

**Feature address presented by Oscar Ochoa at  
Ministry of Culture and Gender Affairs  
HIV Forum  
Queens Hall, POS.**

Ladies and gentlemen, I feel deeply honored to be asked to present this distinguished lecture to this most august assembly on the commemoration of World AIDS Day 2007. As we unite today, it is not to celebrate HIV and AIDS but rather to reflect, introspect and evaluate our own positions on the epidemic.

The theme for this year is ‘Leadership’. According to UNAIDS “The 2007 theme, “leadership”, highlights the need for innovation, vision and perseverance in the face of the AIDS challenge. The campaign calls on all sectors of society such as families, communities and civil society organizations - rather than just governments - to take the initiative and provide leadership on AIDS.”

However, our focus this evening is directed towards the gender implications of HIV. It will do us well to remember that since the establishment of World AIDS Day in 1988, gender has informed two themes; one in 2000 – “AIDS: Men make a difference” and the other in 2004 – “Women, Girls, HIV and AIDS”.

Notwithstanding, the call for gender involvement in reducing the incidence of HIV, after 26 years since the entry of HIV on the landscape of infectious diseases, behaviours espoused by individuals from both genders continue to drive the epidemic. Of the 33.2 million persons living with HIV globally,

32.8 million are adults with 15.4 million shared equally between males and females.

It is gratifying to realize that UNAIDS has reduced the global estimates from 39 million to 33 million persons living with HIV globally. However, this revised estimates does not affect the Caribbean, and more specifically, Trinidad and Tobago.

This data brings us to a reality of the feminization of the epidemic. The increasing incidence of HIV among women is evident among all continents. In Trinidad and Tobago, for example, we have seen the leveling off in the number of new HIV infection among males and females as well as the realization of new HIV infection levels are six times higher among 15–19 year-old females than among males of the same age (Inciardi et al., 2005).

We should never forget that this epidemic was first introduced as a problem affecting not only men but a specific sector of men in society, homosexuals. At that time it was comfortable for some persons to interpret this disease as a problem that did not require special attention since the wrath of God attended those who were unwilling to stay in the straight and narrow path.

Yet there was ambivalence in knowing how to address issues of sexuality. We cannot deny the reality that sex is a natural instinct that drives behaviour. This is driven by cultural norms and nuances that are exhibited by our culture. Dancing, whining, feting, gyrating and music often overwhelm the sexual passions of both males and females. They inform

sexual expressions and experiences and dull the sensibilities to conscientiously evaluating HIV risks.

Robert Lee et. al. (2005) in a many partnered men study to determine the behavioural and sero-prevalence among men who have sex with men in Trinidad and Tobago showed that 20% of the respondents were HIV positive. This represents a high incidence of HIV among males in this community.

The study further showed that 25% of these men were in female partnered relationships and that unprotected sex due to inconsistent condom use was a common practice. The study further showed that the median age for sexual initiation was 17 years with most of them being initiated by an individual more than 10 years their senior. This data was further corroborated by the Knowledge, Attitudes, Practice and Behaviour study conducted by the University of the West Indies, 2007.

UNAIDS in its 2006 HIV update postulated that “*Sex between men, a hidden behavior in the Caribbean, could account for about one tenth of reported HIV cases in this region.*”

This observation cannot be ignored in light of the expansion of the tourism industry in the Caribbean. Sex sells. Tourism is a vehicle that is often used to sell sex as a product. There is a perception that Caribbean men represent an excellent source for sexual encounters.

The underlying assumption and reality is that individuals will be more willing to consider the economic returns for their sexual encounters rather than the potential for exposure to HIV. Trinidad, as a part of the global village concept and culture no longer advertises sex covertly, but overtly as well. There are many disguises to the sex trade including personal escorts, masseurs, etc that are highlighted in the classified advertisements in our newspapers.

Such a representation in our media targets both males and females with a promise for erotic pleasure. Unfortunately, there are many more persons involved in the business of sex tourism than we as a society are willing to acknowledge.

