

MSM: Sexual identities and behaviours

HEALTH
4 MEN



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**PERINATAL HIV
RESEARCH UNIT**

Sexual identity

Male _____ Intersexed _____ Female

Physical sex

Sexual identity

Straight _____ Bisexual _____ Gay

Sexual orientation

Male _____ Intersexed _____ Female

Physical sex

Sexual identity

Masculine _____ Transgender _____ Feminine

Gender identity

Straight _____ Bisexual _____ Gay

Sexual orientation

Male _____ Intersexed _____ Female

Physical sex

Who are these MSM?

Masculine _____ Transgender _____ Feminine
Gender identity

Straight _____ Bisexual _____ Gay
Sexual orientation

Male _____ Intersexed
Physical sex

Who are these MSM?

- Gender role and cultural factors – close interface between sexual orientation and gender issues: “I bleed as a woman”
- Aspirations regarding love object w.r.t. gender issues, as a reflection of own identity
- Relationship organisation – emotional monogamy, open vs. closed, social nodes, anonymous sex, sex in public spaces, Internet
- Political content of labels – gay / MSM

Myths, stereotypes

All MSM / SSP / stabani / moffies ...

- ...are transgendered (aspire to be women)
- ... were abused as children
- ... are sexually interested in children
- ... are promiscuous or highly sexed
- ... are unAfrican, unChristian, unSomething
- ... are effeminate, visibly identifiable
- ... 'chose' their orientation
- ... are failed heterosexuals (inferior beings)

Contextual factors

Homophobia

Irrational fear response

Level of insight

General avoidance of stimulus

Clinically rare

Homoprejudice

Irrational anger response

No insight

Often seeks out stimulus

Clinically common

Contextual factors

- ◆ Social environment hostile in spite of Constitution – even the government challenges gay rights
- ◆ Expressions of prejudice - verbal taunting to rape / murder, no hate crimes recorded in SA
- ◆ Prejudice serves to “other”, compels adherence to social norms and reinforces dominant hetero-normative social values

Contextual factors

- ◆ Homoprejudice pervasive & institutionalised in SA - in schools, SAPS, media, health system
- ◆ Organised religion - “hate speech”
- ◆ “Othering” of bisexual MSM by both straight and gay sectors on basis of “difference”, including “othering” of gay identities by straight-identifying MSM

A scenario

- ◆ Two elderly people are sitting at a bus-stop chatting about the weather – they notice two queens (visibly effeminate men) walk past...
- ◆ The two elderly folks exchange knowing glances and make derogatory comments about the two effeminate men before they continue discussing the weather....

What taboo has been activated?

A scenario



Sexual taboos

- ◆ Most people associate MSM with having anal sex
- ◆ Especially gay-identifying MSM and effeminate men are associated with being anally penetrated
- ◆ Association usually unconscious
- ◆ Why a negative association with men and anal sex, especially receptive anal sex?

Sexual taboos

- ◆ Patriarchy – heterosexual male dominance
- ◆ “Men have the potential to penetrate, cannot be penetrated”
- ◆ Being penetrated associated with effeminacy, reduced power - illustrated in gang dynamics, prison behaviour, mythology
- ◆ Patriarchal society less threatened by lesbianism

The anal taboo

- ◆ Least likely part of own body looked at or visually explored
- ◆ One body part not discussed unless through humour / jokes
- ◆ Generally ignored in psychology
- ◆ Dynamics of analphobia:

Analphobia

- ◆ Infant as a “tube”: both ends sensitive / erogenous zones
- ◆ Survival dependent on “in” and “out” functions
- ◆ Oral stimulation = close, warm, intimate, “cute”, “goo-goo”, soft, smiling faces, socially reinforced
- ◆ Anal stimulation = distanced, removed from group, negative facial expressions, cold, reduced intimacy

Analphobia

- ◆ Anus as locus of shame, guilt, the “dirty” self, emergence of the shadow self
- ◆ Anus as locus of control : power dynamics, toilet training > inner impulses versus external expectations
- ◆ Analphobia a function of patriarchy with exceptions made for female anal penetration : porn industry, female sex workers

Analphobia

- ◆ Analphobia is thus a primary construct of homoprejudice – negative content is unconsciously projected onto MSM

Implications

- ◆ Emergence of the “shadow” self, reinforced by social stigmas & prejudice – coming out process
- ◆ Shadow often needing to be punished, to take risks – unsafe spaces, unsafe sex – negates assuming responsibility for self
- ◆ Internalised homoprejudice, deceit & secrets, clandestine sex, conflict, splitting, dysfunctional relationships, fear of intimacy, sexual addictions, sexual anorexia, depression

Implications for HIV / AIDS

- ◆ Safer-sex messaging is hetero-normative
- ◆ Vacuum of data on HIV prevalence in SSP/(L)GBTI groupings in South Africa
- ◆ Health services are prejudiced in spite of NSP identifying MSM as target group
- ◆ Evidence of increased risk-taking behaviours, augmented by substance abuse > crystal, slamming

Implications for HIV / AIDS

- ◆ BB (barebacking) as a ritual of denial – reification anxiety, fear of rejection
- ◆ Fetish of semen not being addressed – backlash against boundary methods, condom fatigue – porn, loading, seeding, felching, snowballing
- ◆ Survivors of male rape not accessed
- ◆ Fluid prison populations not addressed

A Sex-Positive paradigm

- ◆ HIV not caused by sex – caused by a virus
- ◆ HIV not spread by sex – spread via body fluids
- ◆ Normalise all sex between consenting adults:
“Enjoy the sex you want but manage body fluids”
- ◆ Educate around body fluids > don't moralise around sexuality

A Sex-Positive paradigm

- ◆ MSM more responsive to STI messaging – immediacy, less message flooding, less intimidating
- ◆ Avoid term “safer sex” > better sex, make messaging “sexy”
- ◆ Scare tactics seldom effective – speaks to the “low risk-high anxiety” groupings
- ◆ Need MSM to dialogue with others to acknowledge collective denial and reduce any resonance with internalised shame or guilt

A Sex-Positive paradigm

- ◆ Sensitise health professionals to their own prejudices regarding diverse sexual identities
- ◆ Make VTC sites more accessible for diverse sexual identities, less hetero-normative – staff, symbols, images
- ◆ Respect rights to privacy and confidentiality regarding sexuality as well as sexual health issues

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Thank you!

