

# Beyond 'epidemiology': the psychosocial and cultural context of partnership patterns amongst MSM

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# Structure

- Central role of 'epidemiology'
- Critical focus on the 'epidemiological' lens
- Thinking about psychosocial determinants of behaviour
- Discussion

# Drivers of policy, health promotion and interventions

- Economics, ideology, politics and pragmatics
- **Primary:** Evidence based approaches (top down)
- **Secondary:** grass-roots prevention (bottom up)
- Core part of former is epidemiological surveillance and monitoring, including behavioural surveillance- largely correlational or observational data (trends)

# What does 'epidemiology' tell us?

- Surveillance allows an appreciation of aetiology, trends, patterns, the identification of risk
- Focus upon public health and populations, presenting our 'best' and most robust evidence for tackling HIV transmission
- Valuable but blunt instrument, huge statistical, but sometimes limited explanatory, power
- Trade-off between explanation and methodological rigour (i.e. stronger the claims made, the more specific and limited the conceptual framework) often resulting in reduced external and ecological validity

# What does 'epidemiology' tell us?

- 'Lowest common denominator' reduces people and their complex interactions and the social contexts within which people are embedded in
- to mechanistic understandings of people-as-bodies at best
- to the movement of the virus through a population at worst
- Although the epidemiological lens sees far and wide, across the whole UK, its power and significance is closely associated with its narrow range of vision
- Necessitates compensatory translation, critical appraisal and modification

# Does 'epidemiology' construct or reflect?

- The scope, or dimensions, with which these powerful tool actually measures the movement of HIV across MSM can also be examined for the way it constructs MSM
- Presenting a limited repertoire or language:
- **Typical constructions of MSM:** Diagnosed infection, undiagnosed infection, HIV status, numbers of sexual partners, limited measure of sexual behaviour, age, ethnicity
- **Occasionally other variables added:** recency of infection, type of partner, HIV concordance, social class, disclosure, sexual identity

# Does 'epidemiology' construct or reflect?

- So in terms of how we understand the phenomenon of HIV transmission, it is limited to these constructions and what is reliably measurable
- They can define and limit what is 'knowable' about HIV
- These constructions rightly, but problematically, also shape how we can conceptualise HIV policy, prevention and interventions – in other words they define what is 'do-able' about HIV

# What 'epidemiology' does not tell us

- A focus on HIV transmission or on sexual behaviour alone does not tell us about the determinants of behaviour (be they psychological, social or cultural)
- So the epidemiological lens focuses, for example, upon increases in 'numbers of partners' in South East of England but does not, and cannot, see the psychosocial and cultural context of such sexual interactions (although the latter perhaps could form the basis of intervention)
- Their temporal, geographical and most psychosocial organisation

# What 'epidemiology' does not tell us

- Commercialisation of gay sex, the rise of sex venues, increases in sexual consumerism and the increased commodification of gay sexual desire
- How these issues are patterned across geography, i.e. London vs rest of England, England vs rest of UK, UK vs Europe, Europe vs West etc
- How people travel and migrate in the pursuit of sex and very specific sexual cultures

# Psychosocial and sociocultural determinants

- Identity, Hetero-normativity and Non-kin oriented minority status means little sense of 'neighbourhood' or 'location'
- Need to maximise safety in a homophobic world and opportunities to meet other gay men
- This necessitates migration and travel and the creation of limited spaces and places which facilitate dis-assortative sexual mixing

# **Psychosocial and socio-cultural determinants**

- The commercialisation of gay communities
- The consumption and production of specific sexual cultures mapped out across a range of spaces and places
- Negotiation, resistance and acculturation to these ideas bring particular vulnerabilities

# Psychosocial and socio-cultural determinants

- The sexualisation and masculinisation of gay communities
- ‘Feminisation’ of gay men may lead to compensatory adoption of the extremes and excesses of hegemonic masculinity
- Also provides a lucrative focus for the commodification of desire between men

# Understanding casual sex: the objectification of self and others

- Pubs people there go there for a drink, they go for a pick up as well, but you are more controlled there because you are being watched. In the park, you go there for one reason - you are not there to drink, you are not there to stand and have a chat. Basically folk just go there for dick. 'I'm here for cock', 'I don't want to know your fucking name'. 'Get your dick out and your trousers down and let me get up your arse and lick it, or fuck it, or suck it', or whatever, That's what you are there for. There is no messing about, just straight, lustful, animalistic sex. In a club you put on more fronts, you may be after a boyfriend so you might want to get to know him and give out the right image. It's all image, an awful lot is image. In a park, you can be a dirty bastard, and you can still get your hole easily. Probably get your hole even better.(Gary, HIV untested, Glasgow)

# Understanding casual sex: Lack of personhood/embracing penis-hood

On other occasions I haven't really wanted to take that person into my home, erm I was just looking at them as a potential orgasm and not as a potential friend that may develop into something else, you know  
(Mike, Brighton)

You just walk in an its full of little bodies all over the place and there's like, its like a meat market, that's a good, that's an apt description actually, a new bit of meat comes in, vroom they're like flies around shit, um, somebody gets their cock out, one starts and then they're having a nice time and suddenly about 12 of them jump in they're all feeling, groping (Craig, Brighton)

