

BETWEEN MEN

Men who have sex with men,
HIV and sexual health

Basic Issues

November 2002

Between Men: Basic Issues

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0. INTRODUCTION

Across the world, in every country, men have sex with men. In a few societies sex between men is widely accepted, in some it is tolerated, and in many it is the subject of strong disapproval and legal and social taboos.

Sex between men - in particular anal intercourse without a condom - is one of the primary ways in which HIV and other sexually transmitted infections are passed on. Yet official indifference or hostility means that there are few prevention and care programmes for men who have sex with men. It also means that little research has been undertaken to discover how many men are at risk and how best to provide them with the information they need to protect themselves and their sexual partners.

Most men who have sex with men also have sex with women. At an individual level, this means that unprotected (without a condom) anal intercourse between men also places the men's female partners and their future children at risk of infection. And in the community at large, sex between men may be a significant, but unrecognised, factor in national and regional epidemics.

Between Men is part of a series of booklets designed to help organisations working in HIV/AIDS prevention and care to extend their activities to men who have sex with men. This first booklet, *Basic Issues*, is an introduction to the topic: which men have sex with other men, why they do so, what forms of sex they have, and the social and psychological context in which sex between men occurs. A second booklet, *Developing Programmes*, will outline strategies and activities to enable men who have sex with men to develop health care programmes most appropriate to their specific needs.

Between Men has been written for partners of the International HIV/AIDS Alliance, which supports community action on AIDS in developing countries. It is also available for use by other organisations.

1. WHO?

Peter, a seventeen-year old in a boarding school in South Africa, sometimes crawls late at night into the bed of his sixteen-year old friend Daniel. They play with each other. Peter talks about girls and so does Daniel, although the younger boy is more interested in his friend.

Vladimir, a twenty-year old Russian, has been in prison for a year. He had a girlfriend before he was arrested for drug dealing, but he doesn't think he will see her again. Every night he has sex with Boris, a large, violent man in his forties, because Boris protects him from other, more violent men.

Twenty-three year old Lal is a rickshaw driver in Dhaka, Bangladesh. Some nights he goes to one of the big parks in the city where he can meet men who are attracted to other men.

Thirty years ago, Julia was born a boy in a small town in Costa Rica, but since the age of sixteen she has dressed as a woman and taken hormones to develop her breasts. She makes a little money as an entertainer in bars in San José, the capital, but most nights she stands on a streetcorner and waits for customers to drive by.

Shen-Wah is an unmarried thirty-three year old in Shanghai, China. He has just discovered the city's latest gay bar, where he goes two or three times a week, hoping to meet a man to fall in love with.

Jorge and Hideki are two men in their forties in São Paulo, Brazil. They have lived together for sixteen years. Very occasionally they have sex together, but more often each has "adventures" with other men.

Sunil, thirty-five, and his partner Raj, fifty, consider themselves lucky to share a large house near the ocean in Mumbai, India. They have just celebrated ten years of living together and being faithful to each other.

René is a fifty-five year old businessman in Abidjan, the Ivory Coast. He is married and has three children. At night he sometimes drives down one of the main avenues in the city looking for the young men who wait under the trees for men like René to stop and call them over.

Drawing: two men, mixed race, talking (eg Jorge and Hideki above)

I assume that the drawings will reflect a variety of races, social backgrounds and ages

A universal phenomenon

Sex between men is found in every stratum of every society, among the young, middle-aged and old, rich and poor, married and single, educated and illiterate, the ethnic majority and ethnic minorities, criminals and honest men, singers and sportsmen, beggars and businessmen, postmen and politicians etc.

It is a phenomenon as old as history. In ancient China, it was called the Love of the Cut Sleeve, after an emperor who cut off the sleeve of his robe rather than wake his male partner who was sleeping on it. In ancient Greece and mediaeval Japan warriors took teenage boys as lovers. In many North American tribes men who dressed and lived as women spent their lives with other men. Mediaeval Arab literature has many examples of poetry and stories of men who made love to younger men.

Social attitudes change over time but men continue to have sex with other men regardless of whether society approves or disapproves. In Western Europe in the nineteenth century, sex between men was a criminal offence; today it is widely accepted. In many parts of Africa before colonisation, some forms of sex between men were accepted; today some people claim it is “unAfrican”. Classical Indian sculpture and art shows men embracing, yet Indian law, drafted by the British colonisers, penalises sex between men.

Men who have sex with men are not a discrete group, somehow set apart from the rest of society. Most also have sex with women; many _ perhaps the majority _ are married. That means any epidemic of HIV/AIDS or another sexually transmitted disease will not be confined to that sector of the population. Many women and their future children are also at risk of infection from sex between men.

Drawing: man with wife / girlfriend, looking at another man

How many?

How many men have sex with other men is not known. Research is difficult, particularly in countries where sex between men is taboo. And where research has been undertaken, the methods and results are sometimes uncertain. Respondents may be unwilling to answer the question “have you had sex with a man?” or they may interpret the question differently from the questioner.

