

## CHAPTER VII

### THE HEALTH OF GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN: CHALLENGES FOR THE THIRD DECADE OF THE HIV/AIDS EPIDEMIC<sup>1</sup>

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#### Conclusion

This chapter describes some of the challenges raised by the AIDS epidemic for those involved in health promotion for men who engage in homosexual practices, as well as for social research into male homosexuality. The issues addressed cover both formulation of public health policies for this population (in particular regarding AIDS), and reflections about health, homosexuality and AIDS.

In the 20<sup>th</sup> century, the relations between homosexuality and health sparked debate and controversy, both in the area of medical science and within social movements. During this period, homosexuality itself was considered a «disease» and individuals who engaged in homosexual practices were treated as if they were suffering from a pathology or disorder that was considered biological or genetic or associated with the individual's inadequate psychological development<sup>2</sup>.

The emergence of AIDS at the beginning of the 1980s made these relations even more complex and served to refuel prejudices against homosexuals. In fact, male

<sup>1</sup> Original version in Portuguese translated into Spanish by Carlos Cáceres.

<sup>2</sup> In 1985, pressure from gay organizations led Brazil to remove from its domestic laws item 302.0 of the WHO International Disease Code, which classified homosexuality as a psychiatric disorder. In the international arena, this remained in place until the early 1990s, when the WHO finally eliminated it.

homosexuality itself became synonymous with AIDS. Initially this association reached a point where the recently discovered disease was dubbed GRID (Gay-related immune deficiency) in scientific circles and «gay cancer», «gay plague,» or «pink plague» by the press and public opinion (*Daniel and Parker, 1991*).

Twenty years later, AIDS continues to be a serious problem in the daily lives of gay men. The social representations that identified them either as villains or as victims of AIDS remain in place. As a result, these men continue as individuals to suffer the stigmas and prejudices implicit in the association of AIDS with homosexuality and they continue to be at risk from HIV infection if they fail to adopt safe-sex practices.

Collectively, the epidemic is still a problem that demands a response from different government sectors as well as significant mobilization to guarantee resources and ensure that they are used for prevention and assistance, so that discrimination and prejudice might be denounced and punished and human rights respected. The following example is indicative of the complex relationship between homosexuality and health care policies: In Brazil, homosexuals (if they identify themselves as such) are barred from giving blood at blood banks because, under Ministry of Health regulations, they are classified as a «risk group» for AIDS and other sexually transmitted infections (STIs). This practice is hotly opposed by the homosexual movement and NGOs that work with AIDS due to its discriminatory nature, since it may actually harm the population rather than help to control the epidemic and STIs.

The impact of AIDS on gay and other MSM assumed catastrophic dimensions in Western countries. Early in the 1980s, either as individual leaders or as gay organizations, they were the first to directly confront the challenges imposed by the epidemic, not only for the homosexual population but also for other specific groups as well as the general population<sup>3</sup>. This mobilization produced responses such as the creation of diverse non-governmental organizations to fight AIDS, the production of the first manuals on safer sex, and the promotion of human rights and solidarity as basic principles of prevention work, among others (*Terto Jr., 1997*).

While some of these responses may have contributed to stabilize the number of new cases in some countries, such as Brazil for example, the association between AIDS and homosexuality continues to be the subject of debate and analysis, both among those researching sexuality and health and activists and experts involved in combating the epidemic. At the beginning of the third decade of life with AIDS,

<sup>3</sup> For an analysis of the lessons learned based on these efforts see chapter VI.

new challenges have compounded earlier ones<sup>4</sup>. Among the most recent: when the issue of the health of gay men is brought up, immediately reference is made to AIDS, as if this were the only possible health problem affecting this population or as if HIV status were the only indicator of their state of health (Tuller, 2001).

This tendency demonstrates the dimension of the impact of AIDS on the lives of gay and other MSM and how the «AIDS-homosexuality» association refuses to go away and may in fact be creating a barrier against prevention and care initiatives for this population. At the same time, it could also be making it more difficult to understand how AIDS and other health problems affect different populations of men who have sex with men. The tendency to assume that the health problems of this population are confined to AIDS can make it difficult to evaluate the real health needs of this population and possible ways to adapt health services in order to ensure their capacity to meet such needs.

Below we discuss some of the challenges that need to be tackled over the coming years regarding the relationship between homosexuality, health, and AIDS. These challenges fall into three fields: epidemiology, prevention, and assistance. I hope, in outlining these challenges and questions, to contribute to debate and research both in academic circles (and above all in the field of Social Sciences), and in the areas of public services and gay activism.

## Epidemiology

In the area of epidemiology<sup>5</sup>, few qualitative studies (most of which have not been widely disseminated) have addressed the issue of homosexuality in depth, or helped to understand how the epidemic affects different MSM populations and to identify other health problems that these populations face. Carrying out more studies could improve our understanding of the change in the relative incidence of AIDS cases in certain groups of the population: the increase in the proportion of heterosexual cases and a concomitant reduction in the proportion of homosexual cases.

In recent years, homosexuality as a social category has been the object of research and debate that has clarified different processes regarding how social and political

<sup>4</sup> One example of how old prejudices that link AIDS to male homosexuality remain, can be seen in an article published by the *Folha de Sao Paulo* on March 3, 2000, which said that «in order to contract AIDS it is sufficient to have sex with homosexuals» (Source: *Folha de Sao Paulo*, 3/3/2000, cited by Mott and Cerqueira, 2001).

<sup>5</sup> For a detailed analysis of the epidemiology of AIDS among MSM in the region, see chapter II.

identities are formed based on a sexual desire for people of the same gender. (Heilborn, 1996; Parker, 1992; McRae, 1990). In the area of epidemiology, the definition of homosexuality as an epidemiological category has been problematic and the focus is complex and difficult. For example, homo-bisexual transmission does not always occur among people whose social and sexual identities define them as homosexual; in fact they may describe themselves as heterosexual. In Brazil, 18% of AIDS cases in men are still reported as of «transmission by unknown cause», and problems understanding who they are and what happens to them could stem from limited epidemiological instruments and the complexities of trying to define the homosexual universe epidemiologically<sup>6</sup>. It could be that this 18% includes men with heterosexual social identities who engage sporadically or constantly in homosexual practices. (Brazil, 2001<sup>a</sup>).

If there has been a decline in the number of cases of homo-bisexual transmission or if the incidence of new cases is tending to stabilize, it would be interesting to determine why and to see if these changes are occurring in different segments of the homosexual population, based on factors such as age, ethnicity, social class, and geographic area, among others. Some claim that the incidence of AIDS is concentrating among increasingly younger and poorer populations. (Pimenta et al., 2001). Young men who engage in homosexual practices have been identified as especially vulnerable to HIV and could contribute to a new rise in AIDS incidence in the male homosexual population. Before new stigmas are created or older ones reinforced, it is important to conduct studies to analyse these trends and their correlates, in order to guide preventive measures and help define the health needs of men who engage in homosexual practices. This includes not only those related to HIV/AIDS but also those linked to other health problems and exposure factors.

## Prevention

It is estimated that less than 5% of total resources allocated to prevention in Latin America has been used for HIV/AIDS prevention in the homosexual population. While in Brazil and other countries this proportion may be higher, it certainly does not reflect the importance of homosexual transmission in the profile of the epidemic in the region. Meanwhile, some studies have been demonstrating that the MSM population is among those that most consistently practice safer sex and who are

<sup>6</sup> For a more in-depth discussion, see chapters III and V.

best informed about STDs and AIDS, which certainly helps explain why, in general terms, there has been a decline in the number of cases among this population, although this is not necessarily uniform. (*Brazil, 2001b*). As I mentioned previously, incidence of HIV infection among segments of the younger population living in situations of poverty, sexual oppression, or family and police violence, is alarmingly high and deserves more attention from prevention initiatives. (*Pimenta et al., 2001*)<sup>7</sup>.

The difficulties faced by prevention efforts in these populations are related to the sense of shame and blame that still marks the way homosexuality is addressed in prevention and even *care* initiatives. (*Warner, 1999*). This shame and blame may justify the representations according to which all homosexually active men are potentially infected with HIV and responsible for spreading the virus to other segments of the population. It may also serve to sustain the images of homosexuality in the media and prevention campaigns, gay men's fear of getting tested, and the emotional crisis they tend to experience if they end up with a positive result, since they consider themselves or are considered as to blame for becoming infected.

Blame and shame may also be implicit in prevention messages, when they recommend safer sex as if it were a commandment to be practiced without exception, without the right to make mistakes; and when that commandment is not kept it is regarded as the result of irresponsibility or negligence or simply viewed as the failure of the individual to negotiate or practice safer sex. Prevention initiatives should take into consideration the fact that negotiating safer sex is subject to a series of factors and circumstances that vary throughout the individual's history. For now, it is important to understand these variations and circumstances rather than strengthen the codes and control messages that preventive messages may contain and which, at the same time, give rise to feelings of guilt and shame each time so-called «risk» sexual practices occur.

Another challenge to prevent HIV in MSM is the selection of appropriate methodological approaches. Up to the second half of the 1990s, behavioural models and theories were the most commonly used in prevention initiatives (*Parker, 2000*)<sup>8</sup>. In recent years, these models are being criticized and reformulated because they prioritise behaviour change as if HIV risk could be avoided through the use of recommended and adopted technical standards «that regulate the consistent practice of safer sex». These traditional behavioural models, which concentrate on one aspect of the individual –behaviour change– ultimately overlook other elements that tend to fall in the social and cultural sphere, which have also been revealed to be important in successful initiatives in the prevention field. In this sense, other models have been orienting intervention towards emphasis

<sup>7</sup> Risk and vulnerability are a central theme of Chapter IV.

<sup>8</sup> For a more in depth discussion of this point, review Chapter V.

on structural questions such as socio-economic situation and respect for civil rights, and towards factors such as sexual oppression, family and police violence, racism, and education levels, among others, which in an isolated or synergic fashion also determine vulnerability to HIV/AIDS and other health problems.

