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Intersectionality, Heterosexually-Active Men and HIV/AIDS: Reflections from the Field

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Outline of Presentation

- > What is intersectionality?
- > To what extent has this been applied to heterosexually-active men in the HIV/AIDS pandemic
- > Lessons learned: how an intersectional lens has arisen in my work and changed it
- > Recommendations for researchers wishing to use an intersectional frame



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Intersectionality

Original intersectional theorists were Black feminists from the Combahee River Collective

The book “How We Get Free” (2017, Taylor) explains the history

“...the ubiquity of the term “intersectionality” in mainstream political discourse...the Combahee women did not coin the phrase intersectionality...but the CRC did articulate the analysis that animates the meaning of intersectionality, the idea that multiple oppressions reinforce each other....” (p. 4).



Original thinkers

- > Credited to Kimberly Crenshaw; numerous women of color wrote about this a decade before
- > I.E. in legal case precedent, lawyers drew on black male cases to examine black women's issues
- > And lawyers drew on white male cases to examine racial issues (legal work often privileged the dominant category in the relevant binary)



Original Thinkers: Three Points

1. Analysis using singular identities (race OR class OR gender OR sexuality) is not as empirically accurate as analyzing their intersections

Intersectionality first arose into HIV literature in 2004 from Harvey and Bird and also Dworkin 2005

In “Who is Epidemiologically Fathomable in the HIV/AIDS Epidemic?” (Culture, Health, and Sexuality, 2005) analysis of HIV surveillance categories....(gap b/w identities and behaviors)

Implications:

- > Methodologically-far more than an interaction term in your regression models
- > One identity can be protective/one exacerbating-cancel out



Original thinkers: Three Points

2. Social structural positioning intersects with identity to produce health outcomes

Example just given (slavery, redlining, legal system, class status/income)

We cannot talk about identity or its impact on behavior without recognition of its intersection with social structures

Implications:

- > If identity also intersects with social structures or emerges out of it partly—and these both shape health outcomesthen we do need multi-level interventions!



Original thinkers: Three Points

3. Identities that are intersectional are not additive or multiplicative

That is, one aspect of identity can be protective of health behaviors and outcomes, another exacerbate health outcomes

Audre Lorde should be credited, 1984 text *Sister Outsider* when she pointed out the simultaneity of being oppressed by others and oppressing others



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Application to Heterosexually-Active Men: US HIV/AIDS Epidemic

To what extent has intersectionality been applied to heterosexually-active (cis) men?

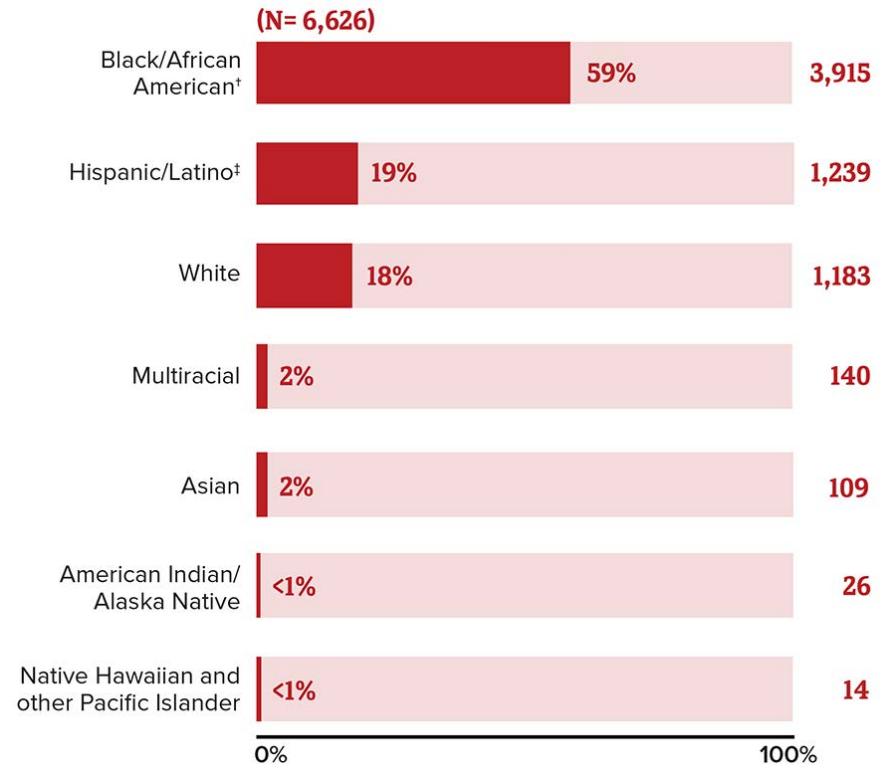
- > People reporting heterosexual contact make up 22% of new HIV cases
- > Men reporting heterosexual contact constitute 7% of new cases

Next: compare who is affected with prevention interventions that exist



Which Men?: Race, Class, Sexuality, Gender Intersect

Among people who reported heterosexual contact and received an HIV diagnosis in 2020, racial and ethnic disparities continue to exist.



Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions.

USA HIV Epidemic: Evidence-Based Prevention

Early work: Heterosexually-active men have been forgotten in the epidemic re: prevention

Evidence-base prevention does not generally focus on gender- or race-based identities and not their intersection despite many studies that show identities matter for HIV risk

Intersectional interventions that take race* class* sexuality into account (poverty reduction? work?)



Compendium of Evidence-Based Prevention Interventions at CDC:

- What is the number of prevention interventions that take the need for poverty reduction into account as part of HIV risk reduction?

ONE (prison transition, Puerto Rico, income, food, transportation)

USA HIV Epidemic

- > Race/class marginalized identities may point to need for structural interventions to reduce HIV risk
- > Housing, work, job placement programs, re-entry from prison programs needed along with linkage to care programs
- > Evidence-based in the USA has ONE other intersection of gender/race/class specific prevention intervention
- > Anita Raj's Men Count



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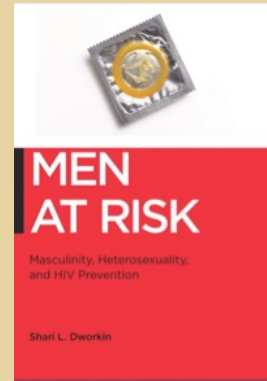
Drawing from Three Studies

1. One Man Can (South Africa, HIV, Anti-Violence)
2. The Power Imbalances in Couples Scale (USA, Same-Sex Male Couples, HIV risk)
3. SHAMBA MAISHA! (Kenya, agricultural/MF, HIV treatment)



Study One: One Man Can

Men at Risk: Masculinity, Heterosexuality and HIV/AIDS Prevention (NYU Press, 2015)



- Dworkin SL, Hatcher AM, Colvin C, Peacock D. (2013) Impact of a Gender-Transformative HIV and Antiviolence Program on gender ideologies and masculinities in two rural South African Communities. *Men & Masculinities*, 16 (2):
- Dworkin, S.L., Hatcher, A. Colvin,C., Peacock, D. (2013). Impact of an anti-violence and HIV program on masculinities and gender ideologies in Limpopo and the Eastern Cape. *Men and Masculinities*, 16, 181-202.
- Dworkin, S.L., Kagan, S. & Lippman, S. (2014). Are Gender-Transformative Interventions to Reduce Violence and HIV Risks with Heterosexually-Active Men Successful? What do We Know? What Else Needs to be Done? *AIDS & Behavior*, 17, 2845-2863.
- Dworkin, S. Fleming, P.J., & Colvin, C.J. (2015). The Promises and Limits of Gender-Transformative Health Programming with men: Critical Reflections From the Field. *Culture, Health and Sexuality*, 17, S128-S143
- Dworkin, S., Colvin, C., Hatcher, A., Peacock, D. (2012). Men's perceptions of women's rights and changing gender relations in South Africa: Lessons for working with men and boys in HIV and anti-violence programs. *Gender & Society*, 26, 97-120.



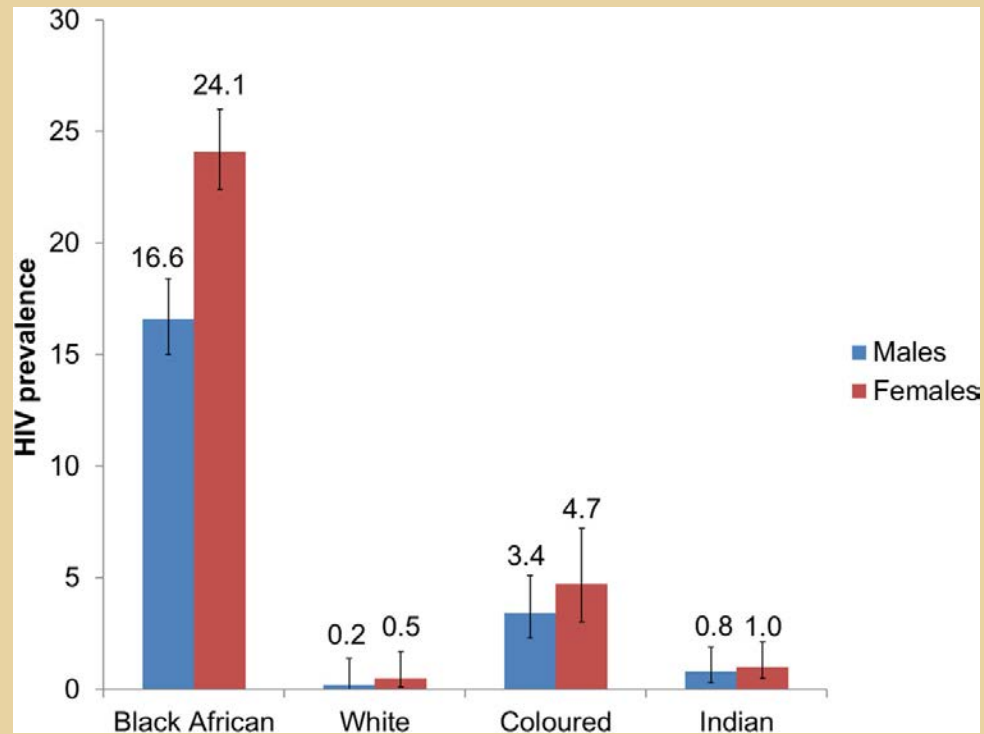


Fig. 1 HIV prevalence with error bars among race groups by gender

South Africa: Intersections of Gender*Race*Poverty* Sexuality:
HIV

Community-Level HIV and Violence Prevention (Sonke Gender Justice)



