

Questions and thoughts

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HIV intervention discourse and strategies still tend to focus on exclusive categories of people, a policy that actually may well increase invisibilisation of risk behaviours and increase those risks for HIV infection. All sorts of people and behaviours fall through the w/holes which such discourse, by their nature, create. As a consequence our ability to develop effective and sustainable prevention programmes stutter and mutter along the way. Thus we talk of men who have sex with men, intravenous drug users, female/male sex workers, youth, and so on. One could also add PLHA. Cross-overs are ignored as the boundaries between risk behaviours are perceived as solid walls, rather than porous and amorphous.

By the very nature of these discourses, these *imagined collectivities* have generated new forms of identity, politicisation and activism. The risk is that they become closed, self-contained and self-identified groups.

So what happens to those whose range of behaviours do not fit into these neat categories? What about the person who sells sex infrequently when a financial need arises? Or the needle user who also is anally penetrated and has multiple male partners, but will also have vaginal sex with females, and maybe is married?

Risk behaviours are not neatly divided into separated and uncontested categories, individuated and isolated from each other. They tend to be perverse and polymorphous, situated in a socialised context that has a history, a position, and reflect personal/social needs, desires, and fantasies.

We ignore this at our peril.

Despite the use of the term men who have sex with men (or NFI's preference - males who have sex with males) male-to-male sexual behaviours is often a more accurate term to use in terms of the diversity of identities, genders, and frameworks in which such male to male sex takes place.

Despite the best intentions of HIV activists, service providers, donors and others, that the term MSM enables us to access those who are not gay/homosexual/kothi identified, this is not always a valid assumption. Too often the term MSM becomes a signifier for a homosexual within a heteronormative paradigm, i.e. these men/males are really homosexuals who do not have a specific sexual identity, and that this also means that they are a small minority of people in a large sea of normative heterosexual males. In other words, we still do not address the behaviour, but this supposed 'target group'.

Beyond this, as long as we equate anal sex behaviours as a homosexual practice/behaviour, a specialised phenomena limited to a small group of men/males, whether gay-identified or not, we will never adequately or appropriately address the sexual health needs of males and females.

Heterosexuality as the central biologic necessity is the Great Lie. Even so-called *reproductive necessity* as 'natural' and 'normative' is not valid as any reading of *Biological Exuberance* (Bruce Bagemihl, 1999, Profile Books) and similar studies on sexual behaviours and practices within animal societies clearly indicate. All these studies clearly show that not all adult males and females in a given animal society are only involved in reproductive sex as the sole purpose of sexual activity. Pleasure is also a key component of such encounters. Further many sexual encounters involve same-sex partners and that such same-sex encounters also involve those who participate in reproductive sex. In other words there is not some natural, inherent biological necessity for reproductive sex as the only normative behaviour. Pleasure and desire need also to be taken into account.

We have not taken into account pleasure, desire and fantasy, as well as object choice, in our AIDS discourses and prevention strategies. Why not? Surely we should also be asking the question WHY? as much as what, and how much, and how frequently. Otherwise how do we expect to enable, empower, and request individuals and groups to change high-risk practices to low risk encounters?

As long as we insist on seeing *heterosexuality* as essentialist, normative, biological, universal, and ahistoric, we can never develop, implement and *sustain* effective strategies for HIV prevention. As long as we confuse heterosexuality with reproductive necessity, we deny the central frameworks of pleasure, desire and fantasy in our sexual practices, which leads to a denial of those practices and behaviours that do not 'fit' the binary model of sexuality, that of heteronormativity versus so-called

sexual minorities.

Another thought: the use of the term 'behaviourally homosexual' by some agencies also has the implication of the term 'behaviourally heterosexual'.

This perhaps is better understood with an illustrative example drawn from field studies on male sexual behaviours that NFI has done in South Asia.

In asking many married men why they have sex with males when they have a wife, a frequently common answer was that they found anal sex pleasurable. One rationale of this pleasurable feeling was that the anus was tighter than the vagina, but they couldn't ask their wife to do this act. But there are males who were available who offered them this pleasurable activity. Here we see that the choice for pleasurable sex was not the fact that the sexual object was a male, but rather the fact that he had a willing anus.