Behavioural models were important at a time of emergency, for providing people with more information about risk, individual prevention measures, and the urgent need to change certain behaviours. They demonstrated how, by avoiding certain practices and adopting others, it was possible to maintain an active sex life, even with HIV/AIDS present. However, perhaps due to those special conditions, excessive importance was placed on HIV/AIDS to the point where this became the only conceivable health indicator when dealing with MSM. In the same way, priority was attached to standards and technical aspects, which focus on the individual's effective management of prevention techniques and end up presenting safer sex as the new standard in the framework of social control over sexuality, without taking into account other aspects of their lives, such as the quality of the sexual experience, pleasure and happiness.

The shortcomings of these behavioural models were also revealed when attempts were made to apply them to other social segments. For many, the adoption and maintenance of safer practices are intimately related to changes in vulnerability factors such as those already mentioned. In this case, we can mention oppressed ethnic groups or population living in poverty. As a result, the protection of human rights (as well as recommendations for behavioural change) are fundamental for HIV/AIDS prevention and health promotion.

In the next few decades, models must be created and used that have a more integrated and holistic perspective as regards health. It is not enough to consider HIV alone. To the contrary, it is essential to identify other needs, prevent other health problems, defend human rights, confront sexual and social oppression and, in particular, promote happiness as an attainable objective in the search for collective and individual health. (Ayres, 2002).

## Care

In general, the category *sexual orientation* is not considered in clinical epidemiological research on risk factors for different problems that could affect men (or women). As a result, the medical profession does not always recognize the health problems and needs of the population with different sexual orientations (Tuller, 2001). This has been one of the greatest obstacles in the area of care for the

health needs of men who engage in homosexual practices. Problems of mental health, including substance abuse and violence, or other problems such as STDs, have been barely studied from the point of view of the relationship between their occurrence and sexual orientation, which reveals a gap in health research programmes. It would be interesting to study how sexual diversity (and the experience of sexual minorities) relates to vulnerability to diseases such as Hepatitis C or HPV (Human Papilloma Virus), which can cause cervical cancer in women and anal cancer in men, among other sexually-transmitted viral infections; or to prostate cancer.

Regarding mental health, the effects of stress on the physical and psychic health of gay men and lesbians due to having to live in a homophobic society have not been explored in depth. In this sense, studies should be carried out to determine how depression, self-destructive tendencies, and drug use, among others, are related to the difficulties of living with a different sexual orientation.

Homophobia, which is still found in health services, is another obstacle for access to these services and for the development of appropriate treatments. Unlike the United States or Western Europe, where there are health services headed by health professionals who are homosexual themselves, the reality in the Latin American region is very different, as is that of health programs that target the homosexual population, since, if they exist at all, they tend to focus on specific populations (for example young people, women, migrants).

Without disregarding prevention and treatment efforts, the aim of this article is to draw attention to strategies that can strengthen such efforts and help to reach an increasing number of MSM. Regarding care, the possible inclusion of sexual orientation in clinical studies on different diseases may increase possibilities for more integrated health care, including HIV/AIDS. Understanding the different health conditions and needs of the homosexual population, taking into account their diverse identities, expressions and policy projects, is a way to recognize them socially and to break the image of the disease that has so far prevailed in the majority of thinking on homosexuality and health. This will certainly permit a level of care that is less impersonal, stigmatising, and disrespectful of difference.

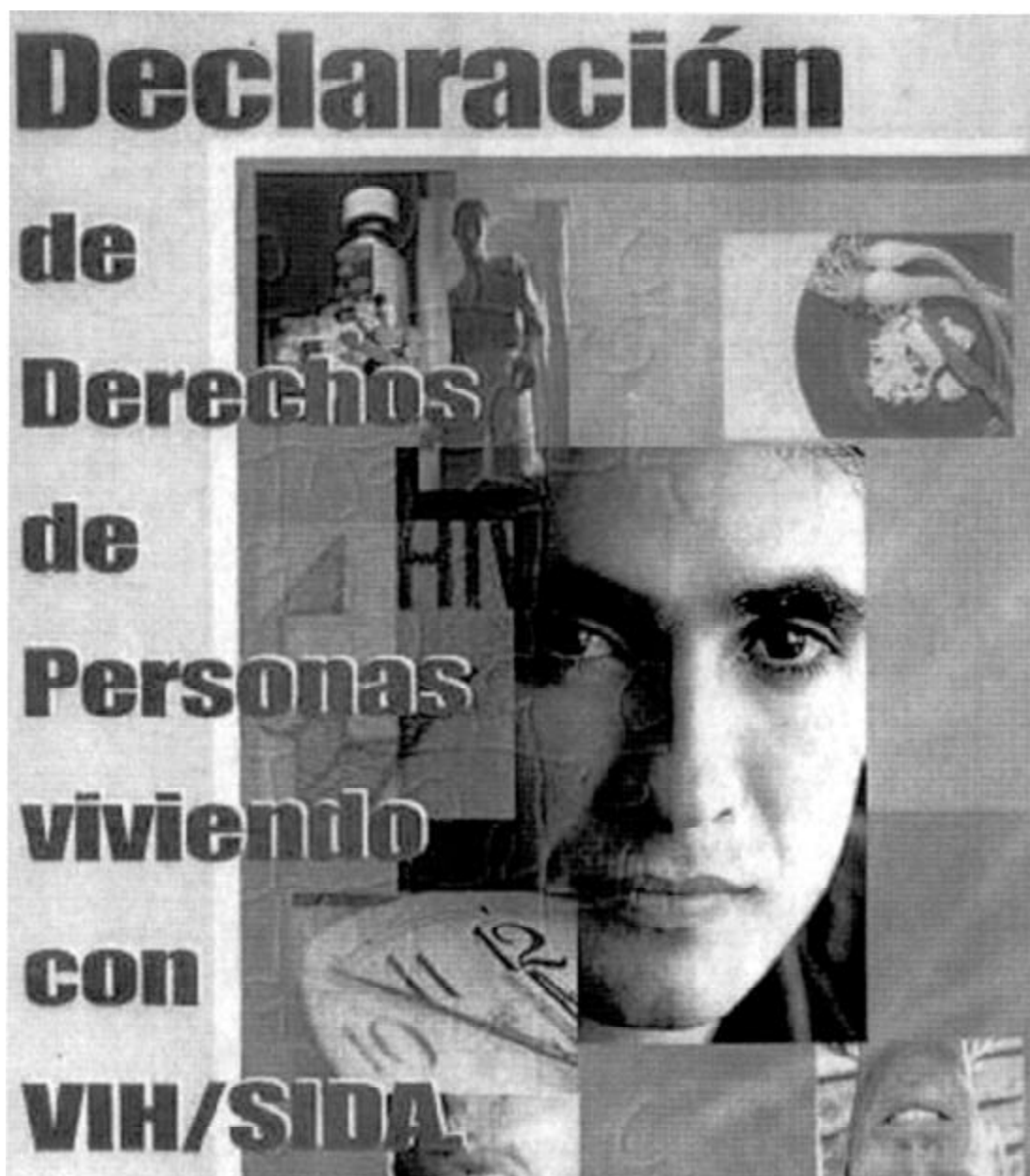
One of the lessons learned in health care for marginalized social groups refers to the importance of including the idea of «care» in the notion of «treatment,» which, according to Ayres (2002) would broaden the approach so that, in addition to the treatment of symptoms, care will also take into account the background and future plans of the individual. Such treatment would make it possible not only to suppress clinical symptoms but also to develop such life projects by encouraging people's inclusion in society and self-realization.

## Conclusion

The challenges examined above underline the importance of an interdisciplinary approach in different fields of study, solidarity between researchers and activists, and the need for integrated prevention and care measures for the control of HIV/AIDS and other health problems experienced by gay men and other men who have sex with men. Epidemiological studies should be consistent with research on homosexuality, including an understanding of social vulnerability to HIV, so that the analysis of the impact of the epidemic will be more explicit and the definition of prevention policies, thus, better oriented. Clinical studies could also consider the question of sexual orientation for a better understanding of the epidemiology of other health problems that affect MSM as well as the contexts of vulnerability determined on the basis of those associations.

Prevention and care should be integrated in order to guarantee a more complete approach that has individual and collective happiness as a goal. In every population group, in particular socially excluded groups, prevention should be oriented not toward the imposition of disciplinary norms regarding what is correct and what is not, but toward the promotion of measures aimed at emancipation and happiness. In this sense, the promotion of human rights should be a fundamental part of this series of measures and interventions in the health care field.

Relations between homosexuality and health, both in medical-science circles and in public opinion, as demonstrated in the case of AIDS, has originated social representations of homosexuals that still have to be addressed, at both the individual and the collective level. Such prejudices and discriminatory practices have been an obstacle for the construction of more positive identities and life plans that might permit homosexual men and women to lead a less traumatic existence, and have created difficulties for the implementation of health policies that truly respond to individual needs. At the beginning of the third decade of life with the epidemic, the lessons learned and the challenges to be confronted, show that it is time for these relations to be radically altered so that they are no longer defined purely on the basis of prejudice or a notion of «disease», but are approached increasingly in terms of solidarity and the promotion of happiness.



Promotional material developed in the context of an advocacy campaign for the rights of persons living with HIV/AIDS in Chile. Archives of the C.Ch.P.S.

