

Speaker Name	Statement
Robert James	'Next Health' paid me for a speech at an event sponsored by Abbvie, Gilead, Janssen and Viiv
Date :	June 2017

# Heterosexual men engaging in HIV services

- Robert James, Birchgrove

# Engaging straight men

- Is it just about sex, work, beer, and footie?



# Masculine health behaviours?

- Masculinity and health
  - HIV specific support
  - Men's health outside HIV
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- Masculinity = risk taking, poor health reporting, uncommunicative, sports loving, competitive, stoic, and lots of banter?

# HIV and heterosexual men

- Some specific groups and services in London
- Informal networks (MyHIV, Birchgrove)
- Specialist services for ethnic communities
- Local HIV organisations
- Many universal needs, legal status, income, stigma, side effects, adherence



# Reasons for men joining an HIV group?

- Looking for a (positive) partner
- Meet other people with HIV
- Wanting information
- A place to talk





# Being a real man...

- ‘There is a growing literature on masculinity and health, with a move away from hegemonic masculinity toward a more dynamic and contextually linked construct’<sup>1</sup>  
Grunfeld et al (2013)

- Grunfeld et al “The Only Way I Know How to Live Is to Work”: A Qualitative Study of Work Following Treatment for Prostate Cancer, *Health Psychology*, **32**(1) 2013.



# Work

- Role of work in 'masculine capital'
- Being denied the opportunity; immigration status, age, health
- In HIV groups and outside
- Get a job stop too busy (not need?) the group





# Alcohol

- ‘drinking, alongside sport, is such an important resource in building masculine identities and masculine “capital”’ Hunt et al 2013
- Bigger issue with middle aged men (45-64) than younger men and higher earners (>£40k)<sup>1</sup>
- Less in HIV groups
- 1 Statistics on Alcohol England 2017, See <http://content.digital.nhs.uk/catalogue/PUB23940/alc-eng-2017-rep.pdf>



# Sport

- Competitiveness and a link to the club
- Walking programmes - ‘These data provide just one illustration of how it is possible for men to “do health” in a health-enhancing way while not compromising the ways that they “do gender”’ Hunt et al (2013)
- Less so in HIV groups
- Hunt et al “You’ve Got to Walk Before You Run”: Positive Evaluations of a Walking Program as Part of a Gender-Sensitized, Weight-Management Program Delivered to Men Through Professional Football Clubs, *Health Psychology* **32**(1) 2013

# Non-hegemonic masculinities

- Is this a sub-group that goes/stays at support services?
- The difference between services and research?
- The difference between services and health promotion?



# We have an ageing HIV cohort

- “Research suggests that ageing men struggle to maintain a culturally accepted masculine identity in the West as the Western ideal of manliness ends in middle age” Rochelle et al (2013)



Rochelle et al, Masculinity, Health Behavior, and Age: An Examination of Hong Kong Chinese Men *Psychology of Men & Masculinity*, **16** (3), 294–303, 2015.

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