

# GAY-BOY TALK: DISCOURSE FOR STOPPING HIV INFECTIONS AMONG YOUNG GAY MEN

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**T**he perceived need to “intervene” with young gay men has been heightened by the HIV/AIDS epidemic and the risk of HIV exposure. However, constantly being cast as a population in need of public health intervention can have a stigmatizing effect. Individual-level, behavioral interventions reinforce the stigma because they define risk as existing inside a person rather than as a by-product of cultural or social contexts. We call instead for a different programmatic approach.

The purpose of this article is to discuss the importance of influencing discourse about homosexuality at the social and cultural levels in HIV-prevention efforts targeting young gay men. The discussion is based on *Sexual Stories*, a study which sought to understand the interpersonal, social, and cultural contexts in which behavioral risk for HIV infection occurs among young gay men. In this study, researchers conducted forty in-depth, semi-structured interviews with white and Latino gay men between the ages of 18 and 24. Findings from these interviews reveal that sexual risk behaviors occurred mainly in two social situations: primary relationships of presumed monogamy, and sexual coercion. Young gay men also reported receiving little to no gay-relevant sex education prior to engaging in sexual risk behaviors.<sup>1</sup>

Based on the findings reported by young gay men regarding their safer sex and HIV-risk behaviors, we suggest employing a discourse conceptualized as ‘gay-boy talk’ as a strategy for addressing factors that place young gay men at risk for HIV and for building on their strengths and protective behaviors. By introducing positive ideas about homosexuality into the verbal exchanges between young gay men and by normalizing discussion about sex and sexual desire, young gay men can both create and disseminate ethics for becoming sexually active adults.

## CURRENT APPROACHES

Sexual politics have shaped AIDS education efforts since the beginning of the crisis in the early 1980's.<sup>2, 3</sup> One approach to HIV prevention advocates eroticizing safer-sex in an attempt to minimize the spread of HIV with realistic, sex positive campaigns. The moralist approach to education blames gays for “their” disease, espouses heterosexist ideologies about a marriage as the only proper place for sex

(while prohibiting gays from getting married), and preaches celibacy and procreation-only models for sex. This strain of thinking is wedded to the abstinence-only-until-marriage programs that are currently receiving strong federal support and funding, despite the fact that none have met scientific tests for proven effectiveness.<sup>4</sup>

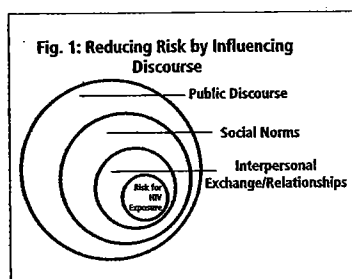
Sexuality education policies in the schools only target heterosexual adolescents despite the fact that gay adolescents are vastly over-represented in HIV rates. No peer-reviewed, published study of school-based sexuality education has looked at the impact of abstinence-only programs on young gay men, yet one has shown that HIV instruction that is gay- and lesbian-sensitive does significantly reduce HIV risk behaviors among gay and lesbian adolescents.<sup>5</sup> In addition, there are public health models for HIV-prevention programs at the community-intervention level that have been shown to be effective for young gay men. These models share common elements. They are: peer driven; explicit about gay sex and condom usage; culturally relevant; ongoing; and conducted in safe, non-homophobic spaces. These models are also specifically tailored to the issues of gay youth including their perceptions of HIV risk.<sup>6</sup> Effective community-level models can be extremely difficult to fund and such interventions may not be effective for hard-to-reach gay youth.<sup>7</sup> Still, the establishment of multiple safe and supportive spaces for young gay men is a critical element of HIV-prevention campaigns for this target population.

Innovative thinking is required to complement effective community-level models and to create safe and supportive cultural spaces wherever gay youth grow up. Multiple safer-sex messages must be meaningful to young gay men and account for the complexities of their lives. Talking with young gay men about sex, including negotiating safety and saying no to unwanted sex, could lead to more self-initiated talk among them about how best to manage the kind of sex they actually want. Moreover, simply making it okay to be gay (whatever that might mean to an individual) could help a young man overcome negative feelings about intimacy with other men. It is important to promote open and factual talk among peers about sex and issues that undermine the health and wellness of gay men.

## THE GAY-BOY TALK MODEL

'Gay-boy talk' can be thought of as a form of verbal exchange or social discourse that addresses the sexual health concerns of young gay men by countering negative discourses with more positive ideas about homosexuality.