Naming questions??

- If a male who has sex with males as his primary sexual practice, and also has sex with females on a less regular basis, would you call him homosexual, bisexual, or just sexually active?
- If a male only has oral sex with other males, but also anally penetrates women, what would you call him, and where does his risk of infection arise?
- If a male has regular sex with his wife, but once a month will have penetrative sex with another male, then what would you call him?
- If a male's primary sexual practice is to have oral sex as the penetrator with another males, and also has regular vaginal sex with his wife/females, what would you call him?

Hidden within the above questions are deeper questions on pleasure, desire, and fantasy, and not necessarily a specific gender as object choices. What do such questions mean for sustained HIV prevention strategies?

What this leads me to question in terms of working with "males who have sex with male" or even males generally, and HIV prevention, is, how can we incorporate pleasure, fantasy and desire into our prevention strategies. How do we ensure that safer sex is pleasurable and desirable? Why are we not looking at what for many will be the *pleasure* of anal sex for both the penetrator and the penetrated, and therefore the *desire* for this act, along with the active seeking out of this act?

To paraphrase, the proper study of homosexuality is heterosexuality.

Recommended reading

The following list of books are, I believe, a good beginning for deconstructing the categories of heterosexuality and homosexuality, and develop a broader view of sexual behaviours and practices that reflect the reality of every-day life for most males. All these books are a part of the NFI Library and Information Centre. Of course this list is not definitive. They form a part of our own studies.

Bisexualities and AIDS – international perspectives, edited by *Peter Aggleton*, 1996, Taylor and Francis

A History of Bisexuality, *Steven Angelides*, 2001, University of Chicago

The End of Gay (and the death of heterosexuality), *Bert Archer*, 2002, Fusion Press

Biological Exuberance – animal homosexuality and natural diversity *Bruce Baghemihl*, 1999, Profile Books

Reinventing the male homosexual – the rhetoric and power of the gay gene, *Robert Alan Brookey*, 2002, Indiana University Press

Bisexuality in the Ancient World, *Eva Cantarella*, 1992m Yale University Press

Gay New York – gender, urban culture and the making of the gay male world 1890-1940, *George Chauncey*, 1994, Basic Books

Masculinities, *R.W. Connell*, 1995, Polity Press

Dislocating Masculinities – comparative ethnographies, edited by *Andrea Cornwall* and Nancy Lindisfarne, 1994, Routledge

Beyond Sexuality, *Tim Dean*, 2000, University of Chicago Press

Practicing Desire – homosexual sex in the era of AIDS, *Gary W. Dowsett*, 1996, Stanford University Press

The History of Sexuality, *Michael Foucault*, 1978, Random House

Vice Versa – bisexuality and the eroticism of everyday life, *Marjorie Garber*, 1995, Hamish Hamilton Ltd

The Construction of Homosexuality, *David F. Greenburg*, 1988, University of Chicago Press
Third Sex Third Gender – beyond sexual dimorphism in culture and history, edited by *Gilbert Herdt*, 1994, Zone Books
The invention of heterosexuality, *Jonathan Ned Katz*, 1995, Dutton Books
Homosexualities, *Stephen O' Murray*, 2000, University of Chicago Press
Forbidden Friendships – homosexuality and male culture in Renaissance Florence, *Michael Rocke*, 1996, Oxford University Press
Changing One – third and fourth genders in Native North America, *Will Roscoe*, 1998, St Martin's Griffin
Love in a different climate – men who have sex with men in India, *Jeremy Seabrook*, 1999, Verso
Sexuality and Eroticism among males in Moslem Societies, edited by *Arno Schmitt and Jehoeda Sofer*, 1992, Harrington Park Press
Male to Male – sexual feeling across the boundaries of Identity, *Edward J. Tejirian*, 2000, Harrington Park Press
Same-Sex Love in India – readings from literature and history, edited by *Ruth Vanita and Saleem Kidwai*, 2000, ST Martin's Press