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# APPENDICES



# I. Executive Summary

This book is a multi-disciplinary compilation of experts' analyses of the AIDS epidemic in *gay men and other men who have sex with men (MSM)* in Latin America. A group of experts from different parts of the region examine the situation from various angles, so that socio-cultural perspectives are combined with public health approaches, and vice versa. The book is divided into seven chapters –apart from this executive summary– and an appendix that is exceptional for its comprehensiveness and variety: a catalogue that encompasses most of the research carried out in the continent on the subject. First, the introduction by Carlos Cáceres and Mario Pecheny places the book in the context of the epidemic in Latin America and the social response to it. Chapter II, also written by the Peruvian epidemiologist Carlos Cáceres, makes a comparative analysis based on figures and statistics of the current status of the disease in the region and, in doing so, advances a number of recommendations to improve the quality of available information. In Chapter III, the Chilean anthropologist Gabriel Guajardo describes the socio-cultural construction of male homoerotic relations and practices. In Chapter IV, José Toro from Puerto Rico looks at the social vulnerability of MSM and the risk it poses for becoming infected and ill with HIV. From Argentina, Mario Pecheny and Hernán Manzelli examine in the fifth chapter the theories and models used to develop prevention programs, particularly in MSM. Added to this research is that of US journalist Tim Frasca, who in chapter VI looks at the most important «lessons learned» from prevention and social change programs. Finally, and by way of conclusion, the Brazilian psychologist and activist Veriano Terto broadens his analysis and ends with an examination of comprehensive health of MSM and other problems that should not be lost from sight.

This book has come about in response to the striking discrepancy between the scale of the epidemic in gay men and other MSM in the region, and the social response to it (particularly on the part of governments). Ironically, this situation is partly the result of the worldwide movement launched at the end of the 1980's to «dehomosexualise» the epidemic, in order both to avert the stigmatisation of MSM and convince others of the risks to which any sexually active person is exposed, and to confront the very stigma affecting AIDS as a disease of «others». The fact

has been ignored, however, that some of the assumptions that guided this strategic measure took it for granted that a) sufficient effort had already been invested in prevention in MSM; and b) the epidemic among these groups was adequately controlled. However, there is no evidence to support either of these perspectives. Although there were many programs targeting MSM visible in the early days of the regional response to the epidemic, most of them were low-budget projects implemented by community-based organizations and designed without the proper technical support needed to ensure their impact. Government programs and initiatives played a minor role and, in any event, were late and insufficient.

In response to this situation, the main aim of this book is to provide persons who design, implement, or fund programs and projects in the area of public health and HIV/AIDS (as well as researchers and other interested individuals) with instruments to a) better understand the sexual cultures of different groups of MSM in the region (including men with gay or transvestite identities); b) better examine the dynamic scale of the HIV epidemic among them, so as to understand its roots in the social structure; and, c) implement better responses to the epidemic.

- Epidemiology

Carlos Cáceres' article sums up the situation and trends of the HIV/AIDS epidemic in the region, and shows the extent to which unprotected male-to-male sex is a major cause of HIV transmission in practically every country. The author also discusses certain categorisations and calculations that have hindered a proper analysis of the scale of the epidemic in MSM, and reviews an array of options for organizing (or improving, where the groundwork has already been done) a modern (*i.e. second-generation*) HIV epidemiological surveillance system in MSM populations, without neglecting ethical considerations, which, given the context, are essential to bear in mind.

**Status of the Epidemic.** As of December 2001 it was estimated that at least 1.82 million adults and children were living with HIV/AIDS in Latin America and the Caribbean, including 190,000 persons who had probably become infected during the previous 12 months. Sexual transmission accounts for 78% of all reported cases for which a probable cause of transmission was provided. Of that total, male-to-male sexual transmission of HIV accounts for 35.2% of total cases reported with a probable cause of transmission. Furthermore, HIV prevalence studies in MSM show levels of above 5% in all the main urban centres in the region. It is estimated that male-to-male sexual transmission is the cause of over

half the total adult male cases, which is exceedingly high considering that men who have sex with men comprise a small fraction of the general adult population.

However, this is not the case in every country in the region. The HIV/AIDS epidemic in Latin America is remarkable for its lack of uniformity, with differences both between and within countries. We find three clear patterns in Latin America.

- (1) The Andean Region and Mexico are the areas with the highest proportion of cases attributed to male-to-male sexual transmission (approximately 50% of cases with an assigned transmission category);
- (2) In the Southern Cone and Brazil approximately 36% of reported cases are due to probable male-to-male sexual transmission, although here a new and critical factor is transmission among injectable drug users: between 25% (Brazil) and 33% (Southern Cone) of cases appear to be caused by transmission associated with injection drug use (IDU);
- (3) The third pattern is in Central America and the Caribbean, where between 5.5% and 6.5% of cases reported as caused by heterosexual transmission are presumed to be the result of male homosexual transmission (accounting for between 10% and 12% of total cases).

**Recommendations for epidemiological surveillance.** There is very little reliable information about HIV prevalence and incidence, STIs, and, in general, sexuality, risk, and vulnerability in this population. All of this points to the need to continuously generate more and better information based on rigorous and culturally appropriate research conducted in accordance with UNAIDS recommendations on second-generation surveillance. Such information would make it possible not only to monitor trends in the epidemic, but also obtain a better idea of the circumstances that favour its expansion and collect evidence of the impact of any interventions carried out. Epidemiological surveillance should be organized on the basis of proper formative studies. It is also essential to involve the community in the surveillance. Furthermore, recognizing the limited value of case reporting (which, at any rate, needs to be reviewed and improved), it is necessary to use sentinel studies and, where possible, seroprevalence studies that are more representative; it is also important to explore the option of measuring HIV incidence (especially if the possibility exists of utilising new techniques that provide cross-sectional estimates), and to incorporate components of STI monitoring and surveillance of behavioural trends. Any surveillance measures should, however, avoid causing harm at the individual or community level as a result of the stigma associated with homosexuality or HIV, and their legitimacy should be ensured by using the

information produced to take action in concert with MSM communities. Where possible, individual benefits should be offered to participants, including an acceptable standard of care for HIV infections detected by the system (in countries where no universal treatment exists), with special care taken with the most vulnerable MSM groups.

- Socio-cultural Context

In order to be able to analyse or simply discuss the AIDS epidemic it is essential to bear in mind the role and importance of different notions of community, and how they operate. The enormous plurality of situations and experiences encompassed by a category as abstract and as vast as «men who have sex with men» requires flexible responses in order to cope with that diversity. If there is one thing that truly distinguishes the behaviours, conduct, and perceptions of sex and affective ties among men it is precisely the multiplicity of their manifestations. If the aim is to implement an effective prevention policy it is impossible not to explore that geographic, cultural, and social diversity. Guajardo's article provides «a global description of the socio-cultural construction of relations and practices among gay and other «men who have sex with other men» (MSM) in Latin America, particularly in urban contexts, since the outbreak of the HIV/AIDS epidemic». The author warns us at the same time that the diversity and disparity of the measures adopted by civil society, as well as the scant dissemination of specialized publications on the epidemic in MSM, «severely hampers the comparability of aspects of the private and public lives of individuals and groups identified in a broad array of male and female homosexualities.» The magnitude of the geographic area necessarily entails a diversity of methodologies. Added to this is the hostile atmosphere in which gay and other MSM lead their lives. There is visible rejection of their overt presence on the part of general public, and in some countries, according to the claims of Amnesty International (1994), there have even been serious violations of the human rights of lesbians and gay men, in particular, extrajudicial executions and forced disappearance of individuals identified as homosexuals. Guajardo illustrates these observations with examples from Chile and Argentina, where very often «the main object of intolerance and discrimination» is homosexuality. However, homophobia should be examined from various perspectives, for instance social class or culture, due to the alternative ways that exist of understanding homosexuality. Different perceptions come into play: the meanings attached to homosexuality by low-income and middle-class sectors are clearly different. But however much interest there is, however many studies have been conducted,

and in spite of the trend in the region towards increased visibility of homoerotic identities, relations and practices and towards the universal legalization of homosexuality, laws do not necessarily ensure peaceful and respectful coexistence for and with homosexual individuals and groups. To the contrary, there are reports of illegal arrests and harassment, as well as of the persistence of stereotypes and social restrictions that prevent the possibility of instituting legal action to provide protection from acts of discrimination and defamation against gay men or lesbians.

- Risk and Vulnerability

Generally speaking, structural vulnerability is the lack of protection afforded to a group of persons (sexual or ethnic minorities, migrants, women, etc.) from possible threats or harm to their basic needs and rights (in the areas of health, education, or employment, for example). This precarious situation translates into increased vulnerability for such excluded groups to epidemics like AIDS. These vulnerable groups, which, by and large, live in poverty, tend to be caught up in social dynamics of trade in which sex is a unit of exchange or in which they have less control over their sexual activity. In such a framework it is not hard to see how exclusion and poverty might increase vulnerability to HIV infection and encourage the spread of the disease. To better explain this point José Toro-Alfonso says that, «*Only when consideration is given to the structural vulnerability endured by gay men and other men who have sex with men will we be able to move ahead with the implementation of appropriate interventions to control the HIV epidemic once and for all.*» He adds that to achieve this requires strengthening the organizations that represent these communities, in order to guarantee access to health services and observance of their human rights. However, it is not just a matter of strengthening public health; above all, «*It is essential for government and civil society to concoct development and solidarity plans aimed at providing assistance to one of the most vulnerable sectors of our society.*» In summing up, Toro concludes with the recommendation that it is necessary to ensure «*that vulnerable populations have access to decent jobs, preventive health services, and freedom to express their sexuality*». Only then will MSM in Latin America and the Caribbean, whose reality is built on exclusion and stigma, be able to confront the challenges posed by the epidemic.

