Africa Regional Sexuality Resource Centre

Report on

Public Dialogue

Theme: Sexuality, Behaviour and HIV/AIDS in "High Risk" Populations

August 17, 2005

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1. Introduction

The ARSRC promotes informed public dialogue and opportunities for learning and advocacy on human sexuality to ensure positive changes in policies and programmes on sexuality issues in Africa.

In line with this mission, the ARSRC seized the window of opportunity provided to organize a public dialogue on the topic : ***Sexuality, Behaviour and HIV/AIDS In "High Risk" Populations*** during the working visit to Nigeria of three behavioural researchers from the University of Toronto, Canada. The researchers, one of whom is a doctoral candidate from Nigeria, have done much work in the area of HIV social and behavioural research and communities.

The Public Dialogue was held on August 17, 2005 at 1p.m. in the training room at the corporate offices of Action Health Incorporated in Lagos, Nigeria, which also houses the Africa Regional Sexuality Resource Centre.

2. Objectives

The event provided a public platform, a sort of parliament that encouraged stakeholders to speak their minds and express their views on the issue of HIV and AIDS. The objective of the interactive public dialogue was to facilitate an open discussion of sexuality, risk behaviour and the social and structural factors that contribute to HIV vulnerabilities in diverse populations within international, national and local contexts and with particular reference to Nigeria.

3. Methodology

The dialogue was facilitated by a team of three researchers from the HIV Social, Behavioural and Epidemiological Studies Unit of the Faculty of Medicine, University of Toronto, Canada. The methodology included a presentation, a question and answer as well as brainstorming session.

Major questions debated and which generated heated arguments included:

- At the end of the day what makes a population "high risk"?
- Are whole populations vulnerable to HIV and STIs or only individuals within populations?
- What are the contexts in which people become vulnerable to HIV/AIDS?
- What understanding is required to prevent HIV infection and to promote sexual health in populations?

4. Participation

At the end of the arguments and counter arguments, the 70-strong participants at the public dialogue, representing various sectors in Nigeria, including academic institutions, non-governmental as well as governmental organizations, and the media came to the recognition that all sectors of the community have critical roles to play in promoting openness and dialogue and to reduce stigma with regard to issues and situations of HIV/AIDS and sexuality. The

churches, mosques, governments, parents, traditional institutions, schools, the media and individuals all have critical roles to play.

5. The Public Dialogue

5.1 Uncertainty, Sexuality and HIV/AIDS

In his welcome address, Dr. Richmond Tiemoko, Director of the ARSRC, noted that in discussing HIV/AIDS in Africa and in this case Nigeria, uncertainty emerges as a key issue, underscored by poverty, gender as well as power imbalances. According to Tiemoko, "in the uncertain contexts that we live in Nigeria, risk becomes an even more important public health issue… people feel that the risk is worth taking as the uncertain environment will inevitably expose them to other risks, anyway". He emphasised that discussions on HIV/AIDS should start with Human Sexuality, because the transmission of the virus has largely been through unprotected sexual intercourse. "Unless we understand Sexuality in its complexity, our effort to fight HIV/AIDS and mitigate its impact will yield very limited result. Risky behaviour in the context of HIV/AIDS may not be much different from engaging in un-healthy and irresponsible sexual activity", he noted.

5.2 Evolution of HIV Research and Policy Responses

Setting the context for the dialogue *Ted Myers*, Professor in the Department of Public Health Sciences, University of Toronto and the Director of the HIV Social, Behavioural and Epidemiological Studies Unit provided a historical background to the nature of the HIV/AIDS epidemic in terms of its origins, discovery, evolving debates, prevention, the advent of antiretroviral therapy and the characteristics of public health responses (or lack of these) in the last four or so decades.

He said the HIV/AIDS epidemic "is not an epidemic that has not changed but an epidemic that has gone through different phases". It's an epidemic that has evolved through different stages affected by responses of individuals, communities and by the policies and structures within which services are delivered, he observed.