- ‘ It’s the danger as well that’s a turn on. The flesh. A guy fucking you without a condom, you know like, it’s a turn on.’( HIV untested , Barry, Brighton)

# Psychosocial and socio-cultural determinants

- Heteronormativity also means that there are considerable identity struggles and difficulties for LGBTQ people in managing their transformations and articulating their identities
- In this 'hierarchy of needs' sexual health is not a priority
- Establishing new families and new relationships is

# The enormity of Identity work

D I'm now the Dave that was locked up for ten years, well seventeen years. I'm now the Dave that I want to be and not the Dave that people want me to be. So I haven't changed to me but I will have changed to other people, obviously. I got sick and tired of being the Dave that everybody wanted me to be and not being the Dave that I want to be. (Dave, Yorkshire)

# Understanding risk in the context of identity work

P What kind of triggered you to deciding that (Condom use)?

N More of a face facts and awareness of what is happening, you know, not, not some fairy tale romance, you know, you're actually risking your life by actually doing that sort of thing and risking catching things, so, you know, when you first do it, it's sort of like, you don't think, it's more of a whirlwind fairy tale sort of thing, just get on and do it, but afterwards you're a bit more practical. (Nick, Yorkshire)

# The centrality of love in understanding sexual conduct

- So it's really strange, but it had been maybe a couple of years since I'd been like that and, the change happened, I suppose because I was deeply in love with person, and that's why, that's the reason. It didn't feel like sex, it didn't feel like we were having sex, it felt like we were making love and it didn't feel that I had anything to worry about so... That's kind of what it was, it was never painful, he was the best, best, the best lover that I'd ever had, it was the most enjoyable, satisfying sexual relationship and I didn't think that I had anything to worry about so... I suppose I wanted to I wanted to please him, I wanted to, I suppose it was something that I could give him that... I felt nobody else could, I suppose that was my way of trying to show him how much I cared.
- I: What were you giving him, to show him how much you cared?
- R: I was giving him myself, um I was giving him what he wanted, I didn't realise that at the time but um.... I was giving him my unprotected sex...(Jack, HIV positive, Glasgow)

# **Psychosocial and socio-cultural determinants**

- Legislative change, Criminalisation of HIV
- Increases in HIV stigma, increased use of venues facilitating anonymous sex
- Increases in 'sex tourism' and migration of HIV positive men to large cities where HIV disclosure carries less costs

# Psychosocial and socio-cultural determinants

- Legislative change, Civil ceremonies, gay marriage
- The valorisation of the romantic partner and the unique vulnerabilities of relational sex for HIV transmission
- In primary relationships: more sex, conflict of intimacy and condoms etc (Flowers, 1997; Sullivan, 2009; Xiridou, 2003)

# Psychosocial and socio-cultural determinants

- The internet and legislative change, relaxing of classification of pornography in UK
- The rise in Bareback porn and the fetishisation of semen exchange ('Dawsonisation', 'breeding')
- Tacit serosorting and sexual sub-cultures
- Micro changes in sexual conduct – patterns of semen exchange

# Discussion

- Multiple explanatory frameworks offer the most viable means to reducing HIV transmission – the epidemiological lens allows us to see some approaches more clearly than others
- Important to attend to distinctions between what we can measure from what could be a determinant of sexual conduct and thus HIV transmission (or indeed form the basis of interventions)
- However, ‘grass-roots’ exceptions; ‘negotiated safety’, ‘sero-sorting’, ‘strategic positioning, all of which have eventually, and to various degrees of success, been incorporated into behavioural surveillance
- To what extent is it viable, or sensible, to attend and monitor the psychosocial and sociocultural contexts within which HIV transmission actually occurs

# Discussion

- Some approaches to intervention can almost circumvent human agency – ART to reduce population viremea – irrespective of behaviour, or the role of microbicides
- Other approaches can manipulate the constraints and opportunities of the physical environment to change behaviour - closing, modifying sex on premises venues, 'policing' PSEs etc
- More social approaches could challenge the legislative or community context of sexual norms and conduct
- Individual level approaches harness the psychological level to reduce individual vulnerabilities and work with people's agencies and choices
- Be aware of what we our monitoring systems allow us to see but also think through what we cannot see because we are not measuring it

The end

# Discussion

- Clear challenges exist which reflect the often institutional hate crimes and victimisation of gay men and sexual minorities
- However some of the challenges relate to questioning and challenging the context of sexual cultures themselves
- Critically engaging with the social and sexual organisation of gay men remains difficult
- Yet affirming and guiding individuals through their own choices and agency in their lives remains a challenge

