Gay Couples, Gay Communities, and HIV: Challenges for Health Education

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Commentary

Gay Couples, Gay Communities, and HIV: Challenges for Health Education

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We are at an interesting time in society. As health educators, we appear to be right in the middle of the intersection of culture, behavior, and disease with no time to waste yet with little clear consensus on where we are headed or how we are going to get there when it comes to issues like HIV and AIDS. Fergus, Lewis, Darbes, and Butterfield (2005) have made an important contribution to our literature that highlights some of the complexities facing those working to stem the continuing HIV epidemic.

For the last 2 decades, researchers and practitioners dedicated to improving the health of gay and bisexual men have largely focused their work on the need to reduce the incidence of HIV infection. This is certainly warranted given the intensity of this particular epidemic in the gay community and the challenges it has presented to the nation's public health and social service systems. One artifact of this HIV-focused direction has been that our contemporary literature about gay men is highly disease focused, characterized primarily by studies that have examined the social and cultural characteristics of gay communities almost entirely for their associations with the HIV epidemic (Reece & Dodge, 2004). Most certainly, HIV and AIDS remain a priority, yet they do not represent the totality of the health issues facing gay communities, and many of our studies in this area offer only a limited understanding of the manner in which gay men construct their sexual lives.

As we have focused on HIV and AIDS, we have had to acknowledge, discuss, and debate the diverse range of sexual behaviors that occur between men and understand them for their social and cultural roles in gay communities. As a result, and perhaps now more than ever, we understand the importance of not only ensuring scientific rigor in our work but also ensuring that our work has utility for community practitioners, is consistent with the lived experiences of the participants under study, and is acceptable to the community members themselves. The perspective offered by Fergus and colleagues is a prime example of work that maintains a focus on HIV and our need to reduce its incidence, but one that also attempts to understand behavioral correlates of infection within a

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social context. Their work also is an example of the fact that HIV still presents our field with a range of complex issues that need further discussion and debate.

Many working on HIV issues have been careful when teasing out the differences between the sexual behaviors of an individual and the sexual orientation of that individual. As a result, much of the recent work on HIV has emphasized the behaviors of men who have sex with men regardless of the extent to which they identify as homosexual, heterosexual, or bisexual. The work of Fergus and colleagues is important for its intentional focus on the social structures of the gay community, the notion of gay identity, and its suggestion that social structures and identity have important implications for health outcomes.

The work of these authors also makes an important contribution for its focus on the gay couple as the unit of analysis. Since the earlier work of McWhirter and Mattison (1984), very little research has considered the dynamics of gay relationships and the extent to which those dynamics facilitate health risks or protect against them. The methods used to explore the within-couple dynamics offer valuable guidance to other researchers, particularly those that were used to construct a culturally appropriate HIV risk index for participants that took monogamy into account. The authors were sensitive to the extent to which some gay couples maintain committed relationships while they simultaneously have flexibility with regard to extradyadic sexual encounters. To some, these characteristics may seem inconsistent with one another, but they are perhaps an important characteristic of the manner in which some gay couples construct their lives.

Although the method used by the authors to assess the risk level of these extradyadic relations was innovative, little was reported (and perhaps unknown) about the decision-making process with regard to condom use that took place before or during them. Future research should consider the extent to which gay men, during extradyadic sexual relations, discuss HIV serostatus or negotiate condom use (including use or nonuse) as a function of their desire to avoid the potential for subsequently transmitting disease to their primary partner. This is not to suggest that simply having a discussion with a potential sexual partner is a reliable method for determining risk; however, it may be the case that men in couples would be likely to initiate such discussions during extradyadic activities more frequently and make decisions accordingly. Therefore, considering their behaviors only for the absolute theoretical risk for disease transmission may not offer a complete picture of the interactions that occurred.

Although it is understandable that the authors measured gay community integration using the scale developed by Kippax, Connell, Dowsett, and Crawford (1993), as the two-factor structure of this scale does offer measures for some elements of the gay community, it may present significant limitations when considering the nature of some contemporary gay communities in the United States. Some of these limitations may simply be a result of the difficulty of operationalizing the notion of the *gay community*. What establishes a venue as a component of the gay community? Is it only those places that serve a specific gay-identified and acknowledged purpose that can be included? It is difficult to comprehensively measure community integration when the very nature of the community itself is so difficult to define. Additionally, the scale does not account for the spaces that are either physically constructed or socially constructed as sexual spaces where men meet for sex. In many large American cities, there has be a reemergence of sex clubs and other venues that, although controversial to some, may have an important and symbolic meaning for others in the gay community, and future research in this area should consider the extent to which these venues play a role in the social and sexual lives of men in relationships.

There are a few other forms of interaction that could influence health risk within the context of gay couples, yet these were not considered fully in this study. It is likely that some gay men have extensive social networks with individuals both inside and outside of the gay community. It may be that nongay members of such a network and the nongay social activities of gay men directly influence their level of involvement in the gay community. Particularly for some who actively participate in non-gay-identified activities, it could be that their involvement in the gay community remains closely aligned with the more traditional and established venues such as bars and clubs, particularly in cities with less developed gay communities. As acknowledged by the authors, gay bars have played an important role in the history of many gay communities and continue to serve as important social outlets for some gay men. Although alcohol use was addressed in this study, it is also important that we do not underestimate the other roles that gay bars may play in the lives of some men above and beyond those related to alcohol use.

Although this study offers insights into issues specific to gay couples, it simultaneously brings into focus the challenging nature of this issue for the health education profession. Some, particularly those who do not work specifically with HIV, may wonder why at this point into the epidemic any gay man would participate in unprotected intercourse. Gabriel Rotello (1984), in considering such a logical question, made an excellent point in his suggestion that it might make more sense if there were greater incentives for the maintenance of low-risk behaviors—for example, if unsafe sex always led to HIV infection or if HIV infection quickly and consistently led to death. Herein lies the challenge for health education. Our contemporary understanding of gay sexuality exists primarily within the realm of HIV infection. It is almost impossible for many of us to consider gay sexuality without considering HIV. However, as is true across many diverse cultures, sex takes on a variety of symbolic and cultural meanings. To consider behaviors only for their potential to result in disease transmission means that we may have already missed out on the very social and cultural factors associated with sex that may provide answers to the questions that have challenged us since the beginning of the epidemic.

Lastly, the authors make the suggestion that there may be a need for increased intervention at the community level, and there are certainly HIV educators who have already started to incorporate behavioral strategies such as negotiated safety into their interventions. Maybe we should also consider whether we simultaneously have a role to play in reducing the social prejudices that keep gay men and their cultural norms subscribed to only those venues that are identified as gay as we continue to move forward in the fight against health issues like HIV and others that affect this community.

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