Recent statistics from around the world suggest that at least three percent, and perhaps as many as sixteen percent of men have had some form of sex at least once with another man. That suggests a global figure of anywhere between 45 and 240 million men.

How old?

Some boys are sexually active before they reach sexual maturity — usually defined by the appearance of pubic hair and the ability to ejaculate. This may be with children their own age, or as the result of abuse by older children or adults. Sexual abuse of children _ when adults have sex with children _ can cause several mental and physical trauma and is condemned by every society.

Irrespective of the legal age of consent (see Chapter Five), many sexually mature boys are sexually active, sometimes with girls or women, sometimes with boys or men and sometimes with both sexes. This may be with both partners’ consent or it may be the result of psychological or physical coercion either by the boy or by his partner, particularly if the partner is older.

Because there is often no clear legal, social or physical boundary between sexually mature boys and adult men, and because sexual activity can start at an early age, unless otherwise specified, the word “men” in this booklet includes boys who have reached sexual maturity.

2. WHY?

Men have sex with other men for many different reasons. Most men do so from desire, but others do so for money or other reward, because women are not available, or because they are forced to

In every society a minority of men are sexually attracted to other men. Many have wives or girlfriends and children but they prefer sex with men. Some are single and only occasionally have sex with women. Some never have sex with women.

Some men have sex with other men for money or gifts. They may prefer men or they may prefer women but need or want the rewards that other men give them for sex.

Some men have sex with men because no women are available. Teenage boys in boarding-school or adult men in single-sex situations, such as prison or the military, may seek other men for sexual release. "Men need to use their dick to feel like men, and if they don't have a woman, then they screw a guy," explains Enrique, a prisoner in Costa Rica.

Most sexual acts between men are consensual. However, some men are raped or otherwise forced into sex, especially if they are young or weak, by other men, for sexual release, as punishment, or to establish power; this is common in prison, but can occur anywhere. Some men use psychological, rather than physical, coercion to oblige other men to have sex with them.

When two men have sex, they don't always do so for the same reason. In a commercial exchange, for example, the client probably prefers men, while the man he is paying may prefer women.

We don't know why most people are sexually attracted to the opposite sex but some men and women prefer their own sex. Some people suggest that sexual attraction is influenced by a child's relations with other people, in particular its parents. Others suggest that preferring your own sex is a matter of willpower and men who have sex with other men do so from a wish to be "perverse". However, there is little evidence for either of these theories. The most likely explanation is that sexual attraction, whether to one's own or the opposite sex, is like right- or left-handedness _ inborn and cannot be explained or predicted.

Social Constructs

Although men have sex with other men for different reasons, the words used to describe them usually refer to what they do rather than why they do it. These words reflect social constructs - the way in which societies think about sexual behaviour and social relations.

In Western countries, such as North America, much of Europe and Australia and New Zealand, sexual behaviour is defined according to the sex of one's partner: to prefer one's own sex is to be homosexual, to prefer the opposite sex is to be heterosexual, and to have more or less equal preference is to be bisexual. Other words used include "gay" _ to be homosexual and to demand the same legal and social rights as as the rest of society _ and to be "queer" _ to assert that Western society oppresses heterosexuals as well as homosexuals.

In many other parts of the world, however, sexual identity (who you are) and sexual behaviour (what you do) is often defined according to whether you penetrate or are penetrated. In many parts of Latin America, for example, a man who takes the penetrative (also known as active) role in sex, whether with a woman or another man, is described as *macho*, while a man who allows himself to be penetrated (takes the passive role) is *maricón* (Spanish-speaking countries) or *bicha* (Brazil). In South Asia and elsewhere similar distinctions are made; in Hindi and related languages a *kothi* is a man who is penetrated, a *panthi* is a man who penetrates men and *double-deckers* may take either role.

Even within a culture, social constructs and definitions may vary. For example, most middle-class Costa Ricans would not recognise the distinctions drawn in the country's prisons between *cacheros*, who perform active anal sex, *guilas*, young men who are penetrated, *travestis*, who are men dressed as women, and others.

Drawing: two / more men, demonstrating more and less macho
other drawings should also show variety in masculinity

Masculinity and Other Genders

Definitions of sexual behaviour often reflect definitions of sexual identity or gender – the social roles that men and women are expected to play. These social roles vary from society to society and are not always defined by an individual's physical sex. Not everyone with a penis considers himself – or is considered by others – a man.

Masculinity – the social role associated with boys and men – is a cultural, not physical, phenomenon. Some attributes of masculinity, such as a willingness to take risks, appear to be common all over the world but others vary. In parts of India, for example, a young man who appears effeminate in Western eyes but who has a wife and child, is considered more masculine than a more aggressive older man who is unmarried and childless.

Preference for the passive role in sex is often associated with a measure of femininity, such as dressing as women and using speech and mannerisms associated with women – although it should not be assumed that all effeminate men prefer to be penetrated. Some men take hormones to develop female breasts, and some also undergo such operations as removal of the testicles and penis, creation of a vagina, removal of their Adam's apple or enlargement of the hips to become women.