# Discussion

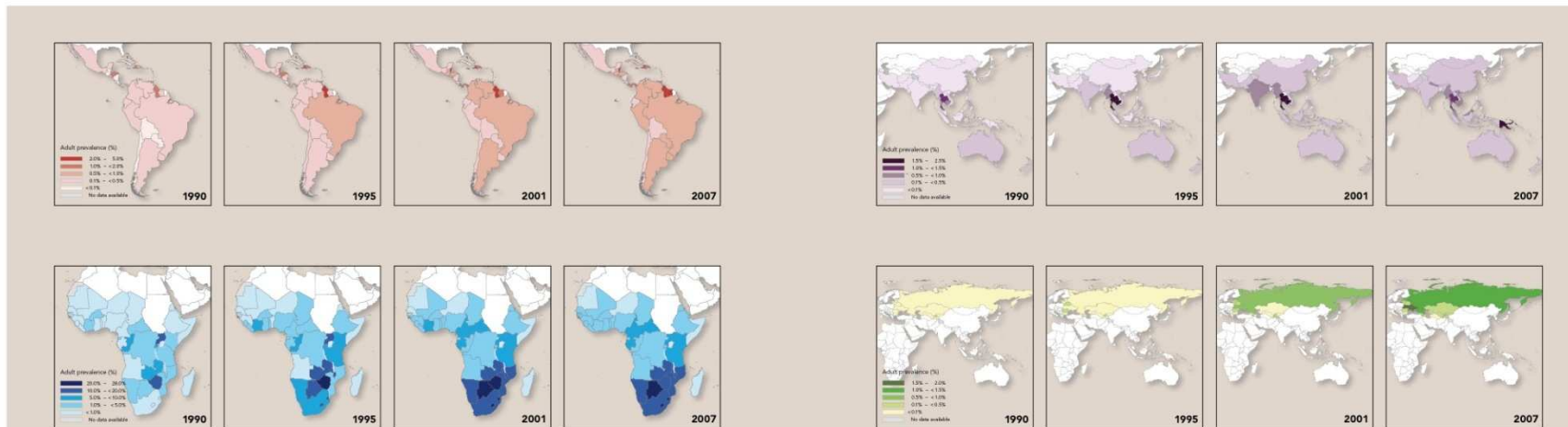
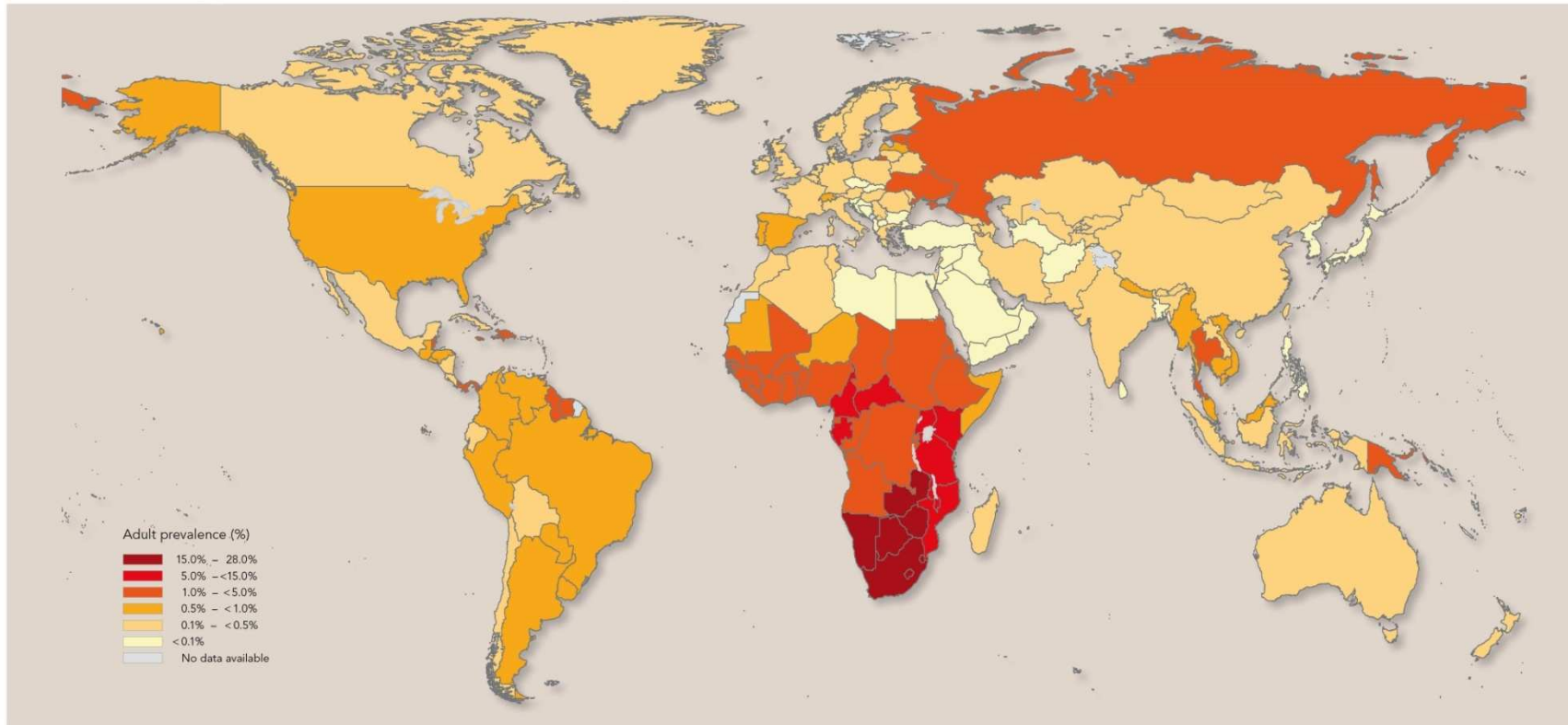
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# The burden of mental ill-health

