
“No Glove, No Love”: HIV/AIDS and the Educational and Societal Evolution of Safer Sex

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Abstract

The emergence of AIDS in Canada in March 1982 demanded a change in approaches to sexual education. Past practices of abstinence-only education were no longer sufficient as both queer and heterosexual populations grappled with the devastation brought by the disease. When Canadian federal and provincial government institutions failed to act, the queer community came together to introduce the modern, now-commonplace idea of safer sex. This form of education was driven largely by the experiences of gay, bisexual, and queer men in the early years of the pandemic and has now become a core element of queer identities. The evolution of sexual education and the politics of sexuality have been shaped by the experiences and work of queer communities throughout the AIDS epidemic.

Keywords: HIV/AIDS, safer sex, community education, sex education, and queer communities

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USURJ

University of Saskatchewan Undergraduate Research Journal
Volume 9, Issue 2, 2024



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The emergence of acquired immunodeficiency syndrome (AIDS) in the 1980s demanded changes in sexual education, and when Canadian governments failed to step forward communities were forced to take matters into their own hands. Sexual education prior to AIDS had a heavy focus on abstinence, even during social and legal developments that shaped how sexuality was regarded. During the epidemic when queer¹ communities were working to keep themselves safe, there was a notable deviation from this singular message. This deviation from prior education became known as “safer sex education” and worked towards addressing the issue of unsafe sexual behavior that was contributing largely to the spread of AIDS. Gay, bisexual, and queer men drove many of these developments as it was from their initial and devastating experiences with the disease that safer sex practices rose to prominence. The individuals and groups that brought these safer sex messages to the forefront were also addressing the need for accepting and informed care models for those diagnosed with AIDS, emphasizing autonomy and proper education of patients and those around them. Provincial and federal governments became notably involved later in the epidemic, only once AIDS presented a clear danger to mainstream heterosexual populations. Even then, government health agencies failed to recognize queer bodies throughout the epidemic and the need for education that addressed these specific identities and experiences. The advent of AIDS among Canadian populations created a unique and unprecedented need for new approaches to sexual education and advocacy that was placed in the hands of the groups most afflicted by the disease when governments refused to accept the realities and dangers of AIDS.

One must first understand the evolution of ideas surrounding sex education before the AIDS epidemic in order to fully grasp the changes that were needed

and seen during the epidemic itself. Over centuries, discussions and education regarding sexuality slowly moved from the private to the public sphere of society. This paper tracks some of these changes in sex education from the mid-nineteenth century to the outbreak of AIDS in the late twentieth century. The majority of sex education in nineteenth and twentieth century Canada pushed one central message: that abstinence was the only way to avoid pregnancy and sexually transmitted diseases and therefore sex should be avoided until marriage.² In the nineteenth century, this education was often taught to children by their mothers, who hoped that this proper education would limit the possible influence of information from outside the home.³ While sexuality and morality were very public concerns, they were issues addressed primarily within homes and families. The twentieth century brought the World Wars and changing notions of sexuality with the advent of birth control and the decriminalization of abortion, birth control, and homosexuality in 1969 under Prime Minister Pierre Trudeau. These changes brought conversations and education regarding sexuality into the public sphere in many ways. While societal norms regarding sexuality were changing, most educational programs continued to fall back on abstinence messaging and fear-mongering to dissuade youth from sexual activities. Over these decades, the source of sexual education may have been changing, but the messages being taught changed very little. These century-long educational norms would be blown apart with the beginning of the AIDS epidemic as the disease required new educational approaches if it was to be managed.

In March 1982, Canada reported its first case of AIDS,⁴ beginning a new struggle for Canadian communities for decades. Due to the initial representation of the illness among gay men in 1981, health professionals had labelled it as Gay-Related

¹ In recognition of diverse identities, throughout this paper, I use the umbrella term “queer” for all those who identify as 2SLGBTQIA+. I recognize this word’s turbulent history for homosexual and gender-diverse populations and hope the by using it in this paper, I continue the process of its reclamation and succinctly include a broad range of identities.

² Thomas R. Blair, “Safe Sex in the 1970’s: Community Practitioners on the Eve of AIDS,” *American Journal of Public Health* 107, no. 6 (2017): 873, doi:10.2105/AJPH.2017.303704.

³ John D’Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* (Chicago: University of Chicago Press, 2012), 155.

⁴ “A History of HIV/AIDS,” CATIE, Accessed November 17, 2023, <https://www.catie.ca/a-history-of-hiv-aids>.

