the married partners, men can make a difference by taking precautions to ensure that the health and reproductive needs of their wives and families are adequately looked after. As parents, it is important that men take care to prevent their children from acquiring HIV infection. For accepting this responsibility, men and women would require attitudinal changes that may have to be addressed through suitable intervention programmes.

Certain traditional practices and values exist but need to be reassessed and thought about in the perspective of the risk of transmission of HIV infection. This happens especially where women are at low risk of infection from their own behaviour as a result of their traditional role, but their greatest risk of HIV infection is from their own married partner. The responsibility of negotiating safer sex as a joint responsibility becomes pertinent.

Integrated approaches that looks at appropriate behaviour changes that address both men and women are required. Men can be engaged as partners in an effort to change the course of the epidemic. Lessons learnt from both developing and developed countries could be made use of. Rightly so, the slogan of UNAIDS for the campaign for the World AIDS Day at the turn of this century is "Men Make a Difference".

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