- Suicide attempts twice as likely in LGB people than heterosexuals ( King et al., 08)
- Anxiety and depression are 1.5 times more likely in LGB people ( King et al., 08)
- Alcohol and drug misuse are 1.5 times more likely in LGB people ( King et al., 08)

# A global view of HIV infection

33 million people [30–36 million] living with HIV, 2007

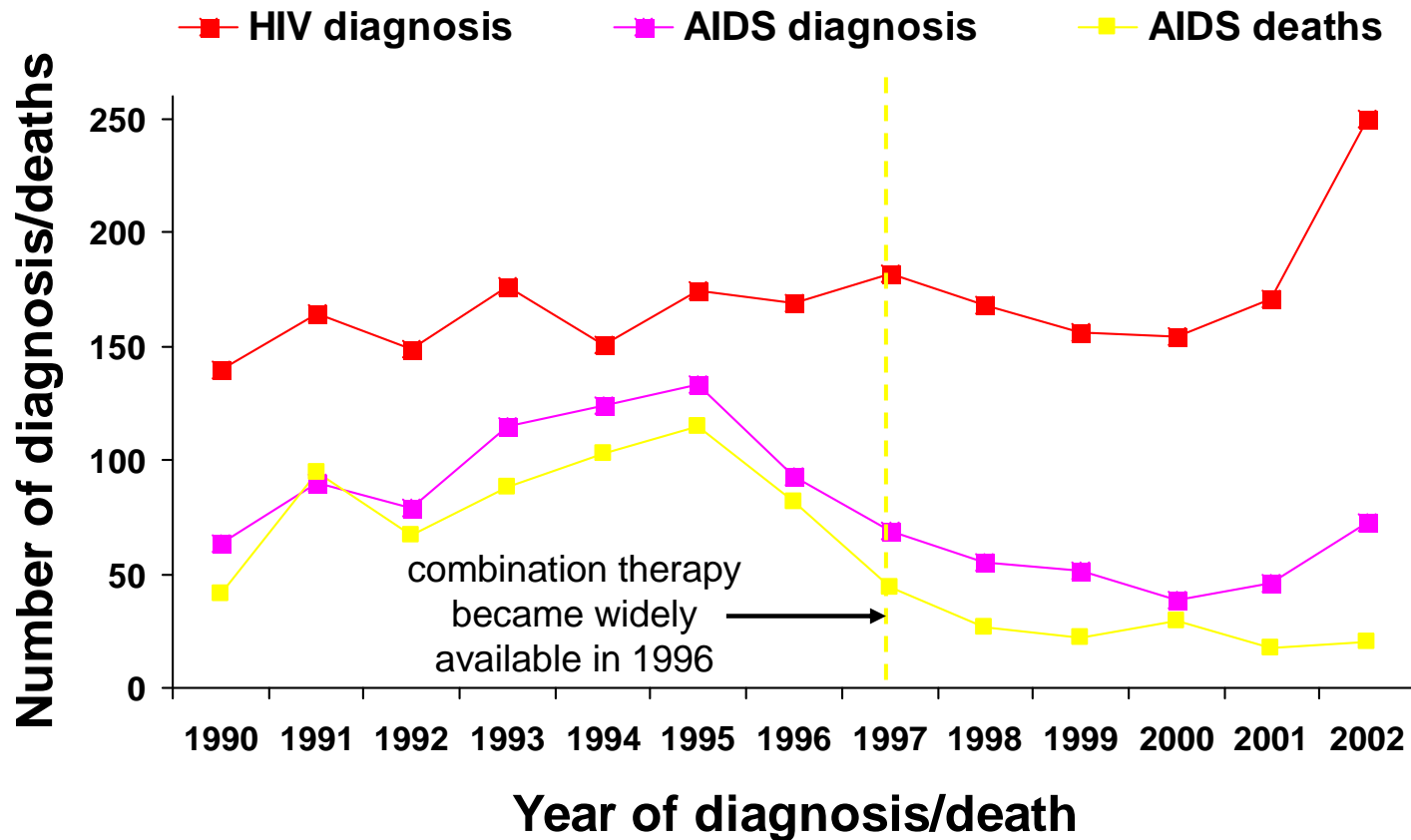


**Estimated adult (15-49)**

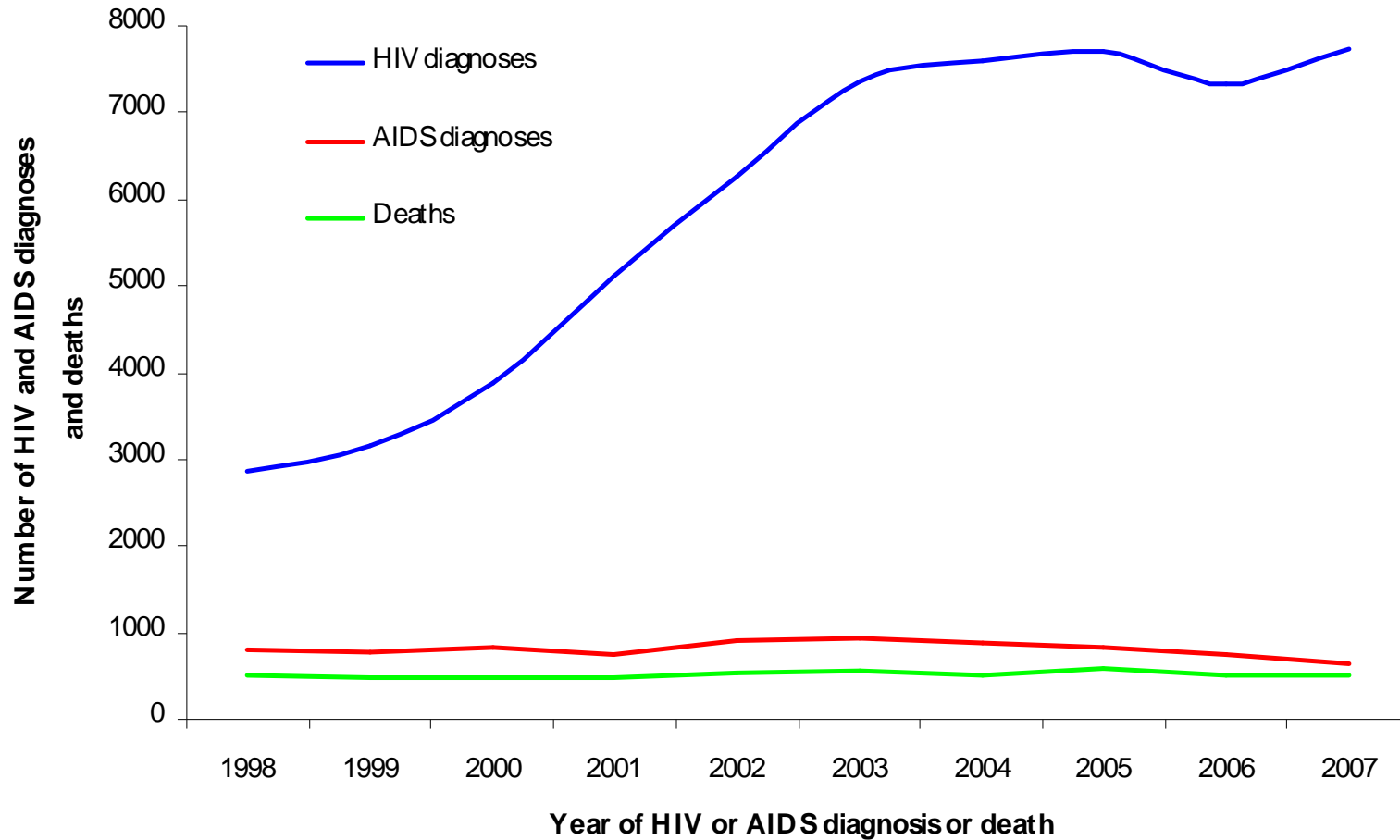
Country/Region	Estimated adult (15-49)
<b>Sub-Saharan Africa</b>	
Angola	2
Benin	1
Botswana	23
Burkina Faso	1
Burundi	2
Cameroun	5
Central African Republic	6
Chad	3
Comoros	<0
Congo	3
Côte d'Ivoire	3
Democratic Republic of Congo	...
Djibouti	3
Equatorial Guinea	3
Eritrea	1
Ethiopia	2
Gabon	5
Gambia	0
Ghana	1
Guinea	1
Guinea-Bissau	1
Kenya	...
Lesotho	23
Liberia	1
Madagascar	0
Malawi	11
Mali	1
Mauritania	0