- Prevention Theories and Models

Knowledge has progressively increased over time with respect to the most effective prevention strategies, selection of target groups for prevention programs, and the most effective and powerful treatment methods. However, there are significant discrepancies between this knowledge and government action. Currently, in Latin America and the Caribbean the HIV epidemic is mainly concentrated in large cities and, there, in groups that engage in high-risk practices; lesser epidemics have also been detected in other sectors of the population (for example, women). Mario Pecheny and Hernán Manzelli formulate diverse strategies for responding to the HIV epidemic in the region: carry out interventions targeting groups whose practices represent the greatest exposure to risk, such as, for example, certain men to have sex with other men, in particular younger ones; implement prevention programs targeting persons living with HIV and AIDS, and increase the limited attention that has so far been given to this dimension; plan strategies specifically designed for male and female sex workers and their clients, as well as for injection drug users and their partners; and promote health in the media, with particular attention to young people with no or very few risk practices. This chapter describes and examines a number of approaches to HIV/AIDS prevention among MSM, and the authors specify that they do so «with a view to clarifying and providing precise information about issues that may interest officials in the area of public health and human rights, as well as activists in non-governmental organizations, health professionals, people living with HIV/AIDS, and gay and bisexual men». In short, «the risks specific to MSM populations require specific prevention policies». To that end the authors examine the main prevention approaches and the way they are applied to the HIV/AIDS epidemic, as well as mention some of their shortcomings and strengths as regards programs for men who have sex with men. The article describes three theoretical models that depart from different ontological premises and, consequently, focus on different areas of prevention. The authors' recommendation is that an effective prevention strategy «*must, of necessity, include a combination of the elements contained in these models*» making it possible to achieve the necessary social change «*to alter the structures that make some groups more vulnerable to HIV infection than others.*» Clearly, the above should take place in a legal framework that recognizes «*the sexual and affective rights of non-heterosexuals,*» and respects «*the principles of freedom and equity for all citizens without distinction on the basis of sexual orientation.*»

- Lessons Learned

How does one successfully expand or launch a major community-based mobilization to reduce the epidemic in Latin America and the Caribbean? How does one stir and maintain the interest of the community in combating HIV/AIDS among the most-poverty stricken population sectors in the region? Are the capacities developed by the various persons responsible for national programs, NGOs leaders, and others lasting and sustainable over time? What are the concrete lessons to be learnt from the daily work of so many activists and volunteers in the region? Have there been negative factors that have obstructed the progress of educational activities? In sum, Tim Frasca asks: What has worked? What has not worked? What has proved harmful? Before posing these questions, Frasca first notes that the importance of homosexual transmission in national epidemics was minimized. He alleges many reasons for this, such as, for example, the fear of the authorities (sanitary and political) that they would lose the political support necessary for other aspects of their work, or, worse still, lack of concern for the health and welfare of those men who engage in 'marginal' sexual practices. These and other obstacles at the individual, group and societal level raise the need for complex and multi-faceted strategies. However, a discussion of lessons learned cannot be confined simply to a presentation of a list of methodologies; rather, it must also examine the processes experienced. Thus Frasca reviews the state of prevention practices among gay men and other men with homosexual behaviour, recognizing at the same time the debates and discrepancies that still exist in their regard. This enables him to ascertain that few of the organizations involved in prevention work with gay men and MSM in Latin America have solid institutional foundations in place before embarking on their activities, which has made the learning curve, set in a framework of discrimination and social exclusion, a steep one. In addition to taking on the considerable technical challenges of halting the epidemic, these organizations have had to find new, original and dynamic ways to ensure that the prevention message does not fade from sight. At the same time they have had to keep in mind the importance of harnessing individual expertise, in order to be able to «*open the field to new actors*» and thus keep sight of the most important aim, namely to ensure that the progress made endures.

- Conclusion

By way of conclusion, in an article on gay men and other MSM, Veriano Terto Júnior identifies a number of the challenges posed by the AIDS epidemic.

According to him, «*the epidemic is still a problem that demands a response from different government sectors as well as significant mobilization to guarantee resources and ensure that they are used for prevention and care*». Thus, we learn that despite all the work of experts, activists, governments, institutions, organizations and the private sector, things do not end there. As the author shows, there is interaction between transmission of sexually transmitted infections and HIV transmission. However, insufficient attention and inadequate resources have been devoted to the prevention of these diseases in Latin America and the Caribbean, and few qualitative studies (most of which have not been widely disseminated) «have addressed the issue of homosexuality in depth, or helped understand how the epidemic affects different MSM populations and identify other health problems that these populations face.» Accordingly, Terto recommends carrying out more epidemiological studies in order to improve «our understanding regarding the change in the relative frequency of AIDS cases: the relative increase in the number of heterosexual cases and a relative concomitant reduction of homosexual cases». He also examines prevention and care, which, in his view, should be combined in strategies that strengthen each other and ensure that campaigns reach increasingly large numbers of MSM. Finally, he underlines «the importance of an interdisciplinary approach in different fields of study», as well as the need to forge ties of solidarity among researchers and activists, whose ultimate aim should be increasingly to foment, on the basis of solidarity and the promotion of happiness, efforts to ensure the «*search for collective and individual health*» for gay men and other men who have sex with men.

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- Appendix: A regional catalogue of studies on HIV/AIDS and MSM

While research has played a role in the facilitation of programs oriented to the prevention of HIV infection in MSM populations in the region, such role has not been as important as it could, or should, have been. This is due, in first place, to general problems of the insertion of research into the social practice in the region, and, in second place, to the problems connected to the study of homosexuality, either in conjunction with, or regardless of, HIV/AIDS. Both homosexuality and AIDS are stigmatised topics, and research focused on them may not necessarily enjoy academic legitimacy. In spite of this, the catalogue here presented shows that a diverse set of initiatives has been accomplished in the region in the past fifteen years (1987-2001). The amplitude of perspectives

and contributions characterising such initiatives, despite the numerous obstacles, illustrates the importance of individual and collective commitment in the response to the epidemic.

In a CD-ROM attached, this catalogue is presented in English and Spanish, in an electronic version with options for bibliographic search. A first period of studies (1987-1998) was inventoried in 1999 by a research team formed by Carlos Cáceres, Ana Maria Rosasco and Pablo Anamaría (Peru) and Veriano Terto (Brazil). The second period (1999-2001) was inventoried in early 2002 by Alejandro Brito (Mexico). The catalogue includes work from 13 countries: Argentina (12 studies), Brazil (27), Chile (9), Colombia (7), Costa Rica (8), the Dominican Republic (12), Ecuador (1), El Salvador (1), Guatemala (2), Mexico (37), Nicaragua (1), Peru (18) and Puerto Rico (6). This adds up to 21 studies from the Southern Cone, 27 from Brazil, 26 from the Andean Region, 12 from Central America, 18 from the Latin Caribbean and 37 from Mexico, making a total of 141 records. For each record, authors' names and institutional affiliations are included, together with a thematic descriptor, the status of progress at the time of record preparation, publication availability and reference, a summary, and a critical comment. For two meetings in Lima (1999 and 2001) and the elaboration of the catalogue, the Research Network on Sexualities and HIV/AIDS in Latin America received two grants from UNAIDS.



## II. Inventory of Research on HIV/aids in MSM Populations in Latin America and the Caribbean (1987-2001)

### PRESENTATION

Mario Pecheny and Carlos Cáceres

As this volume has shown, unprotected sex between men has been, and continues to be, a major cause of HIV transmission throughout the region. Until the mid-1990s, the governments of the region had been reluctant to implement HIV prevention programs targeting MSM for a number of reasons (*UNAIDS 1997*): denial of the existence of sexual practices between men; stigmatization and even criminalization of such practices; limited epidemiological information about homosexual transmission of HIV; difficulty of access to most MSM; lack of health services infrastructure in particular in the area of STD; lack of awareness among professionals regarding the peculiarities of STD among men; absence of financial incentives to fund prevention programs targeting MSM and sex workers; and priority placed on the general population by the vast majority of National AIDS Control Programs.

In this context, even though research has had a part in facilitating prevention measures for this population, the contribution it made could, and perhaps should, have been greater. This is due, in first place, to generalized problems regarding the harnessing of research for social practices in the region (for example, lack of funding for research; absence of strategic planning for research activities that would ensure

their feasibility, its relevance to problems felt by others, and its usefulness; limited dissemination of finished research; and absence of the systematic practice of using research in the design of programs); and, in second place, to specific problems of carrying out research on homosexuality, whether it has to do with AIDS or not. Both homosexuality and AIDS are stigmatized issues, and they may not automatically be regarded as legitimate research subjects from an academic point of view. Furthermore funding for research on this population can be hard to come by, and the feasibility of the studies requires, given the social exclusion of the group, points of entry ensuring reasonably sustainable contact with that group. Finally, when research initiatives originate from community groups, technical barriers can limit the acceptability of their findings in scholarly or bureaucratic circles.

In spite of the above, the inventory below shows what a varied collection of initiatives pursued by several actors has managed to achieve in the region over the past 15 years (1987-2001). The breadth of their approaches and contributions, in spite of the constraints described, demonstrates the importance of individual and collective commitment to the struggle against the epidemic, and justifies our faith in future contributions of research (academic and/or community-based) to the fight against AIDS and for the health and sexual rights of sexual minorities in Latin America and the Caribbean.

## About the Inventory

The inventory contained in the CD-ROM attached is based on an initial review of research conducted in Latin America between 1987 and 1998 on different aspects of HIV in MSM populations. The review was carried out in early 1999 by a research team composed of Carlos Fernando Cáceres, Ana María Rosasco, Pablo Anamaría (from Peru) and Veriano Terto Júnior (from Brazil). A supplementary inventory of research carried out between 1999 and 2001 was prepared by Alejandro Brito (from Mexico) in early 2002.

The information for preparing the first part of the inventory came from focal points in ten countries in the region: Argentina (Mario Pecheny), Brazil (Veriano Terto), Chile (Timothy Frasca), Colombia (Henry Ardila), Costa Rica (Rodrigo Vargas), the Dominican Republic (Antonio de Moya), Guatemala (Rubén Mayorga), Mexico (Manuel Zozaya), Peru (Carlos Cáceres, Ana María Rosasco and Pablo Anamaría), and Puerto Rico (José Toro). In February 1999 a meeting attended by the above people was held in Lima. Also at the meeting were Fernando Seffner (Brazil) and Jeff Stanton (ASICAL-Colombia). The information for the second

part of the inventory came from the same focal points for Argentina, Brazil, Chile, Peru, Guatemala, Mexico and Puerto Rico, and from the following member organizations of ASICAL: Colombian League against AIDS (Colombia); SIGLA (Argentina); OASIS (Guatemala); EQUIDAD (Ecuador), and Letra S (Mexico). Based on the information collected most of the authors included were contacted, and summaries of papers presented at international conferences on AIDS were consulted.

