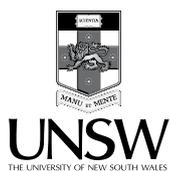




THE TERM 'MSM' DEMEANS US ALL

GARRETT PRESTAGE



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ABSTRACT

BACKGROUND: The term 'men who have sex with men' (MSM) is widely used in Australia and internationally.

METHODS: Use of the term MSM in surveillance, research and policy was reviewed.

RESULTS: In most Australian studies of homosexually active men (with recruitment usually confined to gay community sources), about 90% identified as gay, with most others identifying as bisexual. Usually, only about 5% reported recent sex with women. There is no evidence to support a case that non-gay homosexually active men are at increased risk of HIV compared with gay men, or that they comprise more than a small number of HIV diagnoses, in Australia or similar countries. Use of the term MSM in developing countries has often concealed: Localized forms of overt sexuality; nascent gay communities and men who identify as gay; and locally concentrated epidemics. In Western countries, particularly the United States, it often reduces men to individualized behaviours rather than persons with real relationships, within communities and cultures. Despite the fact that men targeted for HIV research and prevention are overwhelmingly gay-identified and recruited through gay communities, they are increasingly described only as MSM.

CONCLUSION: Gay men have been disproportionately affected by HIV and have often led the response to HIV, in Australia and internationally. The term MSM strips gay communities of visibility and relevance, failing to acknowledge gay men's social relations through identity, culture and history, and reducing them to a mere behavioural category. It conceals the extent to which they have been affected by HIV and their contribution to the response against HIV, and risks distorting prevention efforts. It reduces the importance of gay communities and associated human rights agendas. The emphasis on the term 'MSM' implies that all homosexually active men are equally at risk, diminishing the importance of the risk to gay men.

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WHAT DOES 'MSM' MEAN?

Literally the term 'MSM' means men who have sex with men. However, this literal meaning is not entirely clear, and there are underlying issues about meaning – what is implied and what is ignored – that are just as important.

To understand the literal meaning, and, then, the implied meaning, we need to first break down the components of the term.

What is meant by 'men' here? Gender is a complex issue in general, but when we are dealing with populations that engage in what is described as homosexual behaviour, it is particularly complex. Are transgendered individuals included and if so, is that both male-to-female and female-to-male? And are they included as the subject or the object of 'have sex with', or both? It is doubtful that anyone can answer this question easily or in a way that satisfies themselves let alone other people. In Australian contexts this is largely overlooked because transgendered people are relatively small in number and are generally ignored, even in the HIV sector. However, in many countries, including many of our regional neighbours, transgendered people are a very visible presence and their assumed inclusion (and sometimes exclusion) under the term 'men' has sometimes caused difficulty in understanding what is being referred to by the term 'MSM', and has often been a source of insult and offence to the individuals concerned. In the Australian context, simply ignoring the issue because it only applies to a small and marginalized minority merely avoids the problem with the term and exacerbates the problem of how transgendered persons are treated. The other question about the term 'men' in 'MSM' concerns age: When we say 'men' here do we mean adults or does it include children, and teenagers. Many young people engage in same-sex erotic behaviours of varying kinds with their age-peers, and they may or may not ever do so again in adulthood. Should they be included as 'MSM'? And if not, then what is the minimum age we should include?

1. What is meant by 'sex'? The question that underlies this question is whether 'MSM' is a public health term meant to refer to men who engage in practices that are potentially risky for HIV and other STIs, or is it a social category that simply describes individuals who engage in a set of sexual behaviours. If a

man only ever engages in oral sex with male partners, does he qualify as 'MSM'? Perhaps he only ever lets another man fellate him but he never reciprocates – does that count? What if all he ever does is mutual masturbation? Or perhaps there is no mutuality about it: What if all he ever does is let another man masturbate him? Or perhaps it refers to two men who watch porn together and masturbate themselves? While these might seem peripheral, these scenarios do describe some men, and probably far more men than might otherwise be thought about, and the uncertainty about whether they should or should not be included under the term 'MSM' underlines the lack of clarity in the term itself.

2. And what is meant by the verb 'have'? Literally it appears to mean something that is current, but the degree of currency is unclear. There are all sorts of reasons why an otherwise heterosexual individual may engage in homosexual activity of some kind. For some that may be ongoing, but probably for most this will be a once-off or very unusual event. What should be included and what should not?

These are the literal problems with the term 'MSM', but there are implied meanings as well. The term 'MSM' potentially includes any male, either self-defined or biologically-determined, who engages in any same-sex erotic activity at any time in their lives. While one can argue that there is a reasonable case for this sort of term to encompass that very broad range of individuals and behaviours, it is difficult to understand its purpose or how it is different to the older term 'homosexual behaviour'. The implication of such a broad-ranging term is that all of the individuals included in this term are similar because they share a particular kind of same-sex behaviour. But any sensible review of both the populations and the behaviours would find this to be absurd: There is great diversity in both the individuals and their behaviours. However, of far greater importance in the HIV sector is the implication that all those categorized as 'MSM' are equally at risk, simply on the basis of some kind of same-sex erotic behaviour. This is simplistic epidemiologically, and misleading socially. Sexologically it is just silly.

