

Stop it! Heterosexual Black men are not pricks.



Winston Husbands
Ontario HIV Treatment Network

HIV Endgame: Stopping the Syndemics that Drive HIV
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iSpeak team



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Rationale and objectives



- Engaging a dialogue with heterosexual Black about HIV and health
- Re-evaluating our commonsense beliefs about Black men
- Thinking creatively about heterosexual Black men's health
- Enhancing research on HIV and health with Black communities
- Strengthening Black men's involvement in community responses to HIV

What iSpeak involved

2 focus groups with self-identified HIV+/HIV-heterosexual Black men (N=14)

- Toronto
- London

- identity, culture
- meaning of health
- social & personal relationships
- service access & use

1 focus group with service providers working on HIV issues with Black communities (N=6)

- Ottawa
- Toronto
- Southwestern Ontario

- their interpretations of heterosexual Black men
- experience providing services to Black men
- challenges, opportunities, priorities related to engaging heterosexual Black men

One-on-one interviews with 4 researchers

Toronto

- research gaps and opportunities
- methodological issues and approaches
- opportunities for collaboration

Participants – heterosexual Black men

- 40 – 60 years old (10)
- Married (8)
- > 5 years in Canada (7)
- born in Africa (11)
- earning < \$20,000 (10)
- working full time (2)

Ideas about (heterosexual) Black men in relation to HIV



Characteristic	Manifestation
Understand and perform masculinity in ways that are dangerous, risky, unproductive, undermine women's wellbeing	<ul style="list-style-type: none">• unable to decline sex• have sex with many women, often concurrently• cannot be gay or bisexual• do not acknowledge their vulnerabilities• indifferent fathers who abandon families
Sex with Black men may be inherently risky	<ul style="list-style-type: none">• over-abundant erotic endowment
Exempt themselves from HIV prevention	<ul style="list-style-type: none">• delegate responsibility for condoms to women• internalize stigma, fear and shame about HIV• do not use available services or supportive networks

Resourceful (transcendent) masculinities

Excerpt 1



“We are straight men. Your woman partner could be very supportive and definitely she knows your [HIV] status and all this. She could be very supportive and you can tell her everything, and how you are feeling. She knows when you are very low and when you are in your normal self. You know women, I like to tell this to men who have sex with men, women are very understanding people. When you want to be treated like a baby, she will treat you like a baby.” (Toronto)

Resourceful (transcendent) masculinities

Excerpt 2



“If I need a doctor, we discuss ‘oh you don’t have a doctor, go to this doctor’, ‘Oh we went to this one. No, let’s try this one’, ‘this one definitely.’ And even the resources that we get. ‘[T]his resource is no good ... Try this one’. You go to it. We all need to back each other up ... You come in here sad but you move out laughing ... As for me, I come here sick and I move out happy ... And I win all the time.”

(Toronto)

Resourceful (transcendent) masculinities

Excerpt 3



“In most cases, we have difficulty to discuss it [i.e., HIV] with our friends because you don’t want to explore so much to someone who’s not going to help you. That’s why we chose to go to specialist or dietician who’s going to help you, advise you how to eat healthy, and ... keep you up confidentially. Because once I started exploring with my friend ... they start running away from me.” (Toronto)

Resourceful (transcendent) masculinities

Excerpt 4

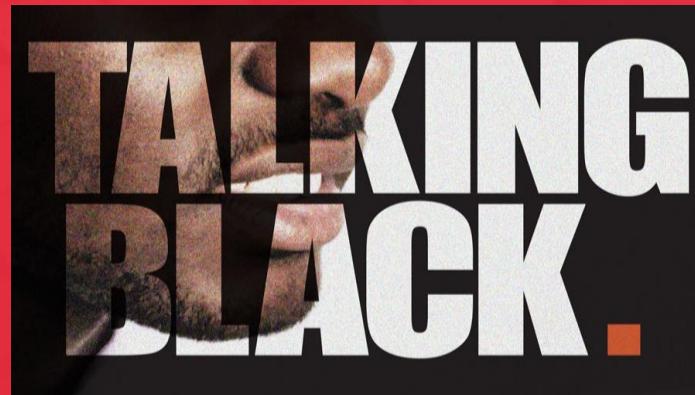


“There is no barrier, but my understanding [of why Black people do not openly want to discuss HIV] is that White people say HIV is with Black people. So, even this is an obstacle towards getting information. If they don’t have HIV, White people don’t care about it. So how can I ask them for information? *It’s for me, a Black man. So I keep it a secret, I can’t talk openly, that’s a barrier for me.*” (London; emphasis added)

Engaging heterosexual Black men in community responses to HIV



“I think agencies should also take on that responsibility [i.e., engaging straight Black men], and be more accountable to make sure that even [for] heterosexual African, Caribbean men there should be a comfort built. It’s up to the agencies to build that comfort zone. Yes as an individual, if I don’t have a comfort zone I can’t just let that be. There has to be ways and means to build that comfort zone or we are just going to see this problem get bigger.” (service provider)



one love!