

Rethinking Gender,  
Heterosexual Men, and  
“Women’s Vulnerability”  
to HIV/AIDS:  
*Time for a Paradigm Shift?*

*Jenny Higgins, PhD, MPH*  
*Gender & Women’s Studies*

February 25, 2013



# Early on in the Epidemic

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- Women nearly invisible at beginning of US epidemic  
(Armaro et al. 2001; Corea 1992; Fox-Tierney 1999; Treichler 1988)

- ▣ For years, researchers failed to recognize or notice heterosexual transmission
- ▣ Even by 1990, when ~20K women had officially died of AIDS:
  - Women were absent in clinical trials
  - CDC's AIDS case definition still excluded common disease manifestations unique to women (e.g., cervical abnormalities, recurrent vaginal yeast infections)

# Early on in the Epidemic

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- Early portrayals of women as vectors
  - ▣ HIV-infected pregnant women who could transmit HIV to their fetuses
  - ▣ Commercial sex workers who could transmit HIV to their male clients and to the rest of the population
- Poor pregnant women of color faced coercive testing practices
- Sex workers became the targets of testing and criminalization efforts
- Women then expected to protect themselves by insisting on male condom use

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**Women are the new face of AIDS, say conference speakers**

MARITES N. SISON  
STAFF WRITER  
Aug 14, 2006

The 16th International AIDS Conference opened in Toronto this weekend with calls for immediate, universal and equitable access to HIV/AIDS prevention, care, treatment and research for women and girls worldwide.

Speakers at the Aug. 13 opening ceremonies, including Canada's Governor General Michaëlle Jean, American philanthropists Bill and Melinda Gates and Frika Chia Iskandair, a young HIV-positive activist from Indonesia, all delivered the same message: the new face of AIDS is a woman's – mothers, young ladies and teenagers – and they are not getting the help they desperately need.



MARITES N. SISON  
A mother and daughter join thousands during a march on the streets of downtown Toronto to demand immediate, universal and equitable access to HIV/AIDS prevention, care, treatment and research for women and girls worldwide.

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Aug 16, 2006 - XVI International AIDS Conference

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**The brave new face of AIDS**

**Tereasa Rehman**  
19 September 2008

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**They are the HIV positive wives and widows of intravenous drug users, going public about their status. The Manipur Network of Positive People in northeast India is supporting these brave women in generating awareness on the stigma and discrimination attached to the disease, and themselves.**

Lucy Khumlo, 32, symbolises the brave new face of HIV-AIDS in Manipur. Spouse of an Intravenous Drug User (IDU) and HIV positive herself, Lucy and many of her ilk have decided to go public about their status and create awareness on how married women in monogamous relationships are the new visage of the epidemic.

She still recalls the day when she decided that she had had enough. Attired in her Sunday best, she had gone to the village church with her three kids. It was the first time she had come out after her husband died of AIDS in 2003.

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## THE NEW FACE OF AIDS

### WHY IS HIV PREYING ON MINORITY WOMEN, AND WHAT CAN AMERICA DO ABOUT IT?

By BY GEOFFREY COWLEY AND ANDREW MURR | NEWSWEEK

From the magazine issue dated Dec 6, 2004

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Eleven years ago, Marcy Owens's life seemed blessed. She was in college, studying psychology, running track and working as a volunteer at her Seventh-day Adventist church. Her friends predicted she would marry a minister. Owens was only mildly surprised to discover she was pregnant during her junior year at Georgia's traditionally black Clark Atlanta University. She'd had a number of boyfriends--middle-class achievers from well-regarded schools like her own--and had sometimes been lax about

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- How and why did this transformation happen?
- What are the assumptions on which these new portrayals are based?
- Does this *vulnerability paradigm*\* serve the needs of those involved in the epidemic?