Mauritius	1
Mozambique	12
Namibia	15
Niger	0
Nigeria	3
Rwanda	2
Senegal	1
Sierra Leone	1
Somalia	0
South Africa	18
Swaziland	26
Togo	3
Uganda	5
United Republic of Tanzania	6
Zambia	15
Zimbabwe	15
<b>East Asia</b>	
China	0
Democratic People's Republic of Korea	...
Japan	...
Mongolia	0
Republic of Korea	<0
<b>Oceania</b>	
Australia	0
Fiji	0
New Zealand	0
Papua New Guinea	1
<b>South and South-East Asia</b>	
Afghanistan	...
Bangladesh	...
Bhutan	0
Brunei Darussalam	...
Cambodia	0
India	0
Indonesia	0
Iran (Islamic Republic of)	0
Lao People's Democratic Republic	0
Malaysia	...
Maldives	...
Myanmar	0
Nepal	0
Pakistan	0
Philippines	...
Singapore	0
Sri Lanka	...
Thailand	1
Timor-Leste	...
Viet Nam	0
<b>Eastern Europe and Central Asia</b>	
Armenia	0
Azerbaijan	0
Belarus	0
Bosnia and Herzegovina	<0
Bulgaria	...
Croatia	<0
Estonia	1
Georgia	0
Kazakhstan	0
Kyrgyzstan	0
Latvia	0

