



La Trobe University

The Way Forward: Knowledge development

Gary W Dowsett, PhD

Professor, Deputy Director & VicHealth Senior Research
Fellow

Australian Research Centre in Sex, Health & Society
La Trobe University, Melbourne, Australia

www.latrobe.edu.au/arcshs

What have we heard here in Delhi?

- Significant lack of information (data) about MSM in almost all countries
 - Lack of epidemiological data on prevalence and incidence
 - Lack of data on risk behaviours
 - Lack of data on MSM partners (men, women, transgender, intersex)
- Lack of data on young MSM and on transgender people
- Lack of anthropological and sociological data of the phenomenon of MSM and TG
- Not enough policy research, operations research incl. evaluation, and little basic social research into issues like discrimination, stigma, & critical sexuality studies



Critical sexuality studies (on men)

- How do we understand the commonalities among men in relation to sex?
- What is masculine sexual pleasure?
- Men have sex with other men everywhere in the world and always have
- But is it the same everywhere, in every era?
- No – many differences, but many dispersed pleasures shared in common
- Central is penetration/penetrability – but the meaning is not the same?
- Increasingly, gay/MSM sex activity/ideas challenge ideas of what it is to be a man, to be masculine – HIV/AIDS making a contribution here
- TG challenges to gender (HIV/AIDS at work here also)
- (Gender \leftrightarrow sexuality) where () = **culture** – the key concept



The problem of MSM

- Not a very good term; originally a compromise to get around using 'gay man' by focusing on sex practices not sexual identity
- It is a confused term: it collapses sexual object choice (male) with one possible HIV risk practice (anal intercourse)
- It is not scientifically sound epidemiological risk category because: (1) many MSM do not have anal sex
(2) it omits others who practise anal intercourse, viz. women,
(3) it cannot encompass TG
- Therefore, it is inherently unstable as a category for knowledge production
- And that produces a problem for behavioural monitoring, for epidemiology, for prevention research, & for prevention education as cultural practice



The Problem MSM Solved

- Stigma against gay men from early in epidemic, not just in the West
- It's not who you are but what you do (sexually) that matters
- Way to 'term' early examples from developing countries that same sex eroticism looked nothing like Western gay communities, e.g. Brazil and Thailand
- Also, 'explained' non-gay-identified men having sex with men

BUT, it didn't work:

- Gay men still stigmatised everywhere
- It is still confused about risk practices and 'risky people'
- It actually doesn't explain anything about men who do not belong to a gay or any named MSM group such as Kothi
- It can't deal with intersection of gender and sexuality, e.g. TG,



The Problems MSM Creates #1

- MSW, MSWM → MS – poor thinking about gender and simplistic thinking about men
- Aggregates diverse same-sex-erotic cultures, covering up differences vital to developing focused and appropriate prevention efforts
- Obscures the effects on sexuality of postcolonialism, modernization, urbanisation, and globalisation
- Fails to recognise the quite different axes upon which same sex desire is enacted (e.g. peer-related, gender-influenced, eroticised difference, institutional and situational settings, transactional sex, peripheral pleasures)
- It invisibilises gay men and gay cultures where these exist



The Problems MSM Creates #2

- MSM is prone to a serious misreading of how HIV spreads and its directionality, as it is still working with a 'core/bridging population' model rather than sexual networks or sexual cultures model
- MSM is misread epidemiologically as a analogue for gay men, in that it seeks to place MSM alongside IDU and sex workers in an equivalence
- MSM is not a bounded population like sex workers or IDU; it is a concept without a centre and theoretically inadequate
- Again, it doesn't work for TG
- BUT, we are stuck with it so how do we improve it and make it work better for us?



(1) Thinking about sexual diversity

- Can often mean many different types of sexualities
 - But are they all equally treated? What about **hegemonic** and **subordinated** sexualities – maybe more accurate picture? Maybe **marginalised** sexualities might be better than sexual minorities?
- There is no single way to be a man either
 - Remember what we've learned from masculinity theory – **hegemonic masculinity** and **subordinated masculinities**
- MSM the most diverse of the subordinated sexualities, but not all heterosexuality is 'heteronormative'
 - E.g. most MSM are heterosexually active, and many heterosexual men have had homosexual experience
 - Most men who have sex with named groups of MSM (1) have no name, and (2) are usually 'heterosexual' if asked
- Maybe TG is equally diverse and will need to 'unpacked' too



(2) Thinking about culture

- How do we understand culture as the context for sex?
- What might the idea of **sexual cultures** offer us instead of, or alongside, sexual identities or sexual categories?
- *Sexual cultures: patterns of sexual activity and meanings attached to them shared in common and developed over time in certain circumstances.*
- Sexual cultures would work with differences within TG as well
- Value in **sexual network theory** for 'outside' the named MSM groups
- This kind of knowledge production requires real collaboration between communities and researchers



(3) Alternative ways to conjure #1

- Where does gay work? Let's talk about gay men when appropriate. There is a lot to learn from gay men about sex and sexuality, community organising and advocacy, politics and programming – without becoming 'gay'
- Indigenous terms will help, but what how are we using them? What are we representing about them and claiming for them? Are they the same as sexual cultures?
- Greater historical and cultural specificity needed to understand patterns of same sex practice and cross gender practice
- Stop de-contextualising sex acts: anal intercourse is not the same practice everywhere and at all times, e.g. misuse of 'bareback sex'



(3) Alternative ways to conjure #2

- Working with the *meanings* of 'sex practices', not simply reified 'sexual behaviours'
- Disaggregate – do NOT add different forms of same sex practice into a single category both across cultures and within the same culture
- MSM is not a group or population with a boundary: it can never be counted – look for alternative ways to comprehend diversity, interconnection and distinction between us
- Prevention then becomes 'Horses for courses' – developing flexibility in prevention strategies that work with various strands of same sex desire
- Work with good sexuality and gender theory— health and HIV/AIDS is a long way behind here, using old concepts e.g. gender and sex role



Limitations & challenges

- What of men who cannot be grouped with peers, or have no social networks that allow grouping – e.g. many MSM cannot be reached this way? We cannot count them but we have to reach them?
- Many marginalised men (homeless, disabled, ethnic/racial minority, migratory etc.) not included – still need new strategies here
- Focusing on the named or easily reached groups for research and surveillance might be missing the major part of the epidemic among men – it may misread the epidemic
- Marginalised sexualities must stick together: complaining about each other is missing the point; concentrate on the real enemy: our neglected epidemics and those who neglect us
- Minority identity politics may simply confirm our marginalisation: challenging the sexuality and gender orders may prove a stronger strategy
- Understanding sex between men does not always require surveillance – tendency to fetishise the numbers – be careful what you ask for: surveillance is not just about numbers, it is also *surveillance* by governments and agencies which have rarely been shown to act in our interests



Remember...

- We are not just discovering more about ourselves and male-to-male or TG eroticism...
- We are actually inventing ourselves as we create a response to the pandemic