Immune Deficiency (GRID). This connection between queer communities, specifically gay men, and what would become known as AIDS, created a plague mentality amongst citizens leading to both the re-medicalization of homosexuality and a resurgence of homophobic attitudes and behaviours.⁵ This along with an initially minimal impact on mainstream populations, contributed to a lacklustre response from federal and provincial governments within Canada. In response, the communities most affected by AIDS were forced to organize and take their people's health into their own hands. One way that queer folks could take control of the health crisis facing the country and protect themselves and those around them was by introducing and enacting safer sex education and practices. The goal of this education was to limit risky or unsafe behaviour, the focus of which was often unprotected sex. While AIDS media attention centred around gay men, the disease affected other individuals in and outside of the queer community.⁶ Therefore, to address male, female, and gender-diverse sexualities, broad safer sex education was required. In many cases, this education involved introductions to male and female condoms and sexual practices that were alternatives to intercourse as tools to keep yourself and your sexual partner(s) safe and move past previous abstinence messaging. While the diversity of safer sex messaging has always been important and continues to be so, one cannot deny the significant impact that gay and bisexual men have had on the development of safer sex practices. From activist and educational movements formed by and for these men the important AIDS slogans such as "no glove, no love"⁷ arose, publicizing and normalizing safe sex practices throughout society. Safer sex practices and ideas were

born out of this community, brought people together in a time of great loss and despair, and became a core element to queer identity.⁸

A prime case study of the educational programs born out of the epidemic is the Talking Sex workshop curated by the AIDS Committee of Toronto. These educational programs were community-based, volunteer-run workshops meant to educate gay and bisexual men on safer sex practices in a sex positive way. During the creation of the Talking Sex workshop and the *Talking Sex Facilitator's Guide & Planning Book* there was a recognized need for specific environments that could help these men change their sexual behavior, as opposed to casual informational campaigns.⁹ The environments that these workshops fostered were both explicit and sex-positive. Much of this sexual education was focused on the limitation of risky behaviours such as unsafe sexual activities that could easily spread HIV/AIDS. These gatherings were, importantly, not places that attempted to guilt gay and bisexual men into making these choices. The workshop goals were realistic as communities understood that some level of risk reduction, even if it was not complete was better than no risk reduction. Workshops were focused on helping men identify different risk levels of sexual activities, educate them on how they could approach such activities in safer ways, and provide tools for making those safer decisions when negotiating sex or participating in sexual acts. Demonstrations relating to the proper use of condoms were another vital part of Talking Sex, as the use of condoms was a recognized way that people could protect themselves from AIDS. By May 1989, around 600 men had participated in more than 60

⁵ Canadian AIDS Society, *Homophobia, Heterosexism, and AIDS: Creating a more effective response to AIDS*. (Ottawa: Canadian AIDS Society, 1991), 10. Plague mentality is the common behaviour within societies to blame one marginalized group for the introduction of plagues or other serious illnesses into society. In the case of the AIDS epidemic, the queer community, and especially gay men, were the ones blamed.

⁶ While I focus on AIDS as a disease transmitted through sexual activity, it is important to recognize that this disease was also transmitted in other, non-sexual, ways. Because of this, not everyone initially experiencing AIDS was part of the queer community, but they were often part of other marginalized communities. I don't address these issues in this paper because of my focus on safer sex and the AIDS epidemic.

⁷ Angus McLaren, *Twentieth Century Sexuality: A History* (Oxford: Blackwell Publishers, 1999), 210.

⁸ McLaren, *Twentieth Century Sexuality*, 199.

⁹ Kevin Orr, Mark Whitehead, and Andrew Johnson, *Talking Sex Facilitator's guide and planning book: a safer sex workshop for gay and bisexual men*, (Ottawa: Canadian AIDS Society, 1991), 30.

discussion groups.¹⁰ A post-workshop questionnaire completed by the majority of participants demonstrated that these discussions did improve knowledge surrounding safer sex and reduced risk behaviour, and therefore highlighted the need for participatory education.¹¹ This Canadian-based program proves the importance of community-curated education during the AIDS epidemic for the queer community as a tool for personal and social change at a time when this change was essential in saving the lives of many.