\*Higgins, Hoffman, & Dworkin 2010, American Journal of Public Health

# Outline of Remaining Presentation

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- The vulnerability paradigm
  - 1) Its roots
  - 2) Its benefits
  - 3) Its limitations
- The challenge of women's sexual agency, condoms, and pleasure
- Implications and future research

Vulnerability  
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# Outline of Remaining Presentation

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  - 1) Its roots → 1. biological, 2. epidemiological, 3. social
  - 2) Its benefits
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# 1) Biological Roots

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- Early on, vagina thought to be more rugged than anus; women's bio vulnerability not assumed
- Then surveillance stats showed heterosexual transmission accounted for more infections among women than men
- Prospective studies of both serodiscordant couples and CSWs and their clients: women have ~2x the probability of infection if exposed to HIV
  - The “biological lynchpin” of the vulnerability model

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## 2) Epidemiologic Roots

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- Late 1990s: Growing number of heterosexually-infected women in the US



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## 2) Epidemiologic Roots

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- Late 1990s: Growing number of heterosexually-infected women in the US
- Simultaneous explosion of heterosexual epidemics in Eastern and Southern Africa

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## 2) Epidemiologic Roots

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- Late 1990s: Growing number of heterosexually-infected women in the US
- Simultaneous explosion of heterosexual epidemics in Eastern and Southern Africa
- 2002: UN Secretary Kofi Annan announced that, for the first time women represented half the HIV+ individuals globally
  - ▣ *Now, even greater: 14 HIV+ women for every 10 HIV+ men*



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### 3) Socio-Cultural & Structural Roots

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- Enormous US feminist response to women's invisibility, then to notion that women could insist on condom use (Amaro 1995; Corea 1992; Sobo 1995; Worth 1989)
- As early as 1988, international scholars used the term *vulnerability* to highlight women's disadvantage in their interpersonal relationships (McGrath et al 1992; Panos Institute 1990; Sabatier 1988; Schoepf et al. 1991; Shoenf 2001; Seidel & Vidal 1997; Ulin 1992)
- Increasing awareness that structural factors could increase women's HIV susceptibility (poverty, structural adjustment policies, migration, war)

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- The challenge of women's sexual agency, condoms, and pleasure
- Implications for future research & implications

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# 1) Women's Risk Reframed

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- *Vulnerability* helps emphasize the structural influences beyond women's control
  - ▣ gender inequality, poverty, structural adjustment
- Women perceived as infected NOT due to their own inappropriate/immoral behaviors, but to their partners' (or culture's) wrongdoings
- Women's risk becomes situated within gender-based power differentials

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## 2) Intervention Advantages

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- Individual-level interventions have been devised to help women challenge and even overcome gender inequalities in their own relationships
  - ▣ Condom empowerment workshops help women develop self-efficacy and negotiate safer sex instead of deferring condom decisions to men
- Structural-level interventions have been devised to help women surmount some of the more systemic barriers that increase their susceptibility to HIV
  - ▣ Girls' education, microfinance programs, women's property ownership legislation, anti-violence efforts

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### 3) Women-focused policies, R&D

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- Concern for women's vulnerability has funneled policy attention and \$ to previously ignored issues
  - ▣ Gender-based violence, non-volitional sex, exchange sex
- International prevention purses (e.g., Global AIDS Fund) have become gendered
- The paradigm has also fueled worldwide R&D for women-controlled methods
  - ▣ Microbicides, female condoms, diaphragms

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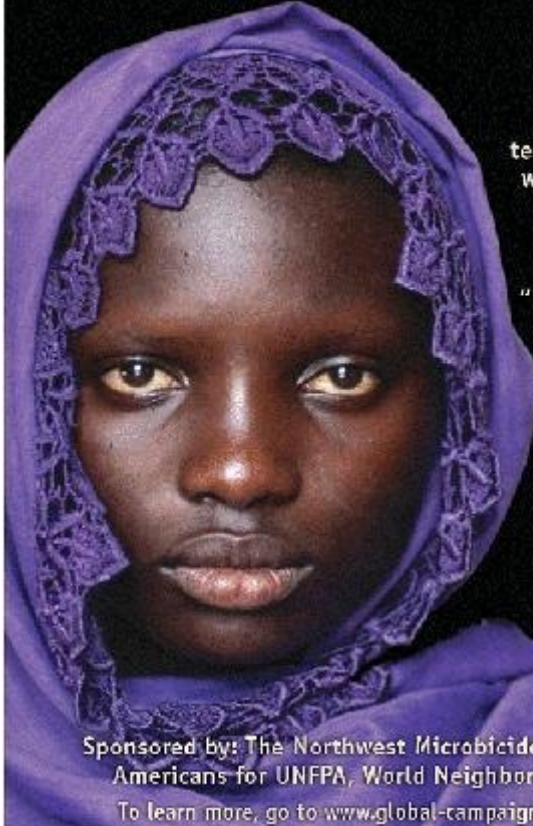
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## GIVING WOMEN POWER OVER AIDS