These literal and implied meanings of the term 'MSM' also effectively conceal what is actually ignored by the use of the term. As it has been used, the term 'MSM' is a merely behavioural category (no matter how

poorly defined or how unhelpfully it is applied). The implication is that it is only the behaviours that matter, and any social or psychological attributes are of little, if any, concern. Even putting aside the sociological concerns about categorizing individuals who are so demonstrably different into a single, poorly-defined, behavioural category, this would seem to be very problematic in terms of epidemiology, and particularly for HIV. Social epidemiology is no longer a sideline to epidemiology: We know that social factors and context need to be taken into account when trying to understand epidemics, and HIV is recognized as one of the most social of all epidemics. That being the case it seems mystifying at the very least that a term such as 'MSM' would be used to describe one of the primary at-risk populations, when it is perfectly obvious that specific homosexual practices are not uniformly distributed across all populations of men, even same-sex involved men, and that not all populations of men are equally likely to have sex, however defined, with all other populations of men. Communities and networks are key to understanding the epidemiology of sexually transmissible infections, especially HIV, and individuals' sexual identities reflect how those same individuals interact with the relevant communities and networks. The term 'MSM' simply ignores the concept of 'gay community', which is fundamental to any social understanding of HIV transmission, and particularly in a country like Australia.

WHERE DID THIS TERM COME FROM?

The history of the term 'MSM' has been very well-described by Tom Boellstorff.¹ He describes the problematics and inherent contradictions in labeling and in avoidance of labeling, particularly with respect to homosexuality. The origins of 'MSM' in particular appear to lie in two mutually interacting circumstances: The desire to respond to emerging homosexual communities and identities that do not correspond precisely to those found in western industrialized nations; and the resistance of conservative governments, particularly in the United States, to provide any recognition or support to gay communities. On the one hand, the term 'MSM' was viewed as a way of accounting for non-Western forms of homosexuality and allowing epidemics among homosexually active men internationally to be given due recognition, and on the other hand was a

pragmatic way of avoiding the restrictions imposed by conservative governments. Fair enough, perhaps. However, it also effectively sidestepped the issues and reduced male homosexual epidemics to simplistic accounts of behaviour alone. The high concentration of male homosexual HIV epidemics in industrialised countries within gay communities, and the role of those communities in any response to HIV, was effectively de-emphasised, especially in the United States. The emergence of nascent gay communities and gay identities in developing countries has remained largely hidden. Other, less 'gay', identities have been largely ignored and subsumed under the 'MSM' umbrella. And the use of the term itself has become the norm, even when the specific nature of the populations at risk is very apparent, whether that be 'gay men' or some other localized, culturally-specific, formulation. Specific kinds of communities and networks are rarely distinguished from a generic 'MSM' population. And where gay communities have begun to emerge in developing countries, they have increasingly adopted the 'MSM' term as another form of identity, which for all practical purposes is indistinguishable from 'gay', except that it often fails to encompass the political, collective nature that 'gay' implies, and which underlies the effective responses to HIV by gay communities both historically and more recently. In some cases, where the need to avoid the antagonism of conservative governments (including, especially, the United States) has been most pronounced, it might be argued that this diminution of gay identity and gay politicisation was actually a conscious strategy to enable funding for research and public health responses. However, the side-effect may have been that in some cases the potential for emergent gay communities and their struggles for human rights, as well as their collective capacity to respond to HIV, have been somewhat disempowered.

HOW IS THE TERM 'MSM' APPLIED IN AUSTRALIA?

In Australia, the term 'MSM' is not used consistently. It is more commonly found in descriptions of epidemiological and clinical research than it is in social and behavioural research – but it is sometimes used there as well. It is more commonly used in descriptions by government agencies and public health officers than it is by community organisations, although occasionally they will use the term as well. Mostly when

it is used, it is used unthinkingly – as though this term is the ‘natural’ and most obviously appropriate way to describe the population concerned. There is rarely any consideration given to its specific applicability. Nor to how the men describe themselves or think about their relationships, both social and sexual, with each other.

Originally, in Australia, the term ‘MSM’ was adopted specifically to describe non gay-identifying homosexually active men, and so has been used to specifically refer to such men. However, the term is now used about as often to refer to all homosexually active men, regardless of identity. This in itself leads to confusion.

The use of this term to refer to all homosexually active men is itself especially problematic in the Australian context because overwhelmingly the men that are actually being referred to are gay: They mostly self-identify as gay and they are almost entirely men who are engaged in gay community life in some way. Virtually every study concerned with HIV among homosexually active men in Australia finds samples that are overwhelmingly gay – usually in excess of 90% and the a small minority who are mainly bisexually-identified. There are almost no men in these studies of homosexually active men who are heterosexually-identified. There may, of course, be small numbers of bisexual and other non-gay men who have been infected by HIV in Australia through homosexual activity, but there are no data to suggest that they represent more than a very tiny number, certainly nothing to suggest that they are at increased risk compared with gay men. Also, these small numbers of men most likely were infected by HIV as a consequence of having sex with gay men, usually in the context of the gay community. Since HIV first appeared in Australia, there has been a fear that HIV transmissions among gay men would lead to sexual transmissions to bisexual men and eventually to the female partners of bisexual men. And, of course, there have been a small number of such cases, but there has been no sign that this has become increasingly likely over the years.