Queer and heterosexual women were also targets of safer sex education as AIDS influenced their understanding and experiences of sexuality. Fears of AIDS and the safe sex practices that emerged from these fears offered women, particularly heterosexual women, an opportunity to both reject the sexual advances of partners and/or demand that they engage in safer sex, often through the use of condoms. While condoms had been initially marketed and used primarily as tools of contraception, heterosexual sexual partners also started using them to reduce the transmission of sexually transmitted diseases, including AIDS.¹² Much of this change can be credited to the education that came out of the epidemic, as organizations were focused on expanding what people knew about condoms and other safer sex options. These options were important for people in both queer and heterosexual relationships. While some of these strategies were similar to what was seen prior to the epidemic, such as monogamy and abstinence, there was also new attention drawn to communicating about past sexual histories, the use of various types of condoms, and finding safe alternatives to intercourse.¹³ Finding alternatives to condoms that also reduced the transmission of AIDS was important to women because condom use was often considered out of

their control; they relied on their partners to use a condom properly. However, condom-specific education gave women more knowledge and therefore some ability to influence and control how and when condoms were used. The more extensive educational displays included information on all aspects of condom usage, compared to other rudimentary displays that only focused on the application of a condom.¹⁴ While educational opportunities for women may not have always been curated by queer folks, they were influenced by the safer sex strategies and teaching strategies developed by queer communities. AIDS and the education that came from the epidemic changed the sexual lives of many women, often because of community-based education and activist programs developed from queer safer sex ideals that stressed the importance of safer sex knowledge for all.

The prevention of AIDS was not the only essential education that took place during the epidemic as there was also a dire need for the informed care of those who developed AIDS. The stigma surrounding the disease and hostile attitudes towards queer people created rifts between the communities affected by AIDS and the medical professionals they needed for treatment. At the beginning of the epidemic these hostile attitudes stemmed from initial beliefs that AIDS was caused by sex, specifically queer sex, not transmitted through sex.¹⁵ From this conflict grew a community-based, health-from-below model, that was informed in large part by the women's health movement.¹⁶ This model focused on "treatment, care, support, advocacy, education, and prevention"¹⁷ allowing AIDS patients autonomy and respect throughout their treatment. This approach to healthcare and advocacy also pushed back against the public health model that created dangerous othering of the communities affected by AIDS by labelling

¹⁰ Orr, Whitehead, and Johnson, *Talking Sex*, 30.

¹¹ Orr, Whitehead, and Johnson, *Talking Sex*, 32.

¹² Marge Berer and Sunanda Ray, *Women and HIV/AIDS: An International Resource Book*, (London: Pandora Press, 1993), 149-150.

¹³ Berer and Ray, *Women and HIV/AIDS*, 130-134.

¹⁴ Berer and Ray, *Women and HIV/AIDS*, 151-153.

¹⁵ McLaren, *Twentieth Century Sexuality*, 196.

¹⁶ Canadian AIDS Society, *Homophobia, Heterosexism, and AIDS*, 41.

¹⁷ Canadian AIDS Society, *Homophobia, Heterosexism, and AIDS*, 41.

them as “sick and dangerous.”¹⁸ Individuals within the affected communities were becoming activists as they worked to educate the general public on the realities of the disease and fight back against the discrimination caused by AIDS. The battles of social and medical discrimination were continuously fought by queer individuals, especially those with AIDS, while the rest of the queer community responded and supported in the best way they could, through education and the demand for recognition.

AIDS ravaged communities for nearly a decade before the Canadian federal government developed their national AIDS strategy in 1990.¹⁹ This was two years after the World Health Organization (WHO) developed its first global strategy on AIDS²⁰ and three years after it was generally understood that heterosexual individuals could also contract the disease.²¹ Canadian provincial and federal governments began to step in when it became clear that heterosexual youth needed protection from the disease as it no longer only affected those in the queer community. This education was once again focused on abstinence as professionals worried about appearing to condone or encourage sexual activity through sexual education. While queer communities were finding other successful approaches to combating the disease like condom use, institutions excluded these voices, experiences, and strategies in favour of their comfortable abstinence-focused education. The erasure of queer strategies and lived experiences was common in government-sanctioned AIDS education and awareness campaigns.²² Even though community AIDS organizations, such as the Canadian AIDS Society, had developed inclusive safer sex messages that both queer and heterosexual individuals could benefit from, these messages were

repeatedly ignored. One example of this type of messaging is found in the 1988 “AIDS Let’s Talk” campaign by the Ontario Ministry of Health. Unsurprisingly, it stressed the importance of abstinence, monogamy, and abstinence from anal intercourse even in monogamous relationships if one wanted to keep themselves safe.²³ However, as the epidemic progressed and continued on its path of destruction there was contestation from the general public on how realistic it was to expect abstinence, specifically from adventurous and possibly irresponsible teenagers. Tensions arose between the two ideas: while there was a reluctance to encourage sexual activity in youth through education, there was also a strong desire to prevent the life-and-death consequences of unsafe decisions made due to a lack of education.²⁴