To calculate the adult HIV prevalence 2007 population (aged 15-49).  
Depending on the reliability of the we present ranges, called 'plausib is surrounding the country's estima coverage and consistency of a coun survey with HIV testing was conduct

# HIV diagnoses, AIDS cases and deaths by year of report (1990-2002)



# First HIV and AIDS diagnoses in the UK, and deaths among HIV infected individuals: 1998 - 2007



Number will rise as further reports are received, particularly for recent years

# Understanding risk and intimate sex

- The importance of relationship development as a temporal process
- The centrality of emotion in shaping sexual conduct
- The language of sexual acts
- The language of risk

# Relationship development and temporal aspects

- Awareness of HIV risks can reduce as time and relationships progress (even within known discordant relationships perceived risk diminishes)
- The range of sexual acts change across time (often culminating in UAI as the ultimate expression of togetherness)
- Once UAI has occurred, going back to condoms maybe more difficult

# Relationship development and temporal aspects

- I can't honestly remember what happened, I think it was probably just it was with a partner, it was relaxed, we were having sex and it just... I know that if it had been somebody I'd picked up in a bar, I would have used a condom, but somehow I let, I was lax and it was... I'd heard about people getting HIV through relationships and I'd never really got it but I think it's just you don't think about it so much, it's not, your guard's always up when it's somebody new. Um so we did it, and I remember afterwards thinking that was silly, but somehow because you'd done it, it didn't seem such a big deal if you did it the second or third time, and I think we must have done it about four, five times. (Alex, HIV positive, Glasgow, 2003)

# The centrality of emotion in shaping sexual conduct

R: The times I've had unsafe sex have been when I've wanted to, as I've said before, someone to give me something and me to give them something back. Um...

I: What kind of something?

R: Um, trust I suppose, in some strange way, um...

I: So what does trust mean to you?

R: Trust means to me that they would, you know they would tell me if they had, sexual contact with another person or, or I would trust that they wouldn't put me at risk, you know if they felt that they may, [yeah] and that works vice versa. And just like that normal kind of loving thing that people have ... Trust relates to honesty I suppose and thing is being in a relationship you can have complete honesty with each other about um, what you've done and also what you're thoughts and feelings are, you know. (Jonathan, HIV negative Glasgow, 2003))

Ideas of 'the gift', exchange, reciprocity, honesty and trust

# The centrality of emotion in shaping sexual conduct

- I: Why this change from flavoured condoms for oral sex to unprotected anal sex?
- So it's really strange, but it had been maybe a couple of years since I'd been like that and, the change happened, I suppose because I was deeply in love with person, and that's why, that's the reason. It didn't feel like sex, it didn't feel like we were having sex, it felt like we were making love and it didn't feel that I had anything to worry about so...That's kind of what it was, it was never painful, he was the best, best, the best lover that I'd ever had, it was the most enjoyable, satisfying sexual relationship and I didn't think that I had anything to worry about so... I suppose I wanted to I wanted to please him, I wanted to, I suppose it was something that I could give him that... I felt nobody else could, I suppose that was my way of trying to show him how much I cared.
  - I: What were you giving him, to show him how much you cared?
  - R: I was giving him myself, um I was giving him what he wanted, I didn't realise that at the time but um.... I was giving him my unprotected sex, which had never been an option in my mind before, before I met him, um... but then I'd never met anybody that wanted to have unprotected sex, with me before so...(Jack, HIV positive, Glasgow, 2003))

# The language of sexual acts

Sex was linked to the expression of emotions, in fact sex was sometimes not even talked about as 'sex':

Making love was more of a kind of spiritual or even religious experience rather than being in your body having physical pleasure, I had complete pleasure throughout my whole body, I was making love. I was in love with him, I felt that he was in love with me. I know that he was, he was in love with me, I wouldn't have felt like that if it wasn't both ways of... when we were making love I didn't I wasn't aware of myself as a person, I was more aware of the two of us together, and it was a different, different level of consciousness I would I would think as well. (Jack, HIV positive, Glasgow, 2003)

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# The language of sexual acts

It gives you a feeling. It gives you a buzz. You know, I've had his seed inside of me, things like that, just sit here thinking about it hours after. And then you go to the toilet and it goes Plop! Plop! Plop! [.....] Yeah me body sort of went 'oh he's gone now'. (Phil, Barnsley, 1994, HIV untested gay man)

# The language of sexual acts

- Anal sex, 'making love', or not using condoms is thought of as an expression of love, commitment, trust, intimacy, closeness, honesty, giving the self as a gift, sacrifice, or as a reflection of 'the couple' not the individuals
- There is a sense that by doing something 'different', or 'exceptional', there is a sense of sexual conduct being capable of expressing particular meanings
- Arguably the range of meanings expressed in this manner relate to the most valued aspects of the human condition