*Microbi- what?  
Microbicides!*

Learn about this new technology that will give women power over AIDS

Join us for a remarkable forum and photo exhibit, "In Her Mother's Shoes" showing February 20 through 23

The forum is Thursday  
February 22nd, 2007  
11:30am -12:30pm

Sponsored by: The Northwest Microbicide Coalition, Chaya, Americans for UNFPA, World Neighbors, and RESULTS.  
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  - 2) Its benefits
    - 1. Biological and epidemiological disputes
    - 2. Portrayals of hetero men as unaffected by HIV
  - 3) Its limitations
    - 3. Portrayals of women as sexually disempowered
- The challenge of women's sexual agency, condoms, and pleasure
- Implications and future research

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# 1) Biologic & Epidemiologic Disputes

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- Working assumptions of the model:
  - ▣ Men more likely than women to bring HIV into the partnership
  - ▣ Women twice as likely to get infected if exposed
  
- Excluded from the model:
  - ▣ How heterosexual men contracted HIV themselves
  - ▣ How variability in biosocial and cultural contexts influences women's and men's probability of infection if exposed

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- A large proportion of women have concurrent partners, too
- Building evidence suggests that gender differences in acquisition vary according to biosocial contexts
  - ▣ Uganda: women and men in sero-discordant couples have reported no sig. diff. in the per-act probability of HIV transmission
- Several factors may condition probabilities of transmission in different settings
  - ▣ Individual level: early vs. late state of the disease, viral load of positive partner, presence of genital ulcers, circumcision status of man
  - ▣ Pop level: stage of the epidemic, prevalence of HIV and other RTIs, sexual practices, marriage systems, circumcision traditions

## 2) Portrayals of Men in the Paradigm

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- Working assumptions of the model:
  - Heterosexual men are active transmitters of HIV but not active agents of prevention
  - Women's HIV risk, but not men's, shaped by gender norms
  - Men cannot be empowered to 'overcome' gender the way women can
  
- Men's sexual behavior portrayed as unchangeable and often uncontrollable

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Margaret Wente, *Globe & Mail* columnist, writing about the 2006 International AIDS Conference in Toronto:

*Changing the behavior of African men is probably hopeless. Giving women a basic education and a reliable microbicide might be something we can do [...] to curb the spread of HIV in Africa.*

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- Globally, socio-cultural constructions of masculinity associated with men's risk-taking behaviors
  - ▣ Substance use, pleasure-seeking, alleged lack of interest in their own health, multiple partnerships, denial or discomfort with homosexuality
- But men's adherence to masculinity norms rarely framed as *vulnerability*
- Few interventions (individual-level, cultural, or structural) designed to help heterosexual men curb their HIV risks



# 3) Women as Sexually Disempowered

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- Working assumptions of the model:
  - ▣ Women (but not men) want to prevent HIV but lack power to do so
  - ▣ Men, but not women, engage in deliberately risky practices
  - ▣ Women are unlikely to have outside partners
- The model leaves little room for women's sexual agency
- Women's sexual resistance to condoms has been almost entirely unexplored

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# Background on Women & Condoms

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- Early in the (heterosexual) epidemic: heavy reliance on women to negotiate for use of male condoms
- Feminist response: Due to gendered power imbalances, women may not be able to press for condom use
- Further: Due to the gendered benefits of love and relationships, women may not want to use condoms since they hinder closeness and intimacy
- But are gendered power dynamics—and not sexual pleasure and preferences—the only thing preventing women from successfully avoiding HIV?