Myers divided the four decades since the discovery of the virus into four discernible and critical time points each characterised by specific responses.

Decade 1	19__ – 1975	Origins
Decade 2	1976 – 1985	Discovery
Decade 3	1986 – 1995	Prevention
Decade 4	1996 – 2005	ARV – Hope

He noted that the first decade was justifiably characterised by fear as the disease was still a mystery to the world. Then, research focused more on trying to identify "risk factors" because deaths were occurring and the reasons for the deaths was not understood.

By the end of second decade ("Decade of Discovery"), in 1985, the virus was isolated and a test developed for the antibodies that would determine the presence of HIV. The second and third

decades also witnessed the continued refinement of prevention debates and literatures and the search for effective treatment. In these decades, research continued to examine the contexts of risk. However, in the Third Decade, there was also increased awareness about emerging and hidden populations.

1996 was the beginning of a new decade of hope – a decade of putting antiretroviral therapy into the hands of people infected with HIV/AIDS. "While we are still concerned with issues of prevention, we are also looking at how to mobilize people, communities for support of people living with HIV/AIDs… and people who may become infected with HIV/AIDS", Myers said.

5.2.1 Public Health / Community Responses

The public health, community and government responses to the HIV/AIDS epidemic have also evolved over the last four decades. Myers observed that initially, there was a lack of response – almost a freezing or going into a state of inaction. When it began to be recognised that HIV was a sexually transmitted infection primarily, there were suggestions of quarantines, of locking people up and charging people infected with criminal offences.

But fortunately, dialogue began to occur with communities of people involved and it became clear that these traditional punitive responses forced people to hide and increased stigma.

The next phase was the beginning of the empowerment of public health – "the New Public Health", so to speak, in terms of empowering communities, promoting dialogue, working with and helping communities respond to the epidemic. According to Myers, this led to the involvement of people affected and infected with HIV in solving problems, in programme implementation and service provision.

5.3. Views of Participants

The dialogue was facilitated by *Dan Allman,* a Research Associate at the HIV Social Behavioural and Epidemiological Studies Unit, and *Sylvia Adebajo* a physician who is currently undertaking Doctoral Studies in the Department of Public Health Sciences, both of the University of Toronto Canada.

To stimulate the discussion, Dr Adebajo raised some issues with regard to the Nigeria situation. She asked, "could there be hidden populations that we haven't looked at?" She noted that there has been much interest in empowering women and young people who were considered the marginalised. In so doing, she wondered if other sub-groups of people had not been equally marginalised and driven underground; making reference to men and sub-groups of men.

As entry point into the debate, she highlighted the groups that have been labelled "High Risk" over the years in Nigeria including long-distance drivers, commercial sex workers, tuberculosis patients and young people. More recently, intravenous drug users, the armed forces, prisoners, pregnant women, men, both young and old have also been included, she said.

Calling for contributions form the floor, Allman asked, are we missing any groups from the list?

5.3.1 Notions of "Risk" and "Populations at Risk"

Married women were identified as an increasingly vulnerable group. We are beginning to see married women at high risk, because they are "highly disempowered in the negotiation of condom use", said Dr. Tunde Segun, a director in the Federal Ministry of Health. According to Segun, many married women are being infected in their matrimonial beds. He also talked about the vulnerability of women in purdah and married adolescents.

"I think we should include all those involved in polygamous relationships, both men and women and the homosexuals" said, Dr. Okonkwo of the Department of Community Health, University of Lagos.

5.3.1.1 Context and Vulnerability

Other issues raised included the vulnerability of women, single mothers (and others) resulting from gender and economic imbalances and power relations. "Students who sell sex" for survival, lecturers in higher institutions who proposition their students, women workers in financial institutions who exchange sex to win the accounts of wealthy clients, and male clients of commercial sex workers were all identified as "High Risk". Societal miscreants popularly known in Lagos as Area Boys and young girls who are street hawkers and are therefore exposed to sexual abuse, were also identified as "High Risk" groups.