# The language of risk in serodiscordant relationships

- **As sexual acts can have meaning, so can risky sexual activity, Sam describes a sero-discordant relationship in which his status had been disclosed:-**
- I'll take the risk because I'm you know, I'm really into you.' And blah blah blah, and you think for fu... I mean it's just as well in a way that I was kind of like not really into him, in the way that would all, would allow me to have kind of like say: ok I'll go for it, you know. Um because I think I could have easily have been seduced into the idea that if I if I was so kind of smitten and he was willing to like kind of abandon all the.... You know I might have felt pretty difficult and awkward and guilty about it, but I don't know I might have might have succumbed as well you know. ....There's an assumption in built there that somehow, I don't know maybe it something that they feel will then tie them for life, if they become positive you know, or maybe it's the sense of I'm prepared to kind of do this for you as it were. (Sam)
- **His partner is demonstrating how much he likes Sam through a willingness to take HIV risks**

# The language of risk in 'serodiscordant' relationships

**Similarly, Frank describes how when he was negative he thought of his relationship with his positive partner:-**

- R: I suppose goes hand in hand with this kind of thing of, you know of having, of as I said before I didn't like the term 'upper hand' but you know, having this 'I'm investing something more in this, than you can ever invest', you know that... it's like it's that imbalance almost of the imbalance, I and again I don't know if that would be something that, I really don't know if that's something he had in mind so um (Frank)
- **Differing status and Frank's willingness to be exposed to HIV had particular meaning**

# The language of risk in 'serodiscordant' relationships

**Similarly, Andy describes a situation in which a positive partner (Rick), pretending to be HIV negative, used the idea of potential infection as a means to express commitment to the relationship.**

Rick when I met him, was HIV, but wanted to have unprotected sex with me and then wanted to become HIV and not telling me he was already HIV, that we could be closer. That kind of did my nut in.(Andy)

**Later, Andy reported that Rick had said:**

'life would be much easier if he [Rick] was positive and that it would bring us closer together' (Andy)

# The language of risk in 'serodiscordant' relationships

**Similarly joint engagement in risky activity left Andy in a vulnerable position, in terms of domestic and financial abuse:-**

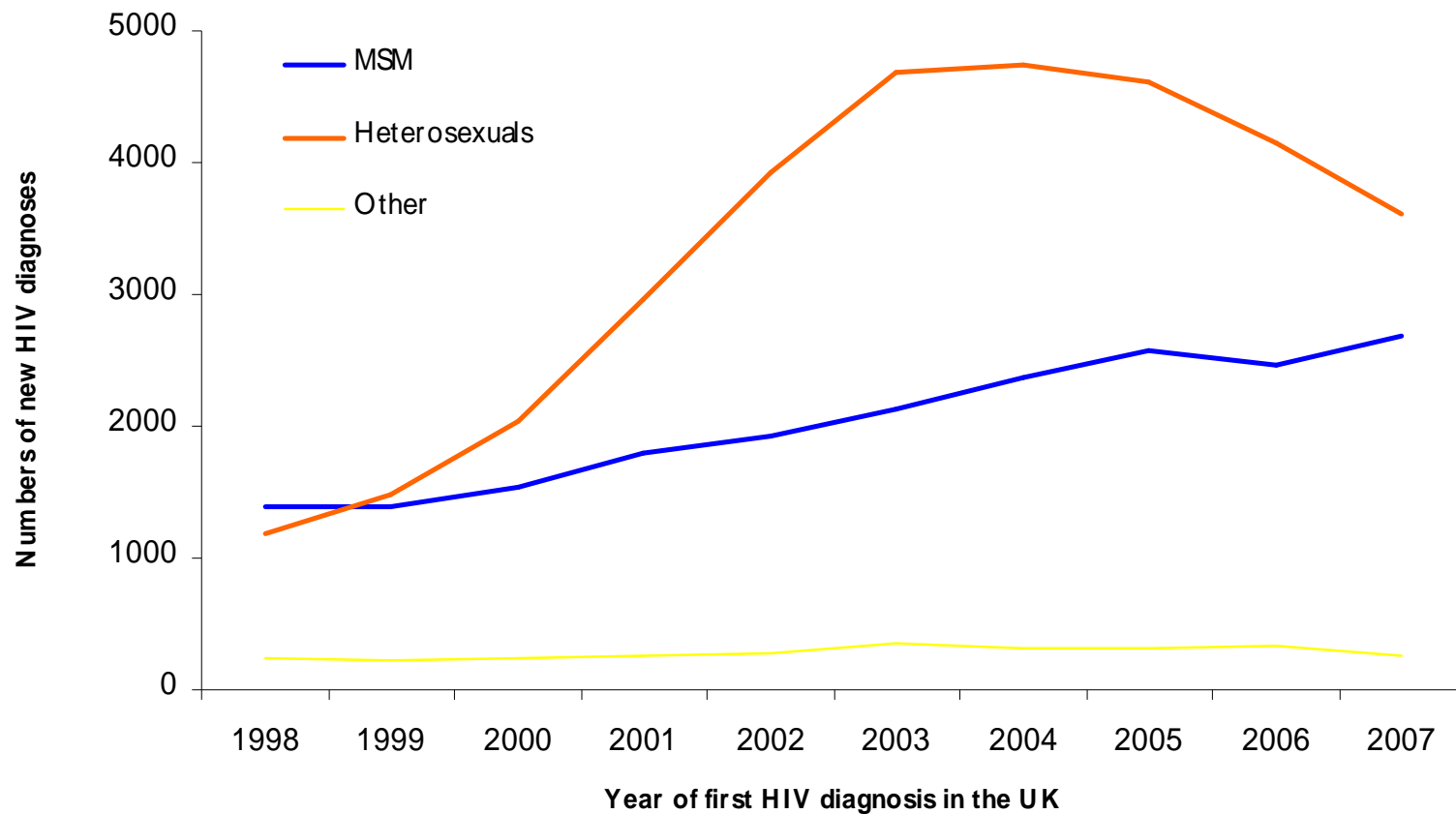
Because then he started to insist that he never wanted to use a condom. That he hated condoms. And that he felt, by not using a condom, it would bring us closer together. And that.. and I kind of swayed back and forwards between it and.. for a quiet life, sometimes, let it go, let it slip and let him do it. But... with that.. any time we had an argument, he would use that against me... Eh, obviously it was me to blame as well because I let it happen, it takes two to tango. (Andy)