In English, such people may describe themselves as transvestite (wearing women's clothes) or transexual (undergoing some or all body changes). Words in other languages express similar cultural contexts : *yan daudu* in northern Nigeria, *travesti* in South America, *bencong* in Indonesia, *fa'afafine* in the Pacific Islands and *hijra* (also known as *ali* or eunuch) in South Asia. And while many of these terms imply a degree of femininity some individuals reject labels of both masculinity and femininity, calling themselves "not-men" or a third sex.

All these categories are fluid and not determined by physical or biological features alone. They are included in the word transgender, which covers the many identities and behaviours that cross gender norms.

In other words, many individuals referred to as men in this booklet do not think of themselves as such and are not seen as men by their sexual partners or the society in which they live. Not only is it important to recognise and respect different identities, but those identities must determine the nature of HIV/STI prevention activities.

Drawing: hijra(s) or travesti(s)

Behaviour and Desire, Activity and Identity

Sexual behaviour is not the same as sexual desire. Some men who want to have sex with other men never do so, while some who prefer sex with women find themselves having sex with men. A few men are asexual – have no sexual desire at all.

Similarly, sexual activity is not the same as sexual identity. In the West, men who claim to be heterosexual may have sex with men, and men who say they are homosexual sometimes have sex with women. Elsewhere, men who appear highly feminine may take the penetrative role in sex, while men who appear to be the active partner may enjoy being penetrated.

Sometimes society's taboos are so strong that men will not admit even to themselves where their true preference lies. For example a young man who sells sex may tell himself he is only doing it for money, when the real reason is he is attracted to men more than women.

Sexual identity is not fixed, but changes over time, according to an individual's perception of himself and changing values in society. As cultures come into contact with each other, words and ideas are exchanged and sometimes used differently. Thus "homosexual" is sometimes used to refer to any man who has sex with another man irrespective of his sexual preference, while in many parts of the world "gay" has come to mean men who are effeminate or transgendered.

Worldwide, there is a growing tendency to use Western definitions of sexual behaviour, particularly among the middle-class. However, millions of men who have sex with men still categorise their sexuality according to the culture in which they live and those who work with them must conform to their perspectives and needs.

Sex, Love and Emotion

For many people, sex is an essential part of love, although love may not be essential for sex. Most men who prefer sex with other men experience a deeper, emotional attraction for their partner at least once in their lives. And many wish that they could spend their lives with another man rather than with a wife and children. Such relationships are common in the West, but are found everywhere, even in countries where sex between men is highly taboo. All kinds of arrangements can be made, such as meeting regularly in a hotel or hired room, frequently travelling together, or one partner marrying the other's sister.

The emotions experienced by two men in a relationship cannot always be easily categorised. The meaning of the word "love" varies not only from culture to culture but from individual to individual. And some men who have sex with other men are afraid to fall in love with them, because of the social and psychological problems that would cause. Others are aware of their strong feelings but are unable to express them.

It is important to recognise the emotional element of sex between men. Not only is it a key aspect of self-respect, but love can significantly affect attitudes towards protecting oneself and one's partner from sexually transmitted infections.

3. HOW?

The commonest sexual acts between men are anal intercourse, oral intercourse, intercrural intercourse (thigh sex) and mutual masturbation. Many of these acts are also practised by men and women, but throughout this booklet it is assumed that both partners are male.

It can be difficult to find the most appropriate words to discuss sex. This chapter uses formal expressions but gives alternatives commonly used by English speakers in everyday speech. Each language, of course, has its own formal and informal words for sex.

Foreplay

Every part of the body can be sexually stimulating and play a part in sexual intercourse. In sex between men, attention is usually given to the penis (dick, cock, prick), the anus (ass, asshole), the mouth, the testicles and scrotum (balls) and the nipples (tits).

Sexual desire and / or rubbing or other friction causes the penis to become erect. Friction against the head of the penis stimulates the prostate gland to ejaculate semen (to come, cum), an essential part of the male orgasm.

Ideally, sexual foreplay arouses both partners. Examples of foreplay include mouth to mouth kissing, caressing or kissing the partner's body, playing with his nipples, scrotum and testicles, and penetrating his anus with a finger. There is no clear boundary between foreplay and intercourse or foreplay and orgasm. Some men, for example, find that prolonged manipulation of their nipples makes them ejaculate.

Drawing: two men in a bed

******and make sure that sex is implied in another drawing elsewhere than in a bed******

Sex

The goal of most sexual acts between men is to stimulate the penis until orgasm.

In anal intercourse (fucking) the erect penis penetrates the anus. Anal intercourse can be performed in many positions, including standing or lying, and with the recipient facing away from his partner or with both partners facing each other.

Anal intercourse gives the penetrating partner (also known as the 'top') pleasure because it produces friction against the penis. It also gives the recipient partner (also known as the 'bottom') pleasure because the penis stimulates the prostate gland, located alongside the rectum (the area inside the anus). It can sometimes be painful for the recipient partner, particularly when the recipient is being penetrated involuntarily, when there is no lubrication and when penetration does not allow time for the muscles in the anus and rectum to relax.