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- Only recently have we begun to explore about women's physical, erotic, and/or sensual experiences with male condoms
- Stands in contrast to what we know and assume about men and condoms
- Personal clinical experience indicates pleasure-seeking often undermines risk reduction for women

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# Research Question

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*What kinds of pleasure do women seek in sex, and how do these pleasures influence condom use (and vice versa)?*

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- My own research on pleasure indicates that:
  - ▣ Women qualitatively describe many sexual detractions of male condoms (Higgins & Hirsch 2008)
  - ▣ Women report condoms diminish pleasure far more than hormonal contraceptives (Higgins, Hoffman, Graham & Sanders 2008)
  - ▣ Similar proportions of women and men report diminished arousal from condoms → and riskier sex practices as a result (Higgins, Tanner & Janssen 2009)

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# *Maximizing comfort, minimizing discomfort: Condoms affected sensation, discomfort*

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- Women preferred methods that enhanced physical sensation and hindered sexual discomfort
  
- Women rejected condoms to:
  - ▣ Feel more sensation
  - ▣ Be more physically comfortable (e.g., no exacerbation of vaginal dryness)

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*I don't like that condoms decrease sensation for **both** of us.*

*~Beth, 37, middle class*

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*I'll be the one to take [the condom] off in the middle of sex. If I don't use condoms, it's not because it's less exciting with them, it's because it's **uncomfortable**. ~Maya, 23, poor/working class*

*With condoms, it's like something's covering you – you can't feel as much. ~Destiny, 25, working class/poor*

*I hate the way they taste, I hate the way they smell, I hate the way they feel... I can't stand the things. ~Sally, 50, poor/working class*

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# Women's concern for *men's* pleasure undermined condom use

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- Some women disinclined to press for condoms so they could maximize their partner's – and thus their own – sexual enjoyment
- “Wanting to let men know it's special” by abandoning condom use

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*I dislike condoms because of the way they make **him** feel.*

*~Melanie, 33, middle class*

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*One thing I don't like about condoms – I get concerned for my husband. I know it feels better for him not to use it even when he doesn't complain or say anything. ~Margie, 41, middle class*

*It may just be a heat of the moment, a passion thing. Another possibility is that as women, we always try to find ways to let men know how special it is. You might want to have one time where you don't say, 'go get a condom.' This one time, you might want to give him a bit more of yourself. ~Rashani, 25, middle class*