The inventory consists of 141 records containing the following data: information about the authors and their institutional affiliation, the status of the research at the time it was recorded (1999 or 2002), availability and publication reference, summary, and critical commentary. We received assistance from UNAIDS (Department of Policy, Strategy and Research) for the meeting in Lima and for preparing the inventory as part of a grant for the creation of an HIV/AIDS and MSM research network in Latin America and the Caribbean (1998-1999) awarded to Cayetano Heredia University in Lima.

Based on the information contained in the catalogue, we have prepared a systematic summary, enabling us to form a preliminary assessment of the status of the issue (*Pecheny 2000*).

The sample is composed of studies from 13 countries: Argentina (12 studies), Brazil (27), Chile (9), Colombia (7), Costa Rica (8), Dominican Republic (12), Ecuador (1), El Salvador (1), Guatemala (2), Mexico (37), Nicaragua (1), Peru (18) and Puerto Rico (6). In other words, 21 studies from the Southern Cone, 27 from Brazil, 26 from the Andean region, 12 from Central America, 18 from the Caribbean, and 37 from Mexico.

In order to present in simplified form the main features of the collection of studies, we came up with the following analytical categories: (1) objectives; (2) discipline; (3) methodology; and (4) institution (research headquarters).

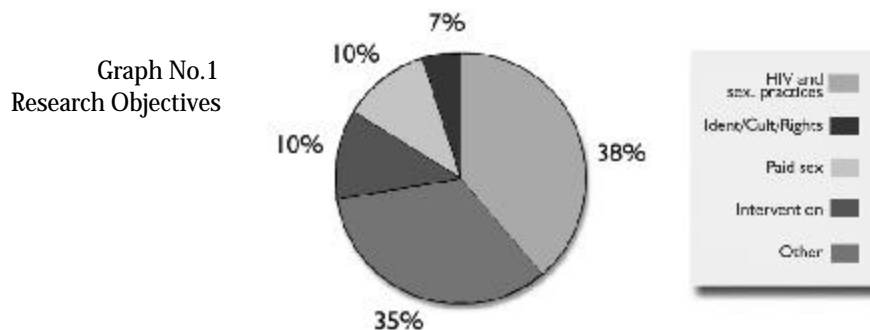
**Objectives.** We established four main categories for the principal research objectives:

1. HIV/AIDS AND SEXUAL PRACTICES: KAP surveys on HIV/AIDS; sexual practices, including high-risk and preventive behavior; biomedical studies, and studies on HIV seroprevalence.

2. **IDENTITY, CULTURE AND RIGHTS:** Studies on the everyday life of gay people and other sexual minorities, including the issue of politics and human rights, gay culture, construction of gender images, identities, living with HIV/AIDS, etc.
3. **PAID SEX:** Studies on people who work as prostitutes or in other areas of the sex industry, including transvestites and sex workers.
4. **INTERVENTION:** Studies directly associated with intervention, prevention, psychological assistance, etc. (including education of couples, and evaluation of programs and of the impact of campaigns, etc.).

The graph below shows the distribution of research studies that comprise the sample, according to the principal objective of each. This categorization grossly oversimplifies the issues investigated, just as compartmentalization very often overlooks the fact that issues and approaches are intertwined. However, we think that this method of classification provides a general idea of the focuses of research on MSM and HIV/AIDS in the region. The Item «Other» covers, for instance, studies on religion and homosexuality, homophobia, and prejudices.

Partly because of the very definition of the study subject «homosexuality» (or «sexuality»), and partly because unprotected sexual activity is an avenue for HIV transmission, one of the main focuses of these studies is knowledge of sexual practices; in fact it is addressed in more than one third of them. This issue can be tackled in connection with HIV/AIDS, and in association with knowledge on modes of HIV transmission and of prevention methods, of attitudes and beliefs, and of behaviors connected with HIV/AIDS. This is the



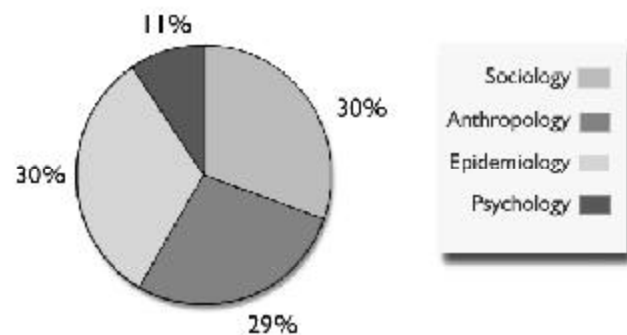
predominant approach used in the KAP surveys; most of them are descriptive, and some of them explain the connection between good information and high-risk practices. It is also the predominant approach adopted in the seroprevalence studies. Furthermore, a little over a third of the studies, analyze sexuality in the broader framework of identity and culture, and examine the question of rights. Sex workers and different forms of paid sex are addressed as a separate issue in 10% of the studies. They are regarded as possible means of HIV transmission between socio-demographic sectors with different types and degrees of vulnerability. Another 10% deal with studies on interventions designed to change behaviors, and aimed at prevention of infection.

**Disciplines.** Graph N° 2 shows in a simplified manner the different disciplines that address the issues of sex between men and HIV/AIDS, divided into four main disciplinary groups: sociology, anthropology, epidemiology, and psychology.

1. **SOCIOLOGY:** including sociology, political sciences, and history.
2. **ANTHROPOLOGY:** including anthropology, ethnography, and literary criticism.
3. **EPIDEMIOLOGY:** including epidemiology, sexology, clinical studies, and interventions.
4. **PSYCHOLOGY:** including psychology and social psychology.

From the disciplines and the methodologies used it is immediately apparent that these studies have in common a trans-disciplinary and multi-methodological approach. This applies both to the theoretical approaches adopted and to practical work and fieldwork. For example, the epidemiological studies would be «empty» if they lacked the dimensions provided by qualitative sociology and ethnographic

Graph No. 2  
Disciplines



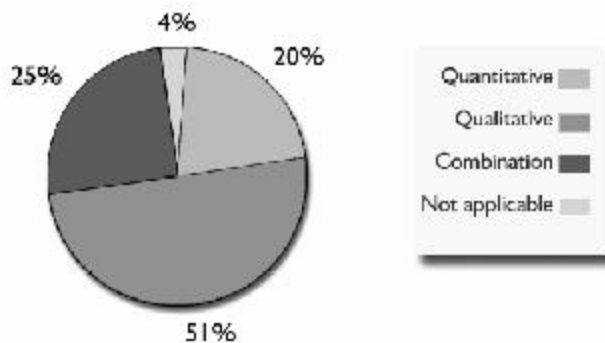
work; similarly, socio-demographic studies on sexual behaviors had to include the dimensions of subjectivity afforded by psychological or psychosocial perspectives. From a broader standpoint, furthermore, most of the studies, including those conducted by universities and scholars, are directly or indirectly related to prevention- and assistance-oriented interventions, in the areas of program design, implementation, and evaluation. In this system of classification, the studies mainly had a sociological, anthropological, or epidemiological approach (each comprising approximately 30% of the studies); a psychological focus was used in the remaining 10%.

**Methodology.** The approaches employed in the studies were quantitative, qualitative, or a combination of both:

1. **QUANTITATIVE:** Surveys addressing socio-demographic variables, seroprevalence studies, epidemiological models, development of scales, etc.
2. **QUALITATIVE:** Participant observation, life histories, in-depth interviews, key informant testimonies, focus groups, literary analysis, etc.
3. **COMBINATION:** Combination of quantitative and qualitative techniques.
4. **[Not applicable]:** Category used in the case of historical studies, political analyses or others that do not fall into the above three categories.

For researching «sensitive» issues like sexuality, qualitative techniques seem to be the most efficient for overcoming stigmatization and winning the trust of participants (*Lee 1993*). On the other hand, a combination of qualitative and quantitative techniques provides at the same time an indication of the cultural diversity of practices and identities that exist behind categories and definitions, and allows us to attempt

Graph No. 3  
Methodologies

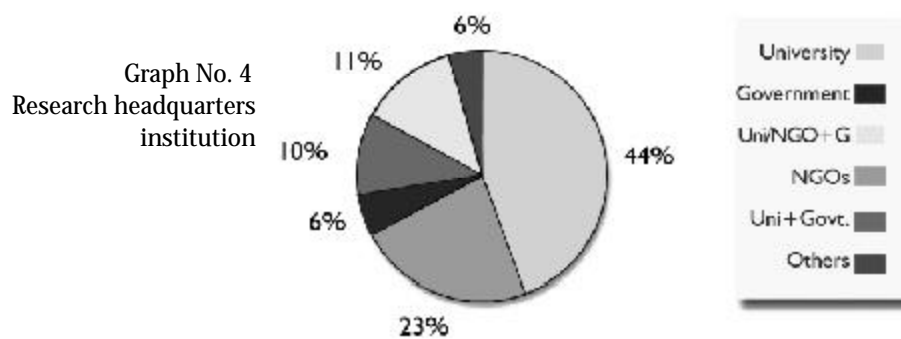


to determine the degree of social (and geographic) representation of aspects we are trying to explore. No wonder, then, that over half the studies use a qualitative approach, and one quarter use a combination of qualitative and quantitative approaches. The purely quantitative studies made up 20%.

**Research headquarters institution.** With respect to the institution that acted as headquarters for the research, we find that in the area of HIV/AIDS and MSM collaboration seems to be the rule: universities and other academic centers, nongovernmental organizations, and governmental agencies have created -after more than a decade of cooperation and conflict- intervention and research networks. Perhaps the only issue remaining is the formation of such networks at the regional level in Latin America, as has happened, for example, with studies on women and gender, sexual and reproductive rights, and reproductive health.

1. UNIVERSITY: Public or private universities, academic and research centers.
2. NGOs: NGOs, AIDS service organizations, groups of people living with HIV/AIDS, gay institutions, foundations.
3. GOVERNMENT: National AIDS control programs, health departments, ministries.
4. UNIVERSITY plus NGOs.
5. UNIVERSITY and/or NGO plus GOVERNMENT.
6. OTHERS: Hospitals or health centers; independent actors.