Because the anus does not have natural lubrication, some form of lubricant is usually used. This can be spit, which tends to dry quickly, and various oils, which cannot be used with condoms because they destroy latex. Water-based lubricants, such as KY Jelly, are ideal, but they are often unavailable or too expensive.

In intercrural intercourse (thigh sex) one partner places his penis between his partner's

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thighs, usually directly under the groin. The recipient partner receives pleasure from pressure against the testicles and along the perineum (the area of skin between the testicles and anus).

Oral intercourse (fellatio, sucking, blowing) is inserting the penis in the partner's mouth. Some recipient partners find it uncomfortable, but most enjoy it. Mutual fellatio (sixty-nine) - when each man takes the other's penis in his mouth - is also practised.

Masturbation (wanking) is using the hand to bring oneself or one's partner to orgasm. Mutual masturbation is when each performs the act for the other.

Some men practise other sexual acts, including sadomasochism (the inflicting of pain on a consenting partner) and insertion into the anus of objects (dildos, "toys") or the hand (fist-fucking). Such acts are commoner in cultures where men have the freedom to explore their sexuality and can be dangerous when practised by the inexperienced.

Sexual Roles and Pleasure

Some men prefer to take only one sexual role, as the penetrator or the recipient. Others are happy to be versatile - taking either role, depending on their mood or the needs of their partner. Like any human activity, sex can and should be creative and sexual roles can change several times during sex. One partner may fellate (suck) the other, then penetrate him and then be penetrated before either achieve orgasm.

Both anal intercourse and fellatio can be explicitly and implicitly associated with power and domination. Anal rape in particular is a means of establishing power over another man. And in many acts of consensual intercourse, one man intentionally dominates his partner, while his partner is willingly submissive. Other men, however, see anal intercourse and fellatio as means of giving and receiving pleasure or as acts of love where ideas of domination and submission are irrelevant.

Sexual acts which some men find pleasurable are distasteful to others, and men may find some acts pleasurable on one occasion and distasteful on another. Pleasure in sex derives as much from an individual's attitude as from the physical act he performs. Many factors, including his psychological state, whether he has been drinking or taking other drugs, and his emotional and physical attraction to his partner all influence a man's enjoyment of sex.

Little research has been undertaken in this area, but men who have strong inhibitions about sex with other men - either because they live in a culture where there is a strong taboo against such sex, or because they have strong religious or other convictions - are less likely to derive great pleasure from it, are less likely to explore their own sexuality and are less likely to consider their partners' sexual needs. They are also less likely to be aware of HIV/STI prevention messages relating to sex between men. On the other hand, men who are truly at ease with their sexual preference are more likely to enjoy sex and to give their partner pleasure - and to be receptive to prevention messages for men who have sex with men.

Sex Work

In some societies sex work provides an opportunity for poor young men, including boys who live on the streets, to make money, irrespective of whether they are primarily attracted to men. It can be a positive experience, both financially and psychologically rewarding, as it enables young men to explore their sexuality. Men who are aware of what they are doing, at

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ease with their sexual preference and accustomed to dealing with clients, are not only more likely to be able to protect themselves and their partners from disease, but can be role models for their colleagues and clients. Many such men form the backbone of groups working with men who have sex with men across the world.

Sex work also has many disadvantages. It may be practised unwillingly by boys and young men who see no other way of earning an income; those with very effeminate behaviour or who dress as women often find it difficult to make money in any other way. It can be dangerous, with violence from potential clients, the public and the police, and may pose a severe health risk.

Drawing: a younger man selling sex

4. WHERE?

Men seek and find sex with other men in many different places. Teenage boys and younger men often find it by chance - two friends talking together and the conversation moves to sex, or sleeping together and finding they are both aroused. Sometimes an older family member or friend makes suggestions that lead to sex; depending on status, power and age difference, this may be welcomed by the younger partner or may constitute abuse.

Men who are aware of their sexual needs often “cruise” _ look for other men. This may be anywhere _ in the streets, on buses, in shops and restaurants or places where men spend time together, such as bars and sports and gym associations.

In some countries there are bars, nightclubs and bath-houses that specifically cater to men who are attracted to men, but even where sex between men is taboo, almost every large town has a park or beach or other public place where men meet. And almost everywhere men find other men in public toilets. Bars and nightclubs are more likely to attract wealthier, more educated men, while poorer, less educated men cruise public parks and cinemas. There may be little contact between the two groups, except in situations where one is paying the other.

As mentioned earlier, single-sex institutions may also enable sex between men. Sometimes men’s work gives them access to sex - for example hotel workers may offer or sell sex to hotel customers and masseurs to their clients. This may not always be consensual; the Blue Diamond Society in Nepal, for example, reports that feminine men are sometimes forced to have sex with their employers.

Sex does not always occur where men meet, particularly if it does not offer privacy. It may take place in the home where one partner lives if there is no-one there to object. Where most men live with their families, sex is more likely to take place in the park or public toilet where they meet, in a massage parlour, a car, a hotel room or elsewhere. Some men who could take a partner home do not do so, because it is too far, because they do not want to take a stranger home or because they are excited by the risk of being seen.