These tensions were partially addressed with the publication of the *Canadian Guidelines for Sexual Health Education* in 1994. This publication was fueled by the public’s concern over HIV/AIDS and widespread support for consistent sexual education within schools. Even though the concerns about HIV/AIDS were rising, the government’s published guidelines remained only guidelines. Sexual education was not mandatory, especially education on adequate protection from sexually transmitted diseases, which became an issue that has persisted into the twenty-first century.²⁵ These guidelines have since been updated twice, in 2003 and 2008, although there has been little change in content through the updates.²⁶ Queer-specific education and acknowledgement is noticeably lacking in these publications, outside of a general recognition of “sexual minorities” and key

¹⁸ Canadian AIDS Society, *Homophobia, Heterosexism, and AIDS*, 23.

¹⁹ Canadian AIDS Society, *Homophobia, Heterosexism, and AIDS*, 14.

²⁰ “A History of HIV/AIDS,” CATIE, <https://www.catie.ca/a-history-of-hiv-aids>.

²¹ McLaren, *Twentieth Century Sexuality*, 196.

²² Canadian AIDS Society, *Homophobia, Heterosexism, and AIDS*, 31.

²³ Canadian AIDS Society, *Homophobia, Heterosexism, and AIDS*, 30.

²⁴ D’Emilio and Freedman, *Intimate Matters*, 383.

²⁵ Canadian AIDS Society, *Knowledge is our best defense: An HIV/AIDS Education Resource for Canadian Schools*, (Ottawa: Canadian AIDS Society, 2010), 4.

²⁶ Sex Information and Education Council of Canada, *Canadian Guidelines for Sexual Health Education* (Toronto: Sex Information and Education Council of Canada, 2019), 5.

terms at the end of the 2008 document.²⁷ Publications such as these by the federal government are important as community organizations cannot lead and teach everyone. But when government-sanctioned education so clearly excludes queer bodies, there are still dangerous gaps of essential knowledge that communities need to fill. By 1994, when the initial guidelines were published, AIDS had already caused substantial harm to Canadian communities, and the disease would continue down this path for many more years. It was a case of too little, too late.

As AIDS terrorized Canadian populations, the need for adequate and effective sexual education intensified, and queer community-based education was pushed to the forefront when governments refused to address the issue and therefore neglected queer communities' sufferings. Sexual education before AIDS centred around abstinence, which would prove insufficient and impractical during this deadly epidemic. Education curated by queer communities allowed much-needed sex-positive conversations to happen across the country, bringing awareness to the transmission of HIV and the need for safer sex. These conversations were largely facilitated and supported by workshops such as Talking Sex. Much of the modern understanding of safer sex arose from the experiences of and education by and for queer men during the AIDS epidemic, not from medical, educational, or government professionals.²⁸ Governments were slow to reply to the crisis, only acting once the threat of HIV/AIDS was clearly affecting everyone throughout the country, not only those in the queer community or other marginalized groups. Over time, government-sanctioned education has developed and improved in some areas but remains notably lacking in many others. These are the educational topics that current community organizations, such as the prairie-based OUT Saskatoon and Saskatoon Sexual Health, must focus on for both the queer and straight communities

as Saskatchewan currently has an HIV diagnosis rate six times higher than the national average as of 2021.²⁹ With recent setbacks in the quality of classroom sexual education curriculums, such as in the case of sexual health educators being banned from Saskatchewan classrooms,³⁰ community-based education once again reaches a high level of importance in Canada.

²⁷ Public Agency of Canada, *Canadian Guidelines for Sexual Health Education*, (Ottawa: Public Health Agency of Canada, 2008), 8-9, 51-52.

²⁸ Canadian AIDS Society, *Homophobia, Heterosexism, and AIDS*, 42.

²⁹ Public Health Agency of Canada, *HIV in Canada: 2021 Surveillance Highlights*, (Ottawa: Public Health Agency of Canada, 2021), 1.

³⁰ Zosia Bielski, "Sexual Health Educators Remain Barred from Saskatchewan Classrooms as Concerns Rise for Students," *The Globe and Mail*, May 6, 2024, <https://www.theglobeandmail.com/canada/article-saskatchewn-sexual-health-education/>.

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