There are good sensible reasons that HIV transmissions have not become common among bisexual and other non-gay homosexually active men in Australia. These populations are not all the same and they do not freely intermingle. Some non-gay men use gay venues to meet sex partners (who, in such venues,

are usually gay), and some gay men use public sex environments where they might have sex with a non-gay man. However, mostly gay men’s sex partners are overwhelmingly other gay men, while non-gay men tend to find sex partners in places where out gay men are less common. And while HIV might be a virus that ‘does not discriminate’, it is not an equal opportunity virus in terms of risk of infection. It is a virus that is largely dependent on sexual networks for efficient transmission. Gay men’s sexual networks are very efficient and relatively self-contained, at least in a country like Australia where it is relatively easy to establish gay institutions, venues and organisations to facilitate gay men’s capacity to meet each other.

However, many, if not most, non-gay homosexually active men purposefully seek to avoid anything that might put them at risk of being exposed as homosexual, and so they generally avoid the gay community. Often, they purposefully avoid out gay men for the same reason.

The other issue about non-gay homosexually active men is that they don’t tend to behave the same way as do gay men. While there are always individual exceptions, most usually have a lot less sex with fewer partners – mostly because they have fewer opportunities: They do not usually participate in those same sexual networks that facilitate sexual contacts. Also, when they do have sex, they are less likely to engage in anal intercourse, for several reasons. Often the places where they have sex, such as beats, are not places where it is easy to engage in anal sex. Also, many non-gay men restrict what they are prepared to do sexually with other men – often because they do not want to make too much of a commitment to homosexual sex. Anal intercourse, for many, is the epitome of homosexuality and so they avoid it for that reason. More specifically, though, non-gay men are often reluctant to take the receptive position in either oral or anal intercourse, because it is equated with passivity and so tends to challenge some men’s self-image as masculine. So, non-gay men are often less sexually active in general, tend to avoid anal intercourse, and are reluctant to take the receptive position. All of which means that they may be at less risk of HIV infection than are most gay men.

So, despite the use of the term ‘MSM’ to describe those men at highest risk of HIV infection in Australia, the reality is that non-gay identifying men are at substantially less risk than are gay men. Also,

non-gay men are at most risk when they have sex with gay men. However, this is the trap with using simple descriptors of men at risk, because it implies, therefore, that gay men are a homogenous group, all of whom are at relatively equal risk of infection. This is not so. There is great diversity in gay men's sexual and social networks in Australia, and we have known for many years now that some gay men, such as those who participate in more sexually adventurous subcultures, are at increased risk compared with other gay men. This suggests that rather than saying that all 'MSM' are at increased risk of infection in Australia, we would probably be far better served to interrogate the category of 'gay men' and identify the specific practices and contexts amongst gay men that actually increase risk.

Some social research has long done this. It provides the evidence that a realistic representation of those at risk is not a generic, broadly behaviourally-based, category, but a specific, culturally-grounded category and specific associated contextual practices.

WHAT ARE THE IMPLICATIONS OF ITS USE?

The negative implications for the use of the term 'MSM' have been previously described by Young and Meyer.² The term 'MSM' is commonly being used to describe all homosexually active men, though the explanation of who exactly is included is very unclear. In regards to HIV, the term is used to indicate a population that is at high risk of infection. The population referred to is therefore reduced to a simplistic behavioural category, and all those so categorized are presumed to be a homogenous group who have in common a set of sexual behaviours that put them at relatively similar risk of infection. This, of course, is untrue and therefore a misrepresentation.

However, there is even more at issue than misrepresentation of the facts – as problematic as that is. In the Australian context – and, indeed, in most western industrialized countries – the use of the term 'MSM' also conceals the specific nature of the HIV epidemic: That it is highly concentrated among gay men who participate in gay community life. It also effectively fails to acknowledge the nature of the response to HIV, both historically and currently: That gay men in gay communities led the response to HIV, invented the concept of safe sex, and continue to play a leading role in the prevention and treatment

of HIV. And, it imposes an external definition on those men most affected by HIV, regardless of how they have clearly and historically defined themselves.

For many gay men, the term 'MSM' is simply an irrelevant and strange way of referring to them, usually by 'someone else'. But for many others, it is a source of discomfort and offence because it reduces them to just their sexual behaviour, ignoring the cultural, political and social dimensions of 'gay-ness' – and it has been done by 'someone else'. However, even putting aside personal insult, the term is at best very limited as an epidemiological description and at worst actively misleads people into beliefs about who is at risk that are simply not supported by the evidence.

DISCLOSURE OF INTEREST STATEMENT:

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