Sometimes sex occurs in full view of others. This may be where sex between men is common, such as prison, public parks after dark, and nightclubs and bathhouses frequented only by men. Others may join in the sexual activity, sometimes against the wishes of one or both of the original participants.

Places that are well-known for cruising can be dangerous if thieves and violent men go there pretending to offer sex but in reality to steal from or attack their victims. And the police may stage raids which can lead to blackmail or arrest and trial, or they may attack or even rape the men they find. On the other hand, cruising places can also be havens for men who have no other opportunities to meet others who share their preference. They are social spaces where friendships and love affairs are made and fostered and communities formed.

Drawing: men in a park

Meeting in Belarus

Vstrecha (“Meeting”) is a non-governmental organisation in Minsk, Belarus, working with young gay men, men who do not call themselves homosexual but who have sex with other men, male sex workers and men who both have sex with men and inject recreational drugs.

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In 2001 funding from the Open Society Institute (Soros Fund) allowed Vstrecha to undertake research among 300 men who sell sex to other men, identifying their activities, risks and needs. As a result of the research, male sex workers have been offered anonymous testing for HIV, condoms and lubricants as well as opportunities to build social support with Vstrecha and other men in the same position.

5. SOCIAL AND PERSONAL ISSUES

As noted above, sexual activity and attitudes towards sex are strongly influenced by the society in which we live. Attitudes are not monolithic, but composed of several strands that may complement or contradict each other. For example, legislation may penalise sexual activity between men but public attitudes in large cities, particularly among the educated, younger middle class, may be relatively tolerant. Or the law may not discriminate against sex between men, but public attitudes are hostile.

Legislation

According to the most comprehensive survey of relevant legislation, undertaken by the International Lesbian and Gay Association, at least eighty-two countries and territories specifically outlawed sex between men in 1999. These include nine where such acts are theoretically subject to the death penalty, although only three countries are known to have executed men who had sex with other men in the previous ten years.

In most countries where sex between men is legal, it is on the same basis as sex between men and women, but in some the age limit is higher than the age at which women can have sex with a man.

In some countries there is no specific legislation against sex between men, but other laws, often referring to public morality, may be used to prevent nightclubs or commercial establishments opening, associations forming or the issue being raised in public discussion.

Religion

Religious belief is a strong and integral part of many people's identity, including men who have sex with men. Religious attitudes are highly influential in forming social, community and legal attitudes towards all aspects of sexual behaviour.

Religious teachings can be interpreted in many different ways and those interpretations change over time. Although a large minority of Christians, Jews and Muslims believe that the scriptures of all three religions permit consensual sex between men - and there is evidence that it was much more acceptable to Christians and Muslims several centuries ago - today most leaders of these three faiths condemn it.

Other religions, such as Buddhism, Hinduism and Shintoism, are less hostile to sex between men but are still likely to imply that it is of less consequence than sex between men and women.

Drawing: man / men outside a church / mosque / temple

Homophobia

In most countries there is a strong current of homophobia _ disapproval or hatred of sex between men (or between women) _ which is expressed in stigma and discrimination and, in extreme forms, violence. That homophobia has its roots in law, religion and social attitudes.

Social attitudes partly reflect and partly influence legislation and religious attitudes. The origins of homophobia are not always clearly understood and are too complex to discuss in

this short document. One theory is that it stems from other men's insecurity in their own sexual identity. Another theory is that power is an essential element of men's control of women's lives, and men who have sex with men or who appear effeminate challenge that power.

In most parts of the world, a combination of legislation and religious and social attitudes threaten men who have sex with men with arrest and imprisonment, dismissal from work and expulsion from the family home, name-calling and public humiliation, blackmail, violence and even death. The Blue Diamond Society reports that that blackmail, extortion and the threat of exposure are common experiences for men in Nepal. The Grupo Gay de Bahia in north-east Brazil estimates that over a hundred gay men are killed each year as a consequence of homophobia.

Homophobia forces most men who have sex with men to hide their sexuality from their colleagues, friends and family and sometimes to deny it to themselves – sometimes known as internalised homophobia. Although some men are unaffected, for many others it creates patterns of secrecy, fear and shame, which may lead to depression, abuse of alcohol and violence towards others.

Even those men who do not directly experience violence or discrimination can suffer from homophobia, since they are likely to suppress aspects of their behaviour in order to conform to society's demands. That includes marrying when they would prefer not to, not showing affection in public, having sex in dangerous places rather than in the comfort of their own home.

Homophobia also makes it difficult to provide information on health risks and safer sex behaviour, partly because so many men hide their sexual activity and partly because individuals and organisations involved in HIV prevention may be unwilling to work them.

Recognising one's true preferences, meeting others who share those preferences and recognising the harm caused by society's taboos on sex between men, is liberating for most men. While it does not resolve all their problems, such as pressure from family to get married, it provides a positive foundation for life, leading to greater enjoyment and greater likelihood of protecting one's health.