One of the critical dichotomies that create cognitive dissonance for many persons relates to the perception that it is only foreigners are involved in sex tourism. Locals are also involved in this industry where they provide sexual services for a fee, however, they do not perceive themselves as sex workers but rather service providers. As a society, we must come face to face with some realities that it is not only females who are involved in this business but males as well and that transactions occur in sometimes unusual places. Unfortunately, some individuals do not perceive themselves as being at risk for HIV infection.

Within the Caribbean context, sexuality is utilized as an acceptable brand for advertising goods and services. It is a powerful tool that is interwoven into the fabric of society. Sexuality is about power in relationships. Male

expression of sexuality is often reflected in their interpretation of such a power inside and outside of relationships.

In spite of the availability of empirical data on the negative consequences of sexual behaviours, some individuals are more prepared to take risks than develop their capacity for positive sexual coping skills and as a result, they go with the flow. Males detest being perceived as non-macho, “soft” or “fearful” when referred to in sexual expressions. They are expected to be and perceived as the aggressors in sexual overtures and interactions; behaviours that nevertheless place them at risk. “Macho” males are expected to be persons with multiple partners who display a sense of invulnerability to contracting Sexually Transmitted Infections, including HIV/AIDS.

They are expected to enjoy sexual encounters without the use of condoms, widely considered as a protective mechanism against Sexually Transmitted Infections. It is usually viewed as loving, “skin to skin” experiences since there is an opportunity to enjoy heightened sexual encounters. Such a perception focuses on the emotional satisfaction rather than considerations of self control and self discipline.

As a direct contrast, women are still expected to be monogamous, faithful and supportive in relationships. However, social expectations are not always represented in realities. Women have become liberated and as a consequence are also engaging in high levels of sexual risk behaviours. According to Reid, (2006), “Crack cocaine use is a major risk factor for HIV infection in women in **Trinidad and Tobago**. One in five crack users were found to be HIV-infected in a study at a rehabilitation centre for female substance

users”. Further, there is a myth that older women are not sexually active. However, incidence of new infections among persons over 60 years of age show that women are more likely than men to become infected with HIV.

Within this environment, youth are stimulated as a result of the proliferation of materials that are accessible utilizing the information highway. Often the information is skewed to achieve the desired result of coercion to experience sexual encounters. Sex is presented as a desirable activity that is not contextualized based on a value system but rather something to be done regardless of the situation since there are no consequences, that is until the consequences confront them in their faces.

In Trinidad and Tobago, empirical studies have shown that girls are more likely than boys to have sexual intercourse with adults than their male contemporaries. In an environment where the introduction of comprehensive HFLE in our schools is still limited; young girls need to be sensitized to the correlation between early sexual initiation, multiple sexual partners and HIV. Young girls are particularly at risk since they are the ones who are more likely to establish relationships with older men, a factor that continues to exacerbate their risk of infection.

A study conducted by a Caribbean Technical Expert Group, (2004) identified that almost one third of men aged 15–29 years reported multiple sexual partnerships in the previous year. As a consequence, such trends are likely to provide the epidemic with momentum.

As a society, we can no longer pretend that HIV as a problem does not exist. The reality is that HIV is here, and with the current social behaviours practiced by both males and females will continue to intensify the problem. We cannot ignore the problem of HIV since it is not ignoring us, but rather providing us with daily reminders that we are all at risk.

One person infected is a person too much. Positive action and leadership will require all persons to put their hands on deck, politicians, religious leaders, civil society organizations, international organizations as well as individual action.

Policy makers must be called upon to make decisive, proactive and at times unpopular decisions if we are to maximize the gains from our efforts. It will require reorienting our sons to treat women with respect and dignity.

However, the young ladies must expect and deport themselves with a level of decorum, demureness and decency. This behaviour must also be reciprocated to our young men as well; since young ladies are now making demands on our young men for sexual favours.

I must submit that we are not in a hopeless situation. Like Martin Luther, I too have a dream, a dream that Trinidad and Tobago could become an AIDS free society. A dream where husbands and wives will love and cherish each other till death do them part. A dream that parents and children would communicate effectively as a panacea for reducing risks for HIV. A dream where abstinence will not be scorned or considered impossibility. A dream

that prevention strategies will form the cornerstone of our activities and accepted by the population at large. It is possible.

God bless you.

I thank you.