Collaboration between governmental, non governmental, academic, and community actors very often stemmed from the need to combine knowledge and resources (for instance the need of researchers and governmental programs to reach more-or-less hidden populations by means of the «snowball» technique led



them to contact and seek the support of gay organizations and people living with HIV/AIDS; conversely, the need for financial and technical resources led the latter to team up with universities and government officials). As a result, and not without foot-dragging, distrust, or conflict, different models of research-action and/or intervention-evaluation were tried out by mixed institutional networks. Analysis of the makeup of institutional affiliations shows that: 1) the university is most frequently the headquarters for these studies; 2) NGOs host almost one-quarter of research initiatives and are, therefore, an important alternative; 3) the growing importance of collaboration between universities and NGOs is clear; 4) governmental programs have emerged as research headquarters, either on their own (6%), or in collaboration with universities or NGOs (11%).

## Epistemological status of research into HIV and MSM in Latin America

The struggle against AIDS has been the source of the majority of research initiatives on homosexuality carried out between 1987 and 1999. The sample that we analyze here is not representative of all the studies on homoeroticism in the region, since the main purpose of the inventory was to bring together studies that examine the link between HIV/AIDS and MSM. However, it is interesting to note that 76 studies (out of a total of 102)<sup>1</sup> directly connect sex between men and HIV/AIDS, while seven do so indirectly; only 19 are concerned with homosexuality-related issues independently of the epidemic. It is also interesting that at least 50% of these research projects received foreign funding, either from international agencies or from North American or European universities (this is a conservative figure since the other 50% do not expressly mention their sources of financing).

A recurring epistemological and political path, with respect both to AIDS and to homosexuality, is to link sexual practices to individual sexual identity and to their socio-cultural and political contexts; hence the analysis of homophobia, discrimination, and claims for rights.

The needs to tackle the AIDS epidemic brought to the fore many questions regarding the epistemological status of homosexuality in Latin America.

- In first place, the will to adopt preventive measures with regard to MSM and to interact with fledgling gay organizations demonstrated the dearth of information -or misinformation- about the sexual

<sup>1</sup> This analysis is based on the 102 study records produced for the first part of the catalogue (1987-1998).

practices, identities, gender constructs, history, and subcultures of the region's sexual minorities.

- In second place, the epidemiological imperative for HIV/AIDS prevention and assistance prompted KAP-type research designed to learn about the sexual practices of MSM: their risks, their safest behavior, transmission of HIV and other STDs among men and also to women. The epidemic also prompted studies -and action- in the areas of mental health, self-esteem, self-confidence, and sexual health of MSM and other sexual minorities. The issue of identity, thus, becomes unavoidable, as a decisive element in the adoption of preventive behavior, care and self-care measures, or of high-risk conduct. Finally, the study of the everyday existence of MSM and/or persons living with HIV/AIDS exposed the stigmatization, discrimination, homophobia, and other social exclusion mechanisms that constitute both violations of the most basic human rights, and propitious environments for the spread of the epidemic.
- In third place, research by government, academic, and community organizations soon brought to light a huge diversity of sexual practices and identities. Studies showed the complex relationship between risk and affection (depending on the context of interaction, for instance, affection sometimes encourages risk - since the use of a condom can seem like a sign of distrust- or, on the contrary, encourages safe behavior -since caring for one's partner can appear to be proof of love); between risk and pleasure; and between risk and identity. What we have learnt from these studies is that it is impossible to establish universal correlations between sexual practices, sexual and gender identities, and safe or high-risk behavior. Furthermore, throughout the region practices and identities have proved neither very closed nor fixed.
- In fourth place, although AIDS served as a catalyst and a legitimate argument to justify the funding and institutionalization of studies on gay men and other sexual minorities, the inclination of most researchers was towards enhanced specificity with respect to the sexual issue of desire and amorous practices among people of the same sex, to the construction of sexual identities (gays, lesbians, etc.), and to the patriarchal order (which includes dimensions of heterosexism and homophobia), *independently* of the question of HIV/AIDS. Accordingly, research on aspects of everyday life, rights, and creation of social movements moved deeper in this direction.

## A provisional balance: Conclusions of the Lima Meeting (1999)

As the Final Report of the Lima Meeting summarizes, the status of research on HIV/AIDS and MSM populations in the region is characterized as follows (Cáceres 1999:12):

- Research on MSM populations has been very limited in the region. In the 1980s there seems to have been a kind of «pact of silence» in the sense that so little information has been generated about the demographic segment worst hit by HIV/AIDS. This phenomenon has come about for two opposed reasons: on one hand, the stigma of homosexuality, which influenced many decision makers; and, on the other hand, the efforts of many professionals and activists to destigmatize gay men through the «dehomosexualization» of the epidemic.
- For many years the issues most studied in research on HIV and MSM have been those that concerned national AIDS control programs from a mainly epidemiological perspective (i.e., number of sexual partners; frequencies of specific practices; etc.), consolidating the notion of a risk group, which was borrowed from the field of epidemiology and progressively used in non-specialized contexts with negative connotations (in other words, «risk group» equated to «risky group»). The main players in research studies were the national programs, together with international agencies, and medical schools. In some cases NGOs participated, however, generally speaking, gay organizations were not taken into consideration, except for the recruitment of participants. Not all groups within the population of men who engaged in homosexual practices were taken into account, since the researchers themselves were not always clear about matters concerning the diversity of this population.
- Probably, it was only after 1992 that changes began to appear in the sense that a larger number of community organizations, including those set up by MSM, began to launch research initiatives, as biomedical research diminished. There was a direction change in issues toward themes connected with meaning and subjectivity, identity and vulnerability; and, increasingly, qualitative methods were adopted. In addition, more sophisticated approaches were used to describe the different realities that surround the existence of MSM populations.
- The information produced by research has been underutilized, in part because of the «pact of silence», but also because of scarcity of funds,

the legitimacy that research lacked as a necessary resource for program planning, and a shortage of regular publications on public health accessible to social sciences researchers.

- Community actors have made limited use of the information produced due to the perception that urgent action was needed, putting off systematization of research and experience. Furthermore, these actors began increasingly to lose interest in research as the information they generated was disregarded by decision makers. The «dehomosexualization» of AIDS (which was justified in part by the need to highlight the vulnerability of women) also led to a fall-off of interest in targeting AIDS research at MSM, and to less funding becoming available for the study of HIV/AIDS-related issues in this population. Even in the new area of studies on men and masculinity, issues about homosexuality are frequently left aside.
- In consequence, the information generated by research has not been put to any significant use by programs or interventions.

According to the participants at the Lima Meeting, the *Priorities for Research on HIV/AIDS and MSM populations in Latin America* are as follows (Cáceres 1999:13):

1. Role of research in the development of programs on AIDS prevention and on sexual health/citizenship in MSM in the region.

The HIV/AIDS epidemic and the research produced as a result have led to:

- A better understanding of homosexualities
- Legitimization of research on sexual diversity, which implies its acquisition of an epistemological status
- A focus on the issues of human rights and citizenship, including access to health.

On this point, social actors interested in MSM populations ought to undertake research aimed to:

- Identify, describe, and analyze the determinants of vulnerability and social intervention objectives
- Monitor public policies and access initiatives
- Move beyond the risks of infection and examine the issues of health access, exposure to violence, and family situations.

- Influence neighboring academic fields, such as sexual and reproductive health, sexual rights, and studies on gender/masculinity, so that they too might address sexual diversity concerns.
  - Interact with and provide technical assistance to national programs.
2. Issues and subpopulations that should be made a priority
- Operational research geared to implementation and evaluation of interventions.
  - Behavioral and cultural diversity of MSM populations (including sexual interaction with men of low-income and excluded sectors).
  - Young MSM and the construction of identity, desire, and gender.
  - Identification of the determinants of exposure to the risk of HIV infection, quality of health care, and discrimination.
  - Living with HIV/AIDS in the region.
  - Issues relating to the private lives of MSM (including gay couples, family life, the workplace, the market, and consumption).
  - Homophobia and prejudice in the general population and in service providers.
  - Alcohol and drug use among MSM.
  - Seroprevalence studies.
  - Sexual and epidemiological patterns in urban centers, ports, and rural areas.
  - Incidence of STD and other diseases.
  - Human and sexual rights.
3. Modalities of research planning and implementation that should be made a priority.
- Analysis of the state of regional research on MSM and HIV/AIDS in order to determine needs.
  - Trans-disciplinary and inter-sectoral workshops to identify priority research strategies.
  - Multi-center studies.
  - Participatory research to encourage development and organization of MSM communities.
  - Unorthodox approaches that move beyond the exclusive preoccupation with biomedical and statistical issues and include qualitative investigation.
  - Meta-analysis of quantitative data.

AIDS helped issues like homosexuality (or sexuality alone on its own) to become not only a permanent item on public agendas, but also an issue of necessary consideration. The increased visibility of homosexuality and of gay men that came about with the emergence of AIDS has had the effect of breaking down the traditional order that relegated sex and love between persons of the same sex to the private sphere, and of acting as a catalyst for gay organizing, demands for sexual rights, and public discussion of the issue (*Roberts 1995*).

Paradoxically, therefore, the AIDS experience created an environment that encouraged the reassessment of the subordinate status of homosexuality as a stigmatized practice relegated to the discreet confines of the private sphere, and accelerated the entrance on to the public stage of the issue of discrimination against, and rights of, sexual minorities. AIDS brought about the public discussion of diverse forms of sexuality, not only in terms of sexual relations, but also in terms of love, public displays of love, of social and sexual rights, and of citizenship.

