

Community Approaches to HIV Prevention for MSM in Argentina

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Background

In a context of severe economic crisis and restricted access to health care and prevention, many community organizations address the needs of the gay, lesbian, bisexual and transgender population.

GLTTB (Gays, lesbians, bisexuals and transgender) community organizations reflect a fairly developed queer community in the larger cities, with entertainment venues, a gay press, a diversified activist network, a presence of positive images of queer people in the national public sphere, and recent anti-discriminatory legislation.

Approximately 60 organizations in the whole country conduct AIDS prevention with the GLTTB community and other men who have sex with men (MSM). The oldest and largest community organizations are more developed in urban areas and have more access to public funding and resources. Most, however, are very small, have recently formed, and completely rely on volunteers, without paid staff.

AIDS in Argentina

Argentina has an estimated number of people living with HIV/AIDS of 130,000, the fourth highest in Latin America. AIDS cases are concentrated in the most densely populated urban areas.

33% of AIDS cases are among MSM. Limited epidemiological data indicate an HIV prevalence among MSM of 13.4% for 2000-2001 (2001, Pando, et al) and a cumulative incidence of 6% among MSM seeking HIV testing in 2000-2001 (2002, Avila et al).

This study examined the production and use of concepts of sexual identity, gender and community among organizations conducting AIDS prevention in Argentina.



Vox Asociación Civil, Rosario, Argentina.

Methods

Participant observation during 18 months with 3 Argentine NGOs (non-governmental organizations).

Informal conversations with activist leaders (20), volunteers (20), paid staff (10), and clients (10) of the same NGOs above. In-depth interviews with key informants (30) between July, 2002 and December, 2003

Informal interviews (23) with HIV prevention providers and semi-structured anonymous in-depth interviews (24) with MSM of different socioeconomic backgrounds in two cities between August and December, 2003.

Findings

Community as Prevention

Community organizations are developing answers to address stigma, understood as central to the reproduction of gay, MSM, lesbian, bisexual and trans vulnerability to HIV infection.

The idea of community-building, operating at different levels and applying to different social realities, is at the heart of various types of initiatives:

- 1) empowering individuals through the process of coming out to develop a sex-positive and gender-positive identity;
- 2) empowering transgender segments to claim their most basic citizenship rights (legal name change, housing, employment, and health care);
- 3) empowering persons living with HIV to cope and exercise their health rights;
- 4) raising AIDS awareness and fighting discrimination among the general population.

Clinical Services and Social Work: Two Peer-Based Models

Most organizations have developed various intervention strategies, ideally conducted by members of the target community, combining aspects from both styles shown in the chart below.

The more established and successful projects have reached mainly middle-class urban sectors. Activist leaders and providers informally assess the needs and express their intention to integrate lower-income sectors in their prevention efforts.

Condom and safer sex pamphlet distribution, pre- and post-test counseling and safer sex workshops are currently the most prevalent prevention activities. AIDS activists and providers agree that the social model needs to be better developed to address the needs of segments that have not been properly addressed by current prevention efforts.

| | 'clinical model' | 'social model' |
|---------------------------|--|---|
| intervention | consult, counselling (personal) | skill development (collective) |
| activities | HIV/STD testing, medical and psychotherapy treatment, individual orientation, self-help | safer sex workshops, rap groups, job training, parties, outreach |
| aim | individual vulnerability (psychological) | structural vulnerability |
| empowering effect desired | development of a positive identity and belonging to a reference group | strategies of social inclusion |
| emphasis | individual autonomy in decision making | group support |
| population target | segments of relatively developed social, symbolic, cultural and material resources (urban gay men) | segments of relatively devalued social, symbolic, cultural and material resources (travestites, other MSM, sex workers) |

Status Issues among Agents and Recipients of Community Interventions

Due to an intense process of professionalization among community AIDS providers, status issues often separate agents and recipients, generating a communication gap between the roles of provider and consumer of prevention services.

Although the key concept of "peer work" is the expression of an egalitarian ideology, status issues reflect social differences.

Those who perform either paid or volunteer AIDS work are regarded as authorities, despite their efforts to present themselves as equals.

Conclusions

With limited material resources, NGOs have been crucial to facilitate the access of the GLTTB community to a more integrated conception of health prevention and care.

However, activists and providers still face the challenge of reaching out to GLTTB individuals and communities, and other MSM whose life conditions and geographical situation make them more vulnerable to discrimination and disease.

In the provision of AIDS services, the "sexual diversity community" is often taken for granted, disregarding persisting hierarchies between straight and gay, out and closeted, gay and transgender, central and peripheral, and rich and poor.

AIDS prevention as social practice is sharply situated between ideals of democracy and "doing good," and the structural realities of social inequality.

Suggestions

Collaborative evaluation, peer and user review, and systematic planning are needed among Argentine AIDS NGOs. These activities are already underway for new prevention efforts.

Such endeavor will help bridge the gap between providers and users of AIDS prevention services, empower the latter, and better integrate both providers and consumers, thus enhancing prevention efforts.

The social theories and ideologies behind HIV prevention efforts should be made explicit and openly discussed during instances of evaluation, review and planning.



Source: Vox Asociación Civil