(1) Links between gender, power, and health; (2) critically reflect on masculinities (towards other men, in relationships with women, and in communities); (3) reshape men's understanding of their own and others' HIV/AIDS vulnerabilities and risks, and (4) work towards individual and community change concerning equitable relationships, HIV, and sexual and domestic violence

Lessoned Learned: Study 1

- > Large single identity (gender) portfolio of work globally is turning to the most race and class marginalized men and asking men to shift in the direction of more gender equality
- > Not just backlash as many describe but some
- > Program sessions began to surface intersectional content when men talked with each other
- > Men discussed how apartheid led to racial inequality, oppression, violence against Blacks
- > Racial inequality led to neighborhood effects/health
- > Challenged each other to not oppress women the way they had been oppressed by whites under apartheid



Study 2: Power Imbalances in Couples Scale (PICS) (Hoff, Dworkin PI)

Neilands, T., Dworkin, S.L., Chakravarty, D., Campbell, C.K, Wilson, P.A., Gomez, A.M., Grisham, K., Hoff, C.C. (2019). Development and Validation of the Power Imbalance in Couples Scale. *Archives of Sexual Behavior*, 48, 763-779.

Dworkin, S.L., Campbell, C., Wilson, P., Grisham, K., Gomez, A. & Hoff. (2017). Relationship power among gay male couples in New York and San Francisco: Implications for HIV/AIDS prevention, treatment, and care. *Journal of Sex Research*, 7, 923-935.



Study II Power and Risk Among Same -Sex Male Couples

- > We found that only black-black couples reported a unique type of power
- > White-white and inter-racial couples generally reported classic decision-making dominance and relationship control facets of power
- > Black couples did describe this as well but power was defined as “couple-level power”
- > “Both have the power to hurt each other and both have the power to make each other feel good and make each other feel empowered”
- > “When people say power in the context of a relationship, I think about the power that can be generated by the two people to do something...these two people together, they’re better than apart”



Study III: SHAMBA MAISHA w/ HIV Positive Women and Men in Kenya (PIs Weiser/Cohen, Co-I Dworkin)

- > If it is true that race/class/gender marginalization leads to HIV risks and shapes HIV care and treatment
- > If it is true that the intersections in identity and structural positioning are important
- > Can structural interventions that intervene on multiple marginalized identities produce positive health behaviors and outcomes?
- > Without focusing explicitly in intervention content on identities at all?



Study III: SHAMBA MAISHA w/ HIV Positive Women and Men in Kenya

- > Participants in the intervention group received financial training, microfinance loan, hip pump, and agricultural products
- > Published results already showed improvements in mental health, HIV treatment outcomes, secondary HIV risk, food security, income, ARV adherence, and more.



Study III: SHAMBA MAISHA w/ HIV Positive Women and Men in Kenya

- > Not yet published, but under review
- > Impact of a livelihood intervention on gender identity, roles and relationship power among people living with HIV in Western Kenya: Results from the Shamba Maisha cluster randomized controlled trial



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1. Read the original intersectional thinkers

Original Thinkers

Combahee River Collective

Maxine Baca Zinn

bell hooks

Bonnie Thornton-Dill

Gloria Anzaldua

Kimberly Crenshaw

Patricia Hill-Collins

Contemporary Applications in Public Health (HIV)

Shari Dworkin

Lisa Bowleg

Celeste Watkins Hayes

Michelle Berger

Tania Poteat



2. Learn: How intersections matter for your health outcome

Where they do, modify singular identity projects to be intersectional

Application to health behavior—"Where there is a risk factor there is an identity" (since there are multiple risk factors-there are multiple identities) that shape health outcomes (and are more empirically accurate than single identity studies)

We know we should intervene on what matters for risk

Is this how we intervene? No



3. Identity is Shaped by Status in Social Structures: Level of Intervention

- > We cannot talk about identity or its impact on behavior without recognition of its intersection with social structures
- > May need multi-level interventions and can determine if structure shapes identity shapes behavior
- > Consider structural interventions to intervene on multiple and intersecting inequalities and identities



4. Prevention re: Health Behavior

- > Propose an understanding of intersectional identities in your grants with qualitative pre-planning phase
- > Partner with social scientists with expertise in intersectionality
- > Propose intersectional interventions!



Discussion/Questions

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