

Addressing Structural Violence in HIV Prevention: Multi-Level Approaches are Needed

PROJECT BACKGROUND

weSpeak is a 5-year program of research and related activities with African, Caribbean and Black (ACB) heterosexual men in four cities in Ontario to engage and mobilize ACB communities for HIV prevention and promote collective resilience.



Windsor



London

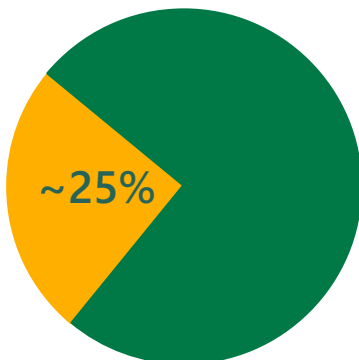


Toronto



Ottawa

New HIV cases in Ontario (2017)¹



● ACB People
● Other Priority Populations

In Ontario, ACB people make up about 5% of the population but nearly 25% of new HIV cases.

What We Did



Engaged more than
2000
ACB men and
community members

Surveyed
1056
Heterosexual
Black Men

Talked with
210
Heterosexual Black men and
41 service providers through focus
groups & individual interviews.

KEY HIGHLIGHTS:



Structural violence consists of social, economic, and political processes that produce health and social inequities that prevent marginalized groups from reaching their full potential².



Structural violence (unlike personal violence) is often subtle, invisible, and holds no one person responsible.



Structural violence are embedded in public policies that guide resource distributions.



Structural violence manifests as stigma and discrimination. It creates barriers to education, employment, housing, healthcare and other basic determinants of health, and drives the HIV epidemic.



Heterosexual Black Men (HBM) who experience access barriers in health care services are less likely to do HIV testing.



Some HBM reported facing racial discrimination on a daily to weekly basis.



Multi-level interventions are required to reduce HBM's HIV vulnerability.

What We Found

Supporting Facts

Close to 25% of HBM reported daily to weekly experiences of racial discrimination (e.g. treated with less courtesy, people acting afraid of them).

Almost
25%
HBM reported experiences of discrimination



HBM and Black communities are often excluded from policy program discussion and decision-making.

Regarding access to healthcare services...



1 in 3 HBM do not have access to a family doctor or nurse practitioner.



Being an immigrant and having difficulty accessing healthcare (in 12 months prior) was linked with lower likelihood of HIV testing.



HBM who experience access barriers in health care services are less likely to have HIV testing.



Cross-cutting, multi-level approaches at individual, interpersonal, community, institutional, and structural levels are required to address HBM's HIV vulnerability.



IN THEIR OWN WORDS:

...ABOUT CREATING INNOVATIVE COMMUNITY-DRIVEN PROGRAMS

"We lack a real genuine connection with our elders... when I talk to my barber, he talks about young people who used to have community spaces to come in and connect with their elders, spaces where they could come in and physically build, culturally build, those spaces aren't there anymore... to me resilience can be really stimulated if a young man can go and talk to his grandfather – not necessarily his own particular grandfather but an elder in the community, who can inform them on something."³ (Leroy, 23)

...ABOUT INCREASING ACCESSIBILITY TO HIV CARE

"I think holistic programming is really important, as well as integrative programming, like. I feel like it's a lot to ask people to go to an organization that's specific to HIV. I feel like it's a lot sometimes to ask people to go to an ASO [AIDS Service Organization]. Why can't they go to a health centre in their community or another community if they don't feel comfortable going there, but where HIV is integrated into other things, like your heart health and diabetes?" (Shanice, 39, Black service provider)

...ABOUT THE NEED FOR MORE EFFECTIVE HIV PREVENTION PROGRAMS

"We have a lot of – what I like to call "pacifier programs" within our community that don't address the circumstances that our Black men face. ... As long as you have pizza inside that space, as long as you have music blasting and as long as you have them active, it's good to go. It's a pacifier program. What's the actual purpose? When it comes to anything involving sexual health, not so much. Because of the fact that [school boards and service organizations] don't want to be able to touch that piece."
(Adrian, 36, Black service provider)



weSpeakToronto@ryerson.ca



www.we-Speak.ca



@weSpeakONT



Sources:
(1) Ontario HIV Epidemiology and Surveillance Initiative (OHESI). New HIV diagnoses in Ontario, 2017. Toronto, Ontario, July 30, 2019
(2) Galtung, J. (1969). Violence, peace, and peace research. Journal of Peace Research, 6(3), 167-191. doi:10.1177/002234336900600301
(3) Husbands, W., Miller, D., McCready, L.T., Williams, C., Guy, L., Harriott, A., Luyombya, H., Mohidin, O., Ozzoude, C., Poon, M.K., Tabi, E., & James, C.E. (2019). Sexuality and Sexual Agency Among Heterosexual Black Men in Toronto: Tradition, Contradiction and Emergent Possibilities in the Context of HIV and Health. Canadian Journal of Sociology.