Women, Marriage and Family

Many men who have sex with men also have sex with women, on a casual basis, in a long-term relationship or in a marriage. In some cultures marriages are arranged by the family, while in others continual questions and pressure from family, neighbours and friends force many men to find a wife. Some enter these relationships willingly and consider women their primary sex partners, some prefer men but marry under compulsion from family and society, while some are unaware of or deny their preference for men. In such circumstances, sex with one's wife is often seen as duty rather than as a source of mutual pleasure.

Some women discover that their partners have sex with men, which can place great strain on the marriage. Some women accept the situation, but both husband and wife, and sometimes the children, can suffer severe stigma if there is divorce or his sexual behaviour becomes known, although her family may consider divorce a preferable solution. A few women welcome the situation, particularly if they have little interest in sex with men.

Whether or not men tell their woman partners about their sexual activities, they usually face a range of ethical issues around HIV and other STIs. These include concerns regarding

personal responsibility, possible infection of the wife and future children, notifying their partners if they contract an infection, and economic issues brought on by long-term illness and / or death.

Community and Support

Despite this often negative image, social attitudes are changing in many countries as men who have sex with men become more visible. Underlying this visibility are a growing sense of community and the dedication of a small number of men willing to challenge society's taboos.

Even in the most hostile societies, many men who have sex with men consider themselves part of a community, which may meet in parks, in bars in people's homes or on the internet. Such communities give rise to formal and informal support groups that may offer psychological, physical, economic or legal support.

Formally established groups may be involved in a wide range of activities, including campaigning for equal rights, providing legal support for men with problems created by their sexual preference, and offering a safe place for men to discuss the many implications of their sexuality. Health promotion, particularly around HIV, is almost always an essential element of their work. Hundreds of such groups exist across the developing world, yet they meet the needs of only a small proportion of the millions of men around the world who have sex with other men.

Informal groups consist of friends who can provide support during difficult times; they may be able to meet in each others' homes, but more often it will be in public spaces where they can talk but are unlikely to be able to offer each other formal support for the many problems that arise from their sexuality. And millions more, particularly the young, the old and those who live in small towns and rural areas, are isolated by their sexuality. Informal groups may provide information about health issues, but they do not have a mechanism for ensuring that such information is always comprehensive and correct.

Drawing: men in a support group

GALZ in Zimbabwe

Since 1990 Gays and Lesbians Association of Zimbabwe (GALZ), a membership-based organisation, has been a focus of information, help and advice for lesbians, gay men, bisexual and transgendered people (LGBT). The GALZ Drop-In Centre provides members with information on HIV and other STIs and pre-and post-test counselling, while GALZ Positive not only helps members living with the HIV virus but has achieved much by lobbying for the normalisation of homosexuality within the national HIV/AIDS network.

The GALZ Affinity Group Programme encourages LGBT communities across Zimbabwe - and soon across Africa - to use HIV/AIDS as a focus for developing an understanding of their sexuality.

6. SEXUAL HEALTH

Across the world, over forty million people are currently living with HIV. Three million died of AIDS-related illnesses in 2001. Every day one million people contract a sexually transmitted infection (STI) other than HIV. The extent to which these infections result from sex between men is not known because in many communities few or no surveys are undertaken and many men are reluctant to admit they have sex with men.

In addition to HIV, over twenty diseases can be transmitted through sexual activity, between a man and a woman or between two men. These include gonorrhoea, syphilis, chlamydia, herpes and hepatitis. Some diseases are transmitted more easily than others, and the presence of one disease can increase the likelihood of transmission of another - for example HIV is transmitted more easily when one or both partners has another STI which results in an ulcer or open sore.

Effective HIV / STI prevention depends on individuals understanding their level of risk and taking steps to reduce that risk. It also depends on their understanding of sexual matters - how their own body, and their partner's body, functions.

Unfortunately, many people are ignorant about sex, and where sex education does exist, it often ignores sex between men. In order to be effective, HIV and other health programmes for men who have sex with men should include basic information about sex as well as means of preventing transmission of STIs. Furthermore, because many men who have sex with men also have sex with women, women's anatomy and reproductive health should also be covered.

Varying Risk

Risk of infection with HIV or STIs depends on physical, epidemiological and socio-economic factors.

The extent of physical risk depends on the sex act practised. Vaginal and anal intercourse without a condom are highly risky, in particular if one partner has another sexually transmitted infection which causes sores or lesions. Oral sex carries much less risk, although that risk rises if the recipient partner has ulcers or bleeding gums.

Epidemiological risk depends on the number of partners an individual has unprotected sex with and the overall extent of infection in the community. Socio-economic factors can include and a reluctance to discuss sexual behaviour as well as such issues as poverty, illiteracy and homophobia. For example, poverty reduces access to condoms, illiteracy reduces the options of learning about the risk of disease and homophobia restricts the existence of prevention programmes.

Viruses and Bacteria

HIV and other infections are transmitted when infected body fluids - usually vaginal fluid, semen and blood - from one person enter another person's body through broken skin or across mucous membrane (the moist tissue that lines some organs and body cavities).

