THE MEANINGS OF SEX: MEN WHO HAVE SEX WITH MEN (MSM)

Vasu Reddy, PhD
Human and Social Development

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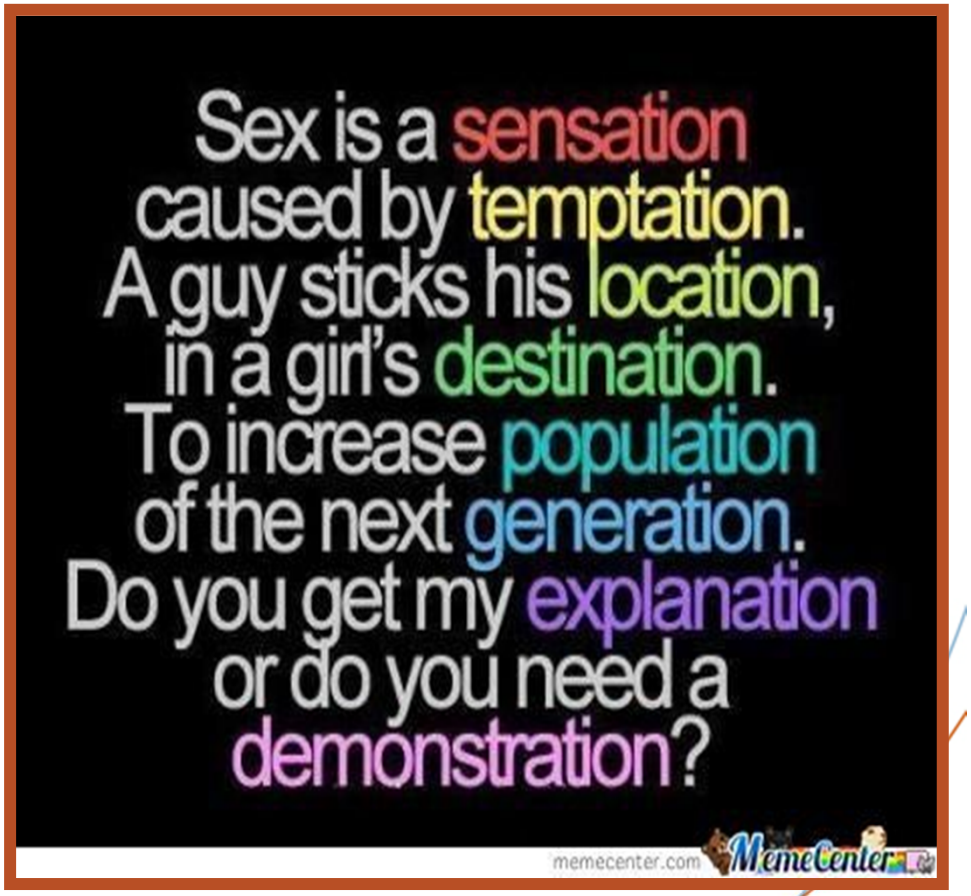

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AIMS

- Hierarchies of sex
- Having Sex
- Sex and Meaning
- Elements of Sexuality
- MSM (Label; impacting factors; Attitudes)
- What's needed?

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"Sex is always political"

Its politicization involves a continual attempt to draw boundaries between "good" and "bad" sex based on

« hierarchies of value »

Religion, medicine, public policies, and popular culture

anxieties lead to « moral panics »

Negotiations over sexual goodness and badness become contested and overtly politicized

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HAVING SEX? DOING SEX! Is this it?

- Is it only for making babies, pleasure, because of violence, etc?

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SEX AND ITS MEANINGS

- "Sex" generally becomes synonymous with penile-vaginal intercourse.
  - If you heard someone say "I had sex last night," what *specific* behaviours would you think happened?
- What are the consequences of this thinking?

- That Penile-vaginal intercourse is primary source of satisfaction
- That Sexual response and orgasm are supposed to occur during penetration
- That Places tremendous and unrealistic expectations on coitus itself
- That devalues non-intercourse sexual intimacy and other (e.g. 'What do they do during sex?')

Sexual behaviours and practices: Who does **what** with **which** body parts, items, and/or partners?