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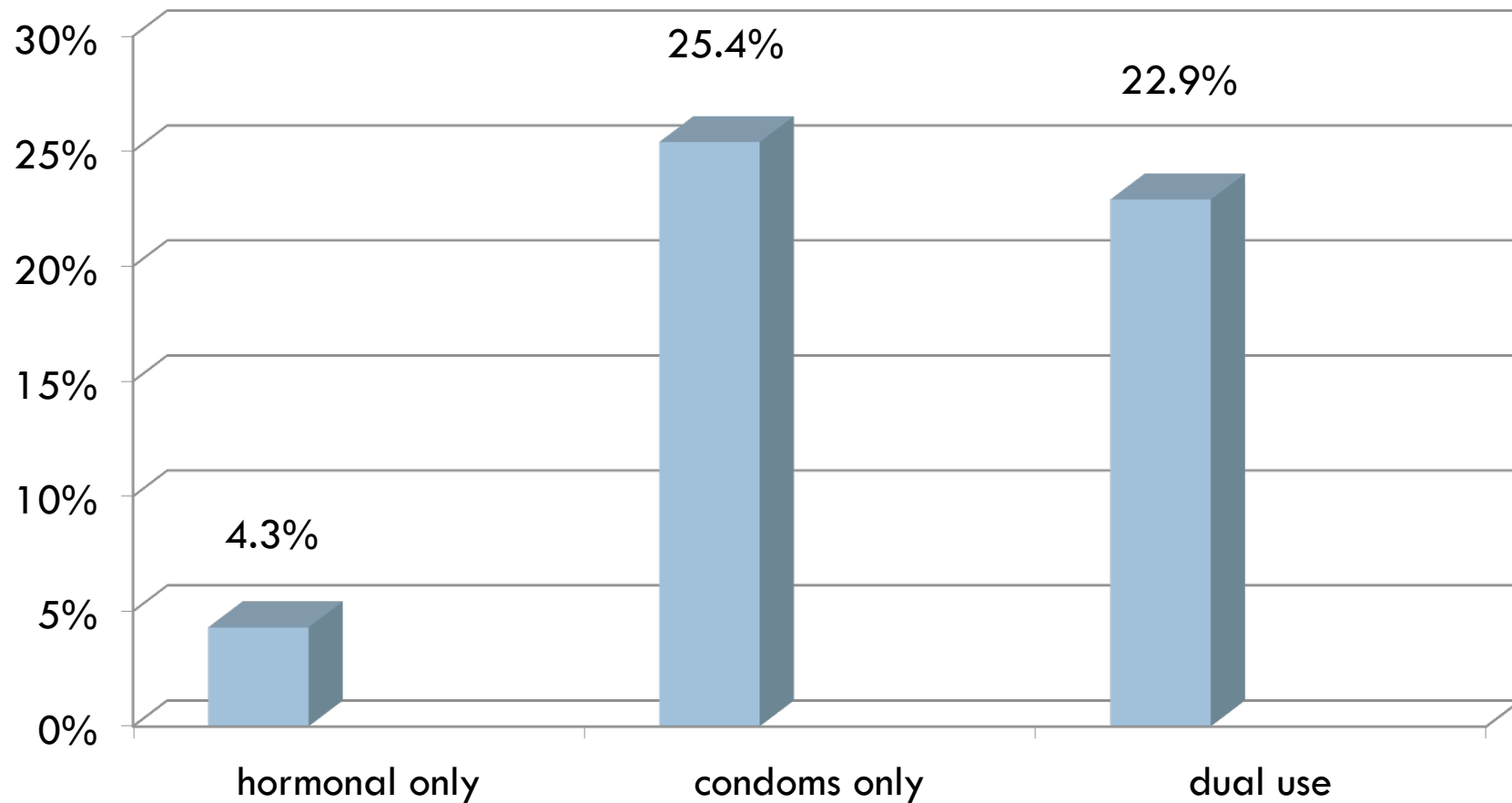
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# Percent of women reporting decreased pleasure by contraceptive method in the last 4 weeks ( $N=198$ ; $X^2=.002^{**}$ )