Some STIs, such as HIV and herpes, are caused by viruses. Others, such as chlamydia and gonorrhoea, are caused by bacteria. STIs are present in the bloodstream, semen and / or vaginal fluid. Transmission usually occurs through vaginal and anal intercourse. Tiny blood

vessels can rupture unseen on the head of the penis, in the vagina and in the anus, allowing the infection to pass from one person to the other. Because the tissues of the rectum are relatively fragile, HIV is more easily transmitted during unprotected (without a condom) anal intercourse than in unprotected vaginal intercourse.

Some diseases, such as herpes and human papilloma virus, which leads to warts and may cause cancer, are relatively easily transmitted through oral intercourse. However, the risks of transmitting other diseases, such as HIV, in oral intercourse are considerably smaller than in unprotected vaginal or anal intercourse.

Drawing: man / men seeing a doctor

Drug use

Some men who have sex with men also take recreational drugs such as heroin, cocaine, ecstasy, other chemical compounds or alcohol. Injection of recreational drugs using shared injecting equipment can result in transmission of HIV. Recreational drugs that are smoked, drunk or eaten can lower men's inhibitions and make them less likely to practise safer sex. Some men take drugs because they help them to overcome the social and psychological taboos against having sex with men.

Symptoms and Treatment

The symptoms men experience from STIs range from a burning sensation while urinating (gonorrhoea) to a painless sore (syphilis) to symptoms so vague that they are not always noticed. HIV can cause flu-like symptoms in the first twelve weeks after the virus has been contracted but these symptoms then disappear. Some infections, including HIV, syphilis and hepatitis, are fatal if untreated. Others, such as herpes, may only cause persistent discomfort, although they also have long-term health consequences.

STIs caused by viruses, such as herpes and HIV, can be controlled but not cured _ scientists have not discovered a way to eradicate viruses from the body. Infections caused by bacteria, such as syphilis and gonorrhoea, can be cured by antibiotics. In both cases, however, the treatment can be lengthy and expensive and many people who begin treatment do not complete it. As a consequence, many drug-resistant forms of STIs are emerging, making them increasingly difficult to treat.

HIV weakens the body's immune system, making it vulnerable to opportunistic infections such as tuberculosis. HIV may not present serious symptoms for up to ten years after infection but once symptoms of AIDS appear, it is usually fatal within two years. Antiretroviral drugs keep HIV under control and allow most people living with the virus to lead healthy lives, but they must be taken for life and are too expensive for most people in the developing world.

7. PREVENTION

The best treatment for any sexually transmitted infection is prevention _ not to be infected in the first place. This chapter looks at the actions that individuals can take to protect themselves and their sexual partners. However, the social and psychological issues outlined in Chapter Five may prevent many people from undertaking such actions. *Between Men: Developing Programmes* will explore ways in which these issues can be addressed.

Safer Sex

Prevention can be accomplished in one of four ways - abstinence, mutual fidelity, condom use and non-penetrative sex. Penetrative sex without a condom is very risky; consistent use of a condom and non-penetrative sex are known as safer sex, because they substantially reduce the risk of infection with HIV and other STIs.¹

Although abstinence guarantees complete protection from sexually transmitted infections, it is a viable option for very few men. Sex fulfils many needs. It is a unique and usually free source of pleasure for many men who have few other opportunities for pleasure in their lives. It often provides an emotional bond between partners and for many men it is validation of their identity. Abstinence cannot be practised by men who sell sex for a living or who are forced into sex.

Mutual fidelity _ where both partners know they are infection-free and neither has sex outside the relationship _ is an option available to very few men who have sex with men. Many do not have regular partners or live in societies that makes it difficult to find and keep a regular partner. Many are married and have sex with their wives out of duty and with one or more other men for pleasure. Those who are not married but have a regular male partner may not be able to meet that partner as often as they wish, with the result that frustration may lead one or both partners to resort to sex with others.

Non-penetrative sex means stimulating the penis by hand or between the legs or some other method that does not involve insertion in the mouth, vagina or anus.² It affords protection because when infected semen lands on unbroken skin the infection cannot enter the bloodstream. Mutual masturbation and other forms of non-penetrative sex are commonly practised by men who have sex with men, but as occasional alternatives to intercourse rather than replacing it.

Because few people want to or can restrict themselves to abstinence, mutual fidelity and non-penetrative sex, all men who have sex with men should be aware of the need to use condoms consistently and efficiently when these other options are unavailable. Where condoms are not used or not available, withdrawing before ejaculation reduces, but does not eliminate, risk.

3

¹ Hopefully Jeff's concerns have been met partly by the redrafting of "varying risk" in the previous chapter and partly by the fact that the whole question of safer sex is drawn out in this section.

² I understand that the Alliance doesn't want to emphasise oral intercourse. In which case "mouth" should be removed from the sentence. Make sure, however, that the advice here matches that given in other Alliance publications.

³ Vic points out that the description of 'prevention' is totally focused on STDs and can be extended to mean avoiding situations of risk, minimising the use of alcohol and recreational drugs. I agree, but length may not allow that. Let me know if you want to include it.