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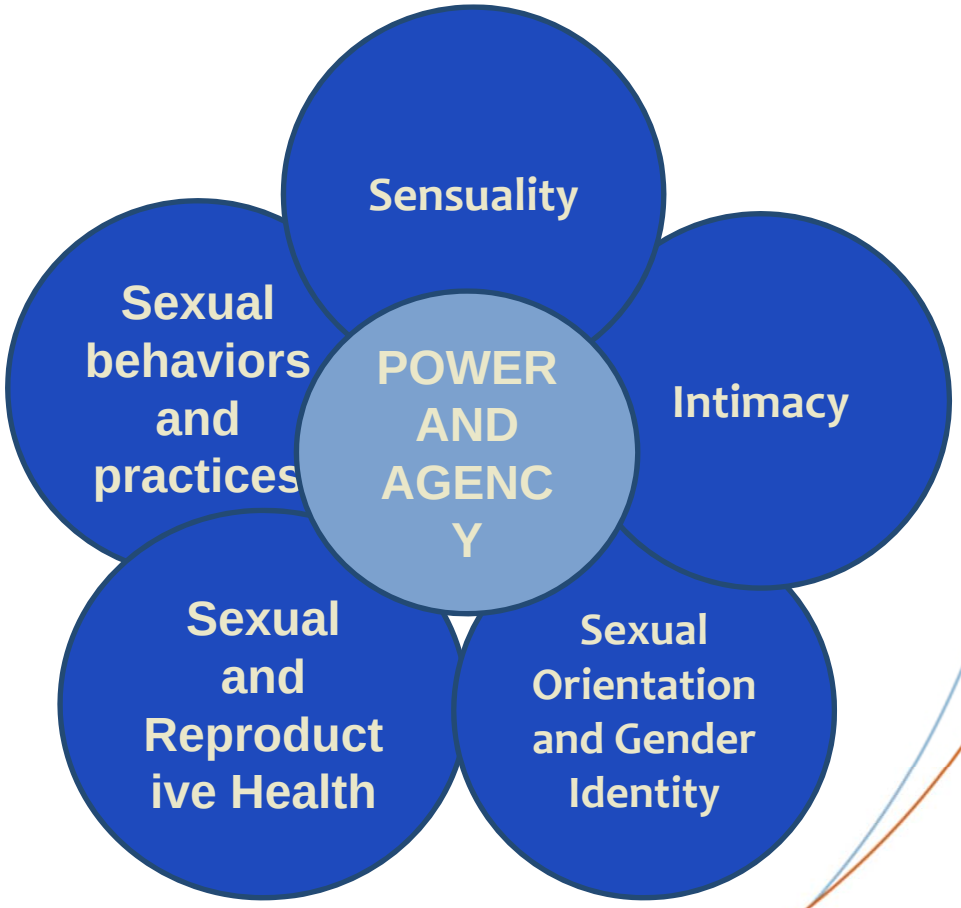
SEXUALITY IS HISTORICALLY FORMED IN OUR CULTURE

BRINGS TOGETHER A HOST OF POSSIBILITIES:

- Gender identity
- Bodily difference
- Reproductive capacities
- Needs
- Desires
- Fantasies
- Social Movements