Others stressed that "High Risk" or vulnerability are relative terms which are dependent on other factors such as access to information and education. Certain behaviours and practices were also seen as increasing risks and vulnerabilities.

The general consensus was that people in the churches and other religious institutions constitute a "High Risk" population by virtue of the limitations, for instance to information and condom use, imposed by some religious doctrines and tenets. "The church is just too cold to talk about sex", it was observed. The media was also implicated in its reportage of HIV/AIDS issues.

It was interesting to note how that from a position of finger-pointing in the attempt to isolate and identify those who may be termed "High Risk" groups, the congress came to acknowledge that "we are all at risk" and mutually responsible. Reiterating this point, Dr. Richie Adewusi of Youthaid Projects Inc. had observed, "we should also look at short-distance drivers" in response to an earlier speaker who stressed that long–distance drivers are at "High Risk". Explaining why even short-distance drivers ought to be targeted, Adewusi said, "We've gone beyond high risk; we are looking at behaviours that put individuals at risk… coming down to the listings … we are looking at the *okada* drivers, the taxi drivers and the *danfo* drivers[1]; they have become interesting groups to be targeted".

[1] *Okada* is the term coined for motorbikes commonly used as commercial transport in Lagos and other parts of Nigeria while *danfo* is the popular name for yellow-painted mini buses that serve as commercial transport in Lagos and other parts of the southwest of Nigeria. Generally, the drivers of these vehicles are reputed to be reckless and to take a lot of risks on the roads and in their individual lives.

5.3.2 Promoting Sexual Health in Populations

How do we get marginalised groups out of their hidden spaces? Dr Adebajo asked this question, noting that cases have been reported whereby girls practice anal sex in order to preserve virginity. Yet, the role of anal sex in predisposing one to HIV/AIDS has not been investigated as a risk medium. She linked this to the issue of homosexuality which she said is still in existence even when society turns a blind eye.

How do we begin to include the issues of these hidden groups in order to achieve a more realistic response to the HIV/AIDS epidemic?

The consensus was that lack of understanding, fear, stigmatisation and media attitudes and reportage drive some sections of the population underground. These factors would need to be addressed if the sexual health of different segments of the population is to be achieved.

6. Recommendations / Way Forward

The vibrant debate underscored the fact that everyone has a role to play in promoting stigma-reduction and openness as regards HIV/AIDS issues. A few of the groups specifically mentioned included:

Youth Populations: The consensus was that youth populations need empowerment and increased support of youth-driven initiatives

Parents: Parents must talk to their children about different issues with respect to sexual health throughout life

Church/Mosque /Traditional Institutions: These institutions need to be more open regarding sexuality issues

Government: Governments also need to be more open and demonstrate greater political will

***Researchers / Healthcare Providers*:** These categories may be well informed about HIV/AIDS issues but need a "re-orientation" to think more broadly about issues that affect different population groups and thus, to be able to ask the right questions

The Media *:* The Media should desist from promoting stigma in order not to drive individuals further underground.

7. Profile of Presenters / Facilitators

Ted Myers is a Professor in the Department of Public Health Sciences, University of Toronto where he is Director of the HIV Social, Behavioural and Epidemiological Studies Unit. He has been involved in HIV Research since 1983 during which time he has undertaken numerous studies of vulnerable populations. Dr. Myers is a co-chair of the Social Science Track for the 2006 International AIDS Conference.

Sylvia Adebajo is a physician and faculty member at the Department of Community Health, University of Lagos. She is currently undertaking Doctoral Studies in Epidemiology in the Department of Public Health Sciences, University of Toronto. She has an interest in researching vulnerable and hard-to-reach populations. Her current area of research is the role of men in HIV/AIDS Epidemiology.

Dan Allman is a Research Associate at the HIV Social Behavioural and Epidemiological Studies Unit, University of Toronto and a Postgraduate at the Centre for Research on Families and Relationships, The University of Edinburgh. He has written on sexuality, sex work, substance use, harm reduction, social inclusion and community-based research.