The first words he said was "I want to show you how much I love you, I want to fuck you without a condom" and I was just like.. "Here we go" and then all I thought was.. "as soon as I get out, they pull me back in" (Andy)

# Discussion: findings

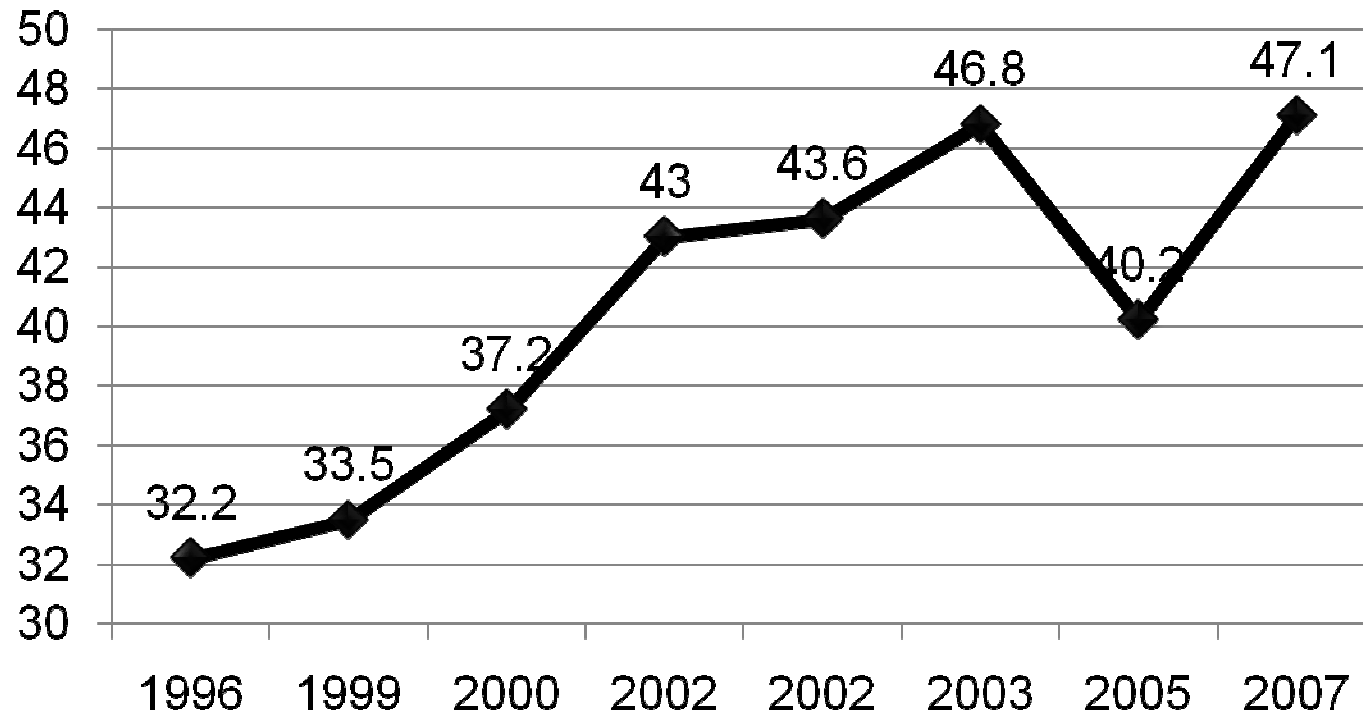
- **Sex and risk are understood in very diverse ways**
- **Oppositional meanings exist which reflect very different processes of decision-making and thinking about sex**
- **Although risk of HIV transmission occurs both within casual sex and within intimate sex it should be thought of in very different ways**

# First HIV diagnoses in the UK by exposure category: 1998 - 2007



Number will rise as further reports are received, particularly for recent years

# Overall % men reporting any unprotected anal intercourse in previous year by data sweep



# Overall % men reporting unprotected anal intercourse with over 2 sexual partners in preceding year by data sweep