Condoms and Lubrication

Unless both partners can prove they are HIV-negative _ which requires a blood test and no sexual or drug-injecting activity which might lead to infection for three months _ condoms should be used in every act of anal and vaginal intercourse. When used properly, male condoms prevent transmission of STIs 99 percent of the time. Thicker condoms have been recommended for use in anal intercourse, but recent studies suggest that the thickness of the condom makes no difference as long as lubrication is used.

Condom use appears simple, but it requires practice. When not used properly _ for example, if air is left in the tip or if the condom is not rolled down the length of the penis _ condoms can break or fall off. When with a partner, men are often rushed and do not put the condom on properly. Men should first practise putting on a condom, ejaculating and taking it off, on their own; condom use with a partner will then be easier.

Because the anus does not produce lubrication, friction may cause the condom to tear. To overcome this, many men use saliva but that can dry quickly and is not advised. A water-based lubricant is preferable, but this may be unavailable or too expensive for many men. Oil-based lubricants, such as vaseline or cooking oil, must not be used as they destroy the latex. A key activity in working with men who have sex with men is ensuring easy access to appropriate lubricant.

Although the risk of transmission of HIV and most other STIs is significantly smaller in oral sex, some authorities recommend that condoms are used. However, many men find the taste and sensation so unpleasant that they prefer not to do so. Studies suggest that ejaculating in the mouth is more likely to cause infection. Withdrawing from the mouth before ejaculation will reduce the risk.

There are significant variations in penis size. Male condoms are made in different sizes; wearing the wrong size can lead to discomfort or to the condom coming off during sex. Organisations responsible for distributing condoms should make those different sizes available to their clients. It should also be recognised that male condoms cause loss of sensation for some men. This can be remedied by applying saliva to the inside of the condom where it will rub against the head of the penis.

Condoms may be available free, at subsidised prices or commercial prices, from many different sources, including health clinics, shops and non-governmental organisations. Means of ensuring that men who have sex with men have access to condoms, to demonstration of their use and to how to negotiate condom use with partners, are discussed in the second booklet in this series.

Drawing: man alone with a condom

Providing Health Care

Men who have sex with men have specific health needs which can only be met by medical personnel who are fully aware of and sensitive to the issues involved. This includes an ability to deal with men who have sex with men in a non-judgemental way (using neutral or supportive language and mannerisms) that elicits their sexual history. It also includes a familiarity with and an ability to treat infections in the anus as well as the genital area and mouth.

When working with men who have sex with men, confidentiality must be maintained. This

Between Men: Basic Issues

applies to behaviour and gender / sexual identity _ respecting the individual's right not to divulge their sexual behaviour and identity to others _ and to health, in particular whether the individual has contracted HIV or an STI.

Ideally, all health care providers should be aware that some men have sex with other men, but voluntary and confidential counselling and testing for HIV and STI are seldom targeted at this group. Skilled and sympathetic counsellors and staff should be trained to provide such services. Although many issues surrounding HIV are similar for men who have sex with men as they are for the rest of the population, there are many others, such as safer sex, becoming HIV-positive after rape, partner notification and care within the family which require a different approach by both counsellor and client.

Health care providers and others who work specifically with men who have sex with men must recognise that most men who have sex with men also have sex with women. Programmes should ensure that men are also informed of the need to protect their women partners.

Means of providing health care for men who have sex with men are examined in more detail in the second booklet in this series.

PART TWO CONTACTS

All the contacts on this very restricted list have significant resources on men who have sex with men and HIV and can identify other organisations working in the field. **AUTHOR'S NOTE BELOW⁴**

Global

International Lesbian and Gay Association
81 Kolenmarkt
B-1000, Brussels
Belgium
Telephone & Fax: +32 2 502 2471
www.ilga.org
ilga@ilga.org

Regional branches of ILGA are more likely to have relevant information

UNAIDS
20 avenue Appia
CH-1211 Geneva 27
Switzerland
Tel: +41 22 791 3666
Fax: +41 22 791 4187
www.unaids.org

In particular, Best Practice series on men who have sex with men

Africa

www.mask.org.za

A website on gay and lesbian affairs in Africa

the Americas

UNAIDS Task Force on Men who have Sex with Men in Latin America and the Caribbean
<http://hshlac.sidalac.org.mx/>

Asia / Pacific

www.utopia-asia.com/aids.htm
info@utopia-asia.com
Asian Gay & Lesbian Resources

www.al-fatih.net
424, 37 Store Street,
London WC1
U.K.

International organization for Muslims who are lesbian, gay, bisexual, transgendered or questioning their sexual orientation

Naz Foundation
Palingswick House
241 King Street
London W6 9LP
UK
Tel.: +44 (0) 181 563-0191
Fax: +44 (0) 181 741-9841
<http://www.floatinglotus.com/aidsnaz.html>
International HIV/AIDS and sexual health technical support agency working in South Asia

⁴ I recognise this page is incomplete and will complete it if requested. However, you may prefer publications rather than organisations, or to delete this page altogether.