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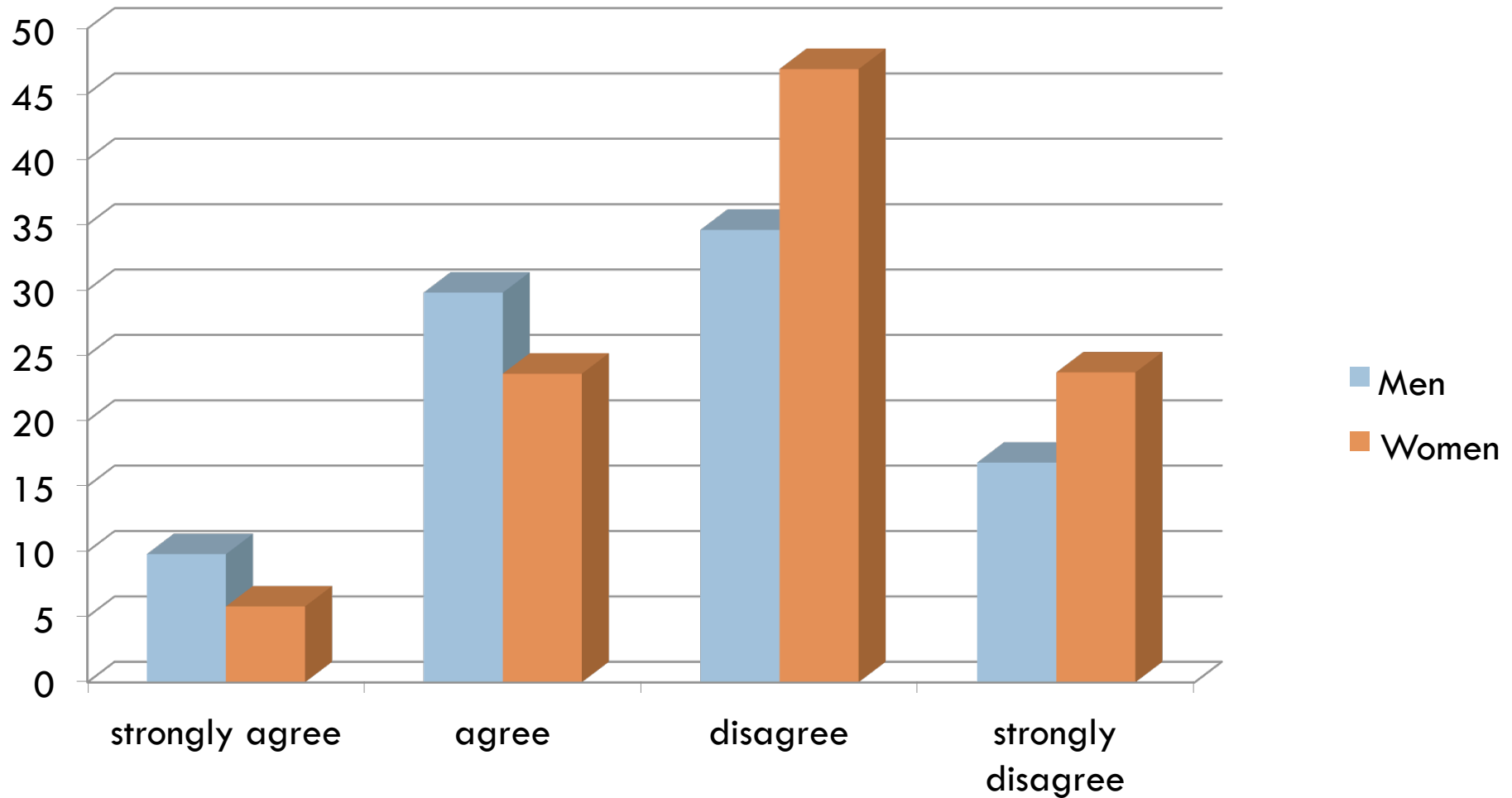
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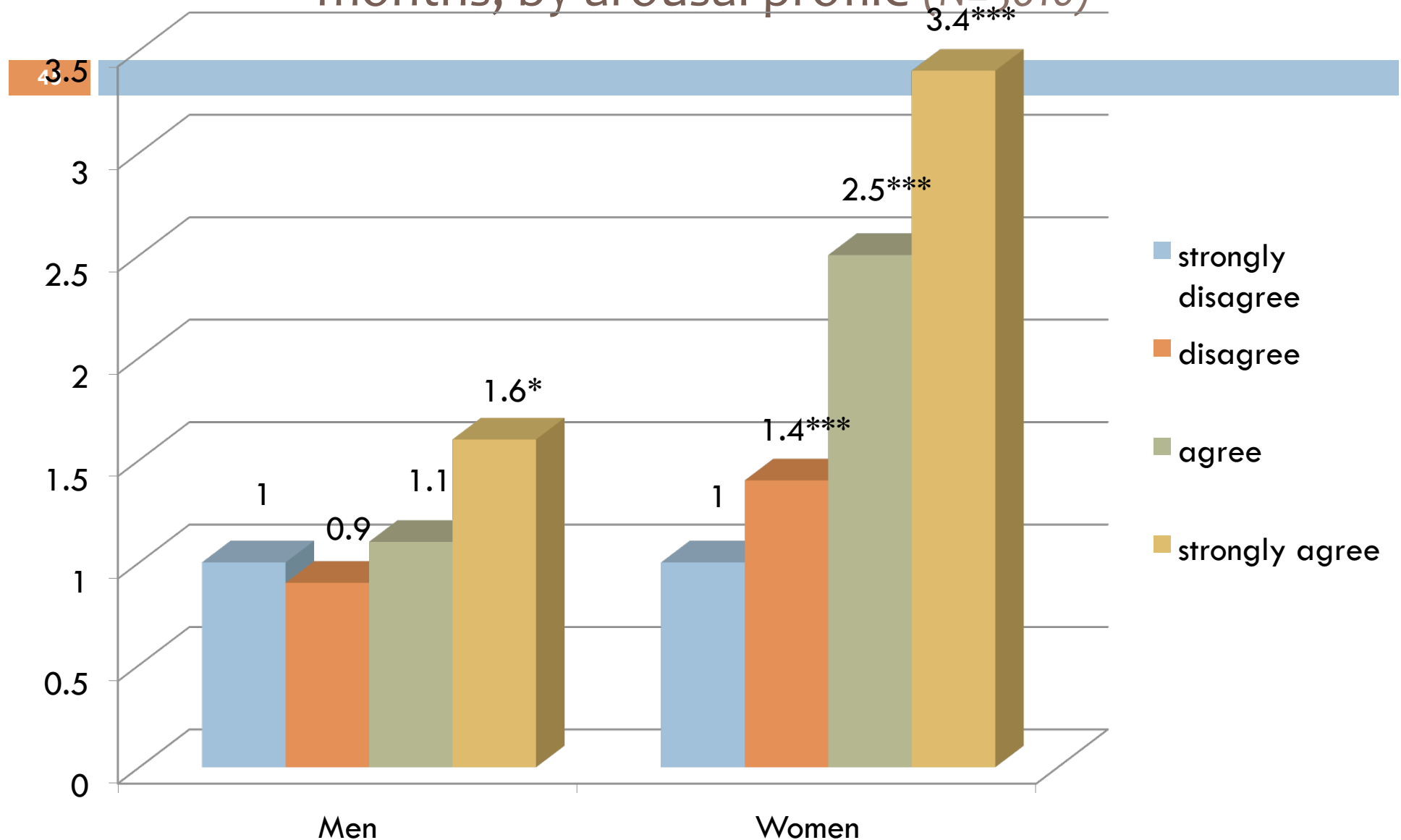
Percent of men and women reporting that “using condoms  
can cause me to lose my arousal” (N=5610;  $X^2=.000^{***}$ )