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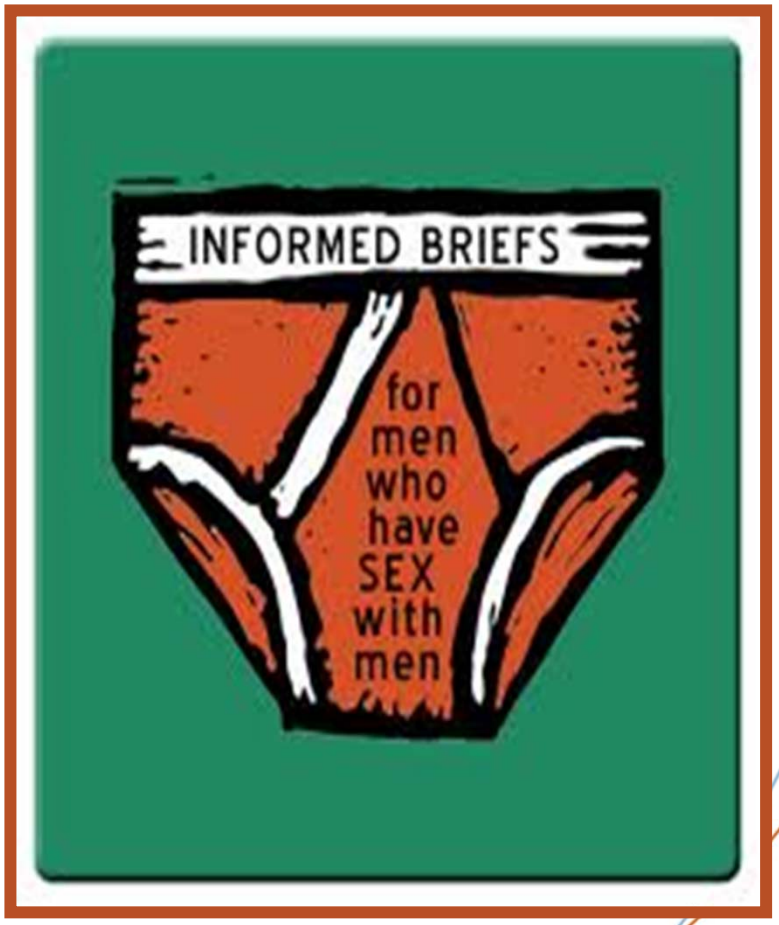
MSM AS LABEL

- Public Health Category (sexual practices that are risky for HIV and STI's) **OR**

  Social Category (describes a set of behaviours)

- In some ways the perception exists that:

- All MSM are at risk on the basis of same-sex erotic behaviour (it is simplistic epidemiologically, misleading socially)
- Creates a new category of sexuality accounting for non-Western forms of homosexuality



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MSM AS CLASSIFICATION

- Homosexuality is not a clear-cut category and same sex behaviour often is NOT equated with sexual identity but rather as activity
- Complex interrelation between identity, desire
  behaviour and gender roles
- Enormous diversity among MSM & men in these subcultures.
- Co-existence of underground homosexuality and visible heterosexual lifestyle /bisexual practices among heterosexuals

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IMPACTING FACTORS

Biological	▪Presence of STIs ▪Unknown HIV status
Social and Behavioural	▪Traditional Cultural and gender norms ▪Violence ▪Unprotected Anal Intercourse (UAI) ▪Frequency and number of sexual partners ▪Substance abuse (alcohol and recreational drugs) ▪Homophobia ▪Denial and stigma ▪Complacency and risk ▪Myths and misconceptions about risks associated with different behaviours and about methods of reducing risk of infection
Economic and Political	▪Criminalisation of same-sex sexual behaviour ▪Unemployment and Sex work

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PICTURES TELL MANY STORIES?

Is penile–anal intercourse the only sexual practice MSM can engage in?

(mutual masturbation; sex toys; digital penetration; anilingus; ukusoma) and then of course a host of sexual preference and role plays

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ATTITUDES & EXPERIENCES

- Criminal offence in many African countries
- High level of stigmatisation and discrimination
- Rejection by families and communities (incl. religion)
- Subject to physical violence
- Individuals and practices driven underground
- Sexual orientation not fully accepted
- Sexuality is often linked to economic imperatives
- Safe sex known but often compromised (availability sometimes of condoms and lubricants)
- Limited support towards HIV+ MSM
- Reluctance to seek treatment and care due to criminalisation of same sex intimacy and attitudes of health care workers

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WHAT IS NEEDED?

Enables HIV responses to: (1) Avoid common mis-assumptions; (2) Identify critical opportunities across prevention, treatment, care and support:

- Risk cannot be understood (and also *not* effectively addressed) without taking other issues into account (stigma, discrimination and violence, alcohol and drug use, socio-economic and cultural circumstances, and indeed sexual practices)
- Effective research/programming requires involvement of affected communities; outcome of research should be given back to the community in the appropriate format
- Culturally relevant and competent appropriate service provision

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WHAT IS NEEDED? (2)

- Visible leadership within communities to assess and address the populations' needs and respond to the epidemic
- Building "community" among MSM
- Better data on communities, including quality of care information
- Enhancing visibility, availability, access and quality of HIV and AIDS programmes and services including confidential medical record transfer systems.

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