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## Table of Contents of the Research Inventory

### Argentina

- ARG-01 And AIDS is Amongst Us: A Study on the Attitudes, Beliefs and Behaviours of Groups Hit by the Disease.
- ARG-02 Gays and Lesbians: Identity Formation and Human Rights.
- ARG-03 The Secret History of Homosexual Peoples in Buenos Aires.
- ARG-04 Rehearsing Morality at the Margins, Contexts of Gay Interaction in a Provincial City of Argentina.
- ARG-05 What, How, When, Where, and With Whom.
- ARG-06 Masculinity and HIV vulnerability in men who have sex with men.
- ARG-07 Men who have sex with men: Homosexuality and HIV prevention.
- ARG-08 Health as a recognition vector for human rights: The AIDS epidemic and recognition of the rights of sexual minorities.
- ARG-09 Research into AIDS and MSM in Latin America and the Caribbean: Public policies and human rights.
- ARG-10 Secret identities.
- ARG-11 The construction of abortion and AIDS as political issues: The case of Argentina.
- ARG-12 Sex workers: A population neglected by AIDS prevention programs.

## Brazil.

- BRA-01 Sexualities Project: Citizenship and Prevention of AIDS among Homosexual Men.
- BRA-02 Bela Vista Project.
- BRA-03 Innocence and Vice: Studies on Homoeroticism.
- BRA-04 AIDS: The Third Epidemic (Essays and Endeavours).
- BRA-05 Quand l'arc-en-ciel s'écroule sur la tribu: Homosexualities and AIDS in Copacabana.
- BRA-06 HIV and Syphilis Infections: A Study Comparing Transvestite and non-Transvestite Male Prostitutes in the City of Sao Paulo.
- BRA-07 Belo Horizonte Project.
- BRA-08 Homosexuality, Bisexuality and HIV/AIDS in Brazil: An Annotated Bibliography from the Social Sciences and related fields.
- BRA-09 Knowledge, Attitudes and Beliefs about AIDS and Sexual Behaviour among Homosexual and Bisexual Men in the Municipality of Fortaleza.
- BRA-10 Gender and Sexuality: Fragments of Masculine Identity in the Times of AIDS.
- BRA-11 The Risk of HIV Infection among Transvestite Prostitutes in Salvador, Bahia.
- BRA-12 The Building of Solidarity.
- BRA-13 Among Men: Homosexuality and AIDS in Brazil.
- BRA-14 Sexual Practices and Changes of Behaviour among Men Who Have Sex with Other Men in Rio de Janeiro, 1990-1995.
- BRA-15 Beneath the Equator: Cultures of Desire, Male Homosexuality and Emerging Gay Communities in Brazil.

- BRA-16 Praça XI Project.
- BRA-17 Bis-Brazil Network: An Intervention Experience with Bisexual Men.
- BRA-18 Triângulo Rosa: The Search for the Citizenship of Gay People.
- BRA-19 Reinventing Life: Stories about Homosexuality and AIDS in Brazil
- BRA-20 The transvestite: A proctological patient.
- BRA-21 Gender, Carnival and AIDS: Construction of homosexual identities through ritual situations in the Rio de Janeiro Carnival in the age of AIDS.
- BRA-22 Bodies, appearances and sexual practices: social anthropology of homosexuality on a beach in Rio de Janeiro.
- BRA-23 Survey on prevention among male sex workers.
- BRA-24 Sexual behavior and factors associated with HIV seroincidence in a cohort of men who have sex with men.
- BRA-25 Sexual behaviors of HIV negative men who have sex with men and use drugs. Río de Janeiro, Brasil («Rio Project»).
- BRA-26 Homosexuality and willingness to participate in an HIV vaccine trial.
- BRA-27 The unknown client: Sociodemographic profile of clients of transvestites in Bahia

## Chile

- CHI-01 Of Loves and Shadows: Populations and Cultures of Homosexual and Bisexual Men in Santiago.
- CHI-02 The Regios of Santa Lucía. Life Histories of Young Homosexual Men in Santiago.
- CHI-03 Cultural Homophobia in Chile: Perceptions on Male Sexuality and Homosexuality.

- CHI-04 Cultural Homophobia in Santiago de Chile: A qualitative study.
- CHI-05 Assessment of homosexual activity in public places for the design of an intervention for the prevention of STD and AIDS.
- CHI-06 Sub-Cultural and Psycho-Social Aspects of Male Homosexuality.
- CHI-07 Narrative Report, Phase II of the Project: «Preventive Intervention at Public Sex Sites».
- CHI-08 Between Apolo and Dionysos: Masculinity in the Lower and Middle Class Urban Homosexual Discourse.
- CHI-09 Youth, prostitution, and the market: an anthropological examination of female and male youth prostitution in Santiago.

## Colombia

- COL-01 Survey on Sexual and HIV/AIDS Knowledge, Attitudes and Practices of Men Who Have Sex WithMen (1997).
- COL-02 Survey on Sexual and HIV/AIDS Knowledge, Attitudes and Practices of Men Who Have Sex With Men.
- COL-03 AIDS and sexuality KAP Survey among health service providers.
- COL-04 Survey on the Knowledge, Attitudes and Practices of Gay Men and other Men who have Sex with men in the City of Medellín, Colombia.
- COL-05 KAP survey on sexuality, STDs and HIV/AIDS among young gay men in Bogotá.
- COL-06 HIV-1 seroprevalence in MSM in Bogota, Colombia. Preliminary findings of the Study on knowledge, attitudes and practices.
- COL-07 Research project on sexuality and HIV-AIDS in bisexual MSM in four cities in the country.

## Costa Rica

- CRI-01 Holistic Prevention among Gay Men: Homophobia and More.
- CRI-02 From Frogs to Princesses. Suffering, Daring and Cross-dressed.
- CRI-03 At the Lord's Table: The Truth about the Biblical Condemnation of Homosexuals.
- CRI-04 To Walk in the Darkness: A Survey on Condoms Among Men who have Sex with other Men in Costa Rica.
- CRI-05 Little Pink Riding Hood and the Big Bad Wolf: Latin Public Sex.
- CRI-06 To the Sound of a Head-Set: A Study of Truckers in Central América and their Relation to AIDS.
- CRI-07 Lila's house: A study of Male Prostitution.
- CRI-08 Macho Love: A study of homosexuality in the prison.

## Dominican Republic

- DOM-01 Dominican Republic: Lifestyles And Sexual Practices: Resultados of a KABP Study Conducted Among Homosexual and Bisexual Men».
- DOM-02 Modern Catamites and Exolets in the Dominican Republic.
- DOM-03 Sexual Behaviour and Risk Factors for HIV Infection Among Men Who have Sex with Men in the Dominican Republic.
- DOM-04 Broadening the Social Base of AIDS Prevention Among Men Who Have Sex With Men in the Dominican Republic.
- DOM-05 Cultural Focus on the Sustainable Development of HIV/AIDS Prevention in the Dominican Republic.
- DOM-06 Evaluation of Educational Material for Homosexual and Bisexual Clients of Male Sex Workers in the Streets of Santo Domingo.

- DOM-07 Study on the Knowledge, Beliefs, Attitudes, and Practices Relevant to the Prevention of AIDS and the Use of Condoms among Street Children who are Sex Workers, Santo Domingo, 1989-1990.
- DOM-08 Peer Education Project on Male Street Sexual Workers: «Bugui Bugui Project».
- DOM-09 Psychosocial Characteristics, Risk of Infection and Motivations for the Prevention of HIV/AIDS of Male Sex Workers in Santo Domingo.
- DOM-10 AIDS and the enigma of bisexuality in the Dominican Republic.
- DOM-11 Three Decades of Male Sex Work in Santo Domingo.
- DOM-12 AIDS/STD KAP Survey among Men who have Sex with Men.

## Ecuador

- ECU-01 HIV-1 seroprevalence in MSM in Ecuador. A behavioral study

## El Salvador

- ELS-01 Homosexual men in El Salvador: Their Identity and Perception amidst HIV/AIDS.

## Guatemala

- GUA-01 The Impact of the Holistic Model for the Prevention of AIDS on Sexual Minorities.
- GUA-02 Qualitative study of sexual behaviors, social norms, human rights and risk contexts for HIV infection in MSM in downtown Guatemala City.

## Mexico

- MEX-01 Homosexual Transmission of HIV/AIDS in México.
- MEX-02 Risk Factors Associated with the HIV Infection in Homosexual and Bisexual Men.
- MEX-03 Seroprevalence of HIV Infections among Men with Homosexual and Bisexual Practices in the City of Tijuana, Baja California.
- MEX-04 Hidden in the Blood, a Personal Investigation of AIDS in the Yucatán.
- MEX-05 Full Steam Ahead: Report on HIV Prevention among MSM. in Steam Baths in México City.
- MEX-06 The AIDS Epidemic Figures in the Mexican Gay Population.
- MEX-07 Exploratory Study of AIDS Sexual Behaviour and Practices of Male Adolescent Undergraduate Students in México City Who Define Themselves as Gay and Are Between 15 and 18 Years Old.
- MEX-08 Two Moments: Thoughts and Acts to Face HIV/AIDS among Homosexual and Bisexual Men.
- MEX-09 Homosexuality: Society and the State in México.
- MEX-10 Explorative Study on Dark Rooms and the AIDS Health-Disease Process in the Gay Community.
- MEX-11 The Structure and Functioning of Gay Male Couples.
- MEX-12 Studies on Bisexuality in México.
- MEX-13 Mema's House, México City. On Transvestites, Queens and Machos.
- MEX-14 AIDS Prevention Program for Young Homosexual Men.
- MEX-15 Intimacy and homosexuality among Mexican men.