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# Odds of having had unprotected sex in the last 12 months, by arousal profile (N=5610)



Control variables: age, STD history, relationship type & length, current income, employment status

# Summary

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- The way condoms feel, both emotionally and sexually, matters to women
- Women's pleasure-seeking can undermine condom use in a number of ways:
  - ▣ Through hindered sensation and exacerbated discomfort
  - ▣ Through diminished spontaneity and closeness
  - ▣ Through hindered pleasure for male partners
- Women's negative sexual attitudes toward condoms may be even more important than men's in predicting lack of condom use
- But some women enjoy sex more with condoms and successfully eroticize safety

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# Research & Intervention Implications

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- ❑ Future work must build from the assumption that both heterosexual women and men want to prevent HIV, but they face barriers in doing so (sexual, relational, cultural, structural)
- ❑ Women, like men, may have goals that compete with HIV prevention (sexual pleasure-seeking, pregnancy ambivalence)
- ❑ Heterosexual men need interventions that address both masculinity and structural factors that increase HIV susceptibility

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# Pleasure-Specific Implications

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- Without fully understanding pleasure-seeking, we will have incomplete understandings of sexual behaviors, *both in terms of HIV/STIs and pregnancy*
- We need more empirical research on women's sensational experience with male condoms and other HIV & pregnancy prevention technologies
- “Pleasure profiling” in sexual risk reduction counseling? → sexuality training for clinicians

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Thank You

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# Acknowledgements

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## □ Co-authors

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|-----------------------------|----------------------------|
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| □ Erick Janssen, PhD        | Stephanie Sanders, PhD     |
| □ Amanda Tanner, PhD        |                            |

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