- MEX-16 HIV-1 seropositivity and behavioural and sociological risks among homosexual and bisexual men in six Mexican cities.
- MEX-17 AIDS and sexuality survey among homosexual/bisexual men in México.
- MEX-18 Cultural Change, Hybridity and Male Homosexuality in México.
- MEX-19 AIDS-related illness trajectories in México: Findings from a qualitative study in two marginalised communities.
- MEX-20 Bisexuality among construction workers in México.
- MEX-21 Male sex work in México City.
- MEX-22 Male homosexuality and the construction of masculinity in México.
- MEX-23 AIDS Education and Prevention Program in the Gay Community.
- MEX-24 Construction of the gay transvestite identity. Power, discourses and histories; the dispute for spaces and territories: transvestism among the gays of the city of Colima city and its conurbation.
- MEX-25 The gay identity: an identity under tension. A way of understanding the world of homosexuals.
- MEX-26 The Night Is Young: Sexuality in Mexico in the Time of AIDS.
- MEX-27 Neither Machos nor Maricones: Masculinity and Emerging Male Homosexual Identities in Mexico.
- MEX-28 Construction of gay identity in a group of young gay men in Mexico City. Some lines of analysis for ethnographic study.
- MEX-29 The gay male couple in Mexico: Some indicators.
- MEX-30 Specificities of the male sex industry in the city of Xalapa, Veracruz from a gender perspective.
- MEX-31 Sex among males. Power and resistance in the sexual sphere.

- MEX-32 Recognizing pleasures, deconstructing identities. Anthropology, patriarchy, and homoeroticism in Mexico.
- MEX-33 The relationship between disease and oppression in bisexuals, lesbians, and homosexuals in Mexico City.
- MEX-34 Gay young hearts. Gender, identity, and socialization in gay men in Mexico City.
- MEX-35 Social support among homosexual men who have and have not revealed their homosexuality and their HIV/AIDS serostatus.
- MEX-36 Geographic overview of gay places in Mexico City.
- MEX-37 Sexual patterns and locus of control in men who have sex with men with different HIV/AIDS serostatus.

## Nicaragua

- NIC-01 Unsafe Sex: Qualitative Investigation on AIDS High Risk Behaviour in Nicaragua.

## Peru

- PER-01 The Correlates of Safe Behaviour Among Homosexually Active Men in Lima.
- PER-02 Forbidden Identity.
- PER-03 An HIV/STD Prevention Program for Homosexually Active Men of Diverse Sexual Identities.
- PER-04 The Problem of Homosexuality: a Study of the Social Concept as a Mechanism for Margination.
- PER-05 Factors Intervening in Establishing Circumstantial Homosexual Conducts.

- PER-06 Information and Prejudice Regarding Homosexuality.
- PER-07 Playing the Russian Roulette? A study on Habits and Attitudes regarding the Use of Preservatives.
- PER-08 Information and Counselling of Gay Men and Travestis in Callao.
- PER-09 The Margin Has Many Sides: Diversity among Men Who Have Sex with Other Men in Lima.
- PER-10 History, Sex and Culture in Perú: A Foucaultian Approach.
- PER-11 Sexual Conduct and the Prevalence of the HIV Infections in Homosexual Men in Lima.
- PER-12 Sexual Behaviour and Risk Factors for STD and HIV Infection among Men who have Sex with Men in Lima, Perú.
- PER-13 Study on the behaviour of homosexual hair-dressers in Lima during their search for health services to deal with STD.
- PER-14 Reasons Why Men Who Have Sex with Other Men Incur in Unsafe Sexual Practices.
- PER-15 Sentinel Surveillance for Men who have sex with men in Peru.
- PER-16 The «scene»: young homosexual men building identities in Lima.
- PER-17 Men, masculinity and sexual health in Peru
- PER-18 Who cares? Police raids on gay clubs in downtown Lima

## Puerto Rico

- PRI-01 Health Promotion Work in a Community of Sex Workers in San Juan and HIV Prevention.
- PRI-02 Non-penetrative Outcomes for HIV/AIDS Prevention among Latinos/as.

- PRI-03      Contrasting Types of Puerto Rican Men Who Have Sex with Men (MSM).
- PRI-04      Hidden in the Closet: Same Sex Domestic Violence in the Latino Lesbian & Gay Community: Implications for Intervention.
- PRI-05      Social networks, social support and sexual practices among Puerto Rican HIV+ gay men.
- PRI-06      Implementation and evaluation of an HIV primary prevention intervention targeting Latino gay and bisexual males in Puerto Rico.



### III. Glossary

- **Advocacy:** Promotion and defence of a cause (or of a group) among decision makers (for example, authorities) or stakeholders.
- **Antiretroviral treatments:** In this book, this term is generally used to refer to current forms of AIDS treatment because they target HIV (a human retrovirus). These treatments mainly involve combinations of two and sometimes as many as four drugs, usually of different types or «families».
- **Cohort study:** In epidemiology, a type of study in which a group of individuals is observed over time.
- **'Coming out' (of the closet):** A metaphor traditionally used to refer to the disclosure of homosexual identities, desires, or experiences that many men and women secretly conceal.
- **Construct:** A category defined when a theory is operationalised, usually with the subsequent development of an instrument (for example, a scale) to measure it. For instance, the construct «self-esteem» is proposed and a scale is later developed to measure it.
- **Gender:** Unlike sex (which alludes above all to the biological differences between men and women) this refers to the characteristics historically assigned by a society to men and women, in terms of types of behaviour, dress, sexual relations, etc. For example, men are (or should be) tough, emotionally inexpressive, strong, prone to conquer; women are (or should be) delicate, emotional, mildly flirtatious.
- **Hegemonic discourse:** The dominant view on a given issue imposed by tradition or a power group. For example, the view that heterosexuality is the «normal» form of sexuality is still part of the hegemonic discourse although the latter is in the process of changing.

- **Homophobia:** Rejection of anything related to homosexuality.
- **Incidence:** The number of new cases of a disease (for example, HIV infection) that occur over a given period of time (for example, one year) in a group of persons susceptible to its acquisition. Thus, if three out of a group of 100 susceptible persons become infected, the incidence is 3% per year.
- **Individual vulnerability:** Lack of protection for an individual against a public risk, partly for reasons inherent to the individual (for example, psychological characteristics), and partly because he or she belongs to a group that is overall the victim of structural vulnerabilities.
- **Machismo/Marianism:** A version of sexism considered typical of Latin America and Southern Europe, which enforces more rigid and marked behaviour patterns for men, clearly distinct from those of women, which are also rigid and marked in an opposing sense.
- **Masculinity:** Socially determined mode of male behaviour that varies with time and according to different societies and cultures. It corresponds to the male gender role and stands in counterpoint to femininity.
- **MSM:** Acronym that stands for «men who have sex with men», which alludes to all men who engage in such sexual practice, regardless of their identity. It includes, therefore, men with gay, bisexual, heterosexual and other identities.
- **Outreach:** Refers to searching for and meeting persons within a population, who are usually hard to locate (for example, male and female sex workers, drug users) generally to offer them some form of preventive or therapeutic intervention.
- **Prevalence:** In epidemiology, the concept that alludes to the proportion of persons within a sample or monitored group with a given condition or disease. For example, if five out of 100 persons under observation in a study present signs of gonorrhoea, the gonorrhoea prevalence in that population is 5%.
- **Primary HIV prevention:** Prevention of HIV infection.

- Risk behaviour: In discussions on HIV/AIDS this term is used to refer to behaviour likely to increase the risk of acquisition or transmission of HIV. It generally alludes to risky sexual behaviour (essentially unprotected anal or vaginal penetration with partners who are seropositive or whose serological status is unknown). It can also allude to risk behaviour in the use of recreational drugs (essentially the sharing of needles and syringes with other persons).
- Secondary HIV prevention: Prevention of the development of clinical problems after HIV infection has occurred.
- Second-generation surveillance: In AIDS epidemiology, a new concept in epidemiological surveillance which emerged in the mid-1990s, and proposed diversification of information sources (in addition to case reporting data), for instance, including sentinel surveillance, seroprevalence studies, behavioural surveillance, and STI monitoring.
- Sentinel surveillance: In AIDS epidemiology, a routine survey that is repeated over time, generally on a reproducible convenience sample (for example, clients of an STI clinic) to provide a broad idea of the progress of the epidemic in a reference group.
- Sexual identity: Notion of oneself with regard to the sexual. From the point of view of sexual orientation, it normally refers to whether a person considers himself or herself as «homosexual», «gay», or other similar identities, or considers himself or herself «heterosexual» or «bisexual». Sexual identity, however, depends on the categories or types of identity that people in a given time and place see as possible or available to them. In certain working classes, for example, it is not frequent among men to define themselves as «heterosexual», since the distinction only exists between «man» and «homosexual».
- Sexual orientation: Sexual preference for the opposite gender, for the same gender, or for both genders.
- STD: Sexually transmitted disease.
- STI: Sexually transmitted infection. The difference with STD is that «disease» specifically refers to symptoms and signs, while «infection» does not. Given that only a fraction of STIs lead to symptoms and signs (that is, disease), only a fraction of STIs are recognised as STDs.

- Stigmatisation: The signalling of a practice (for example, anal sex), an experience (for example, seropositive status), or a group (for example, homosexuals) as negative, uncomfortable, or undesirable.
- Structural vulnerability: Lack of protection for a group (that shares a stigmatised characteristic, such as, for instance, being a member of an ethnic, religious, or sexual minority) against a public risk, when that lack of protection stems from social exclusion.
- Transgender / transsexual: a person who, having been born with one biological sex, leads her or his life, from the point of view of gender, in a way traditionally regarded as corresponding to the other sex. Such is the case of men who choose to *dress and live* in a manner which tradition reserves for women, and vice versa. On occasions, the differentiated use of the two words, as well as that of transvestite, is used to convey the difference in condition before and after a sex change. However, this differentiated use of such terms is not consistent.

## About the authors

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A medical doctor and social researcher in health, Carlos Cáceres obtained his doctorate in public health at the University of California, Berkeley. He is currently Professor of Public Health at Cayetano Heredia University, Lima, where he conducts research on sexualities, health and sexual rights, and coordinates the Masters Program in Gender, Sexuality and Reproductive Health. He is also a researcher at the Center for AIDS Prevention Studies at the University of California, San Francisco, and a member of the HIV/AIDS Epidemiology Network for Latin America and the Caribbean. With the support of UNAIDS, in 1998 he promoted the creation of the Research Network on MSM and HIV/AIDS in Latin America

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