Social discourse comprises specialized language, ideas, and social outcomes that are tied to social power and social location.<sup>8</sup> We believe that social discourse influences social norms, interpersonal relationships, and ultimately individual risk behaviors for HIV exposure (see Figure 1). Dominant social discourses about gay youth are currently guided by culturally pervasive homophobic ideas (i.e., homosexuality is wrong). Alternate discourses could encourage gay boys to pass on 'gay-boy talk' much as girls pass on 'girl-talk' about pregnancy, marriage, and rape.<sup>9</sup>



'Gay-boy talk' should address multiple issues that shape the sexual development of young gay men. For instance, 'gay-boy talk' might encourage discussions about dating and relationships centering on questions such as: What is

a relationship? What is a steady partner? What kind of sex makes sense with my current partner? What is safer sex in a relationship? How do gay men treat each other in relationships? What role do trust and protection play? In addition, young gay men need opportunities to talk about what kind of sex they enjoy, and how to prepare for sex, including anal sex, before it happens the first time. 'Gay-boy talk' takes into consideration the risk of HIV exposure as an integrated feature of sexual relationships. Trust can be recast in the context of taking risks to communicate openly about complex and difficult feelings and desires. 'Gay-boy talk' can be and is used by young gay men to communicate with their partners about pleasure and desire, HIV status, rules for safety with each other, sexual histories, and sex that might happen outside of their primary relationships. It should also address sexual coercion and rape so that young men can define and identify such interactions when they occur. 'Gay-boy talk' can impart tools for avoiding these situations and for handling them when they arise.

'Gay-boy talk' can also be used as a tool to influence the sometimes fragile logic that young gay men employ when having sex. For instance, many young gay men believe they are protected against exposure to HIV if they are in an exclusive relationship with a boyfriend. However, presumed monogamy in gay relationships, without communication or contingency planning, can heighten the risk for HIV exposure when used as a risk-reduction strategy. In order to address presumptions about monogamy in primary relationships with

young gay men, the lives and relationships of young gay men, in all of their intricacies, need to be normalized, acknowledged, and respected. Current HIV interventions targeting young gay men do not always sensitively address sex (including anal sex) between boyfriends, because they do not always acknowledge the seriousness and importance of boyfriend-relationships and the sex young gay men choose to have.

It is also important to remember that young gay men are motivated by more than their desire for sex. HIV-prevention approaches should therefore seek to honor and celebrate the many facets of gay youth's lives as well as the larger social relationships in which they are embedded. Conventional HIV-risk behavior evaluation forms may not capture the fullness of the lives young gay men are leading. When providers respect the ways gay boys are talking to each other, instead of seeing them as 'empty' vessels who need the public health vocabulary of prevention, they can develop more effective programs. As providers, researchers, educators, and parents we should not "put a condom" on the conversation.

In fact, peers, parents, and teachers can all play vital roles in this effort to foster discussions about the safer-sex needs of gay youth. Sex education policies and curricula should be expanded to include explicit information about some of the challenges that gay youth face as sexual minorities, gay men's relationships with primary partner, gay and lesbian organizational resources, and the use of condoms for anal sex. Simply asking young gay men about their relationships, sharing resources for gay-related services, supporting young gay men to be active in social justice issues, or introducing them to mentors who can talk about the importance of safer sex for gay men could lead to more self-initiated talk amongst them about how best to manage the kind of sex they actually want.

## USING THE GAY-BOY TALK CONCEPT

The findings from the *Sexual Stories* project suggest important implications for education policies targeting gay youth. Too often, public health officials seek a "magic-bullet" intervention to target "at-risk" populations and change their behaviors. We believe that training curricula for targeting gay youth are critical components of our efforts to reduce HIV risk among young gay men. Yet, it is also important to build on their own resiliencies and to involve young gay men in the 'gay-boy talk' that will lead to social and cultural change and, ultimately, to their own behavioral changes.<sup>10</sup>

AIDS Project Los Angeles (APLA) is currently using this concept along with the Mpowerment training guidelines to implement an HIV-prevention program with gay youth. The Mpowerment model has been shown to be effective in reducing rates of unprotected anal intercourse

among young gay men.<sup>11</sup> APLA is adapting the model to the particular needs of young, working-class, urban gay men of color in Los Angeles. The young men in our program face numerous other salient issues in their lives beyond HIV. These include poverty, family violence, and urban gay life. They also have desires and dreams like becoming fashion designers or mystery novel writers. Having knowledge of, and being connected to these issues is the best entrance into discussions about safer sex with our clients. We can then begin to more effectively analyze and address the factors that contribute to their understandings of safe and unsafe sex as well as larger feelings of safety or risk in their lives, homes, and neighborhoods.

### EXAMPLES OF GAY BOY TALK

Such an approach to sexual health education is driven by a philosophy of building on gay youth's existing 'gay-boy talk' in their daily lives, rather than relying solely on educational events. For example, the Mpowerment program at APLA faced an incident in which one of the boys in the program was considering suicide as a result of tensions in his family surrounding being gay. Several of the young men in the program responded by effectively employing 'gay-boy talk' as a powerful strategy for managing a high-risk circumstance. They advised him and shared tactics for negotiating the perils of home life.



IMAGE 1

The picture above is a self-portrait of an Mpowerment participant representing himself during a workshop. The image functions as self-generated 'gay-boy talk' that visually conveys beauty, agency, vulnerability, and playfulness. With such images, young gay men talk to themselves and each other, while talking back to a larger society that is often indifferent or even hostile. This kind of 'gay-boy talk' imagery can be used in outreach materials such as flyers and websites, community events such as readings and exhibitions, and simply to affirm the creativity and

resilience of young gay men. In fact at APLA, such images have been so successful at "talking" with young gay men that dozens of potential clients have asked to participate in the program because it would allow them to make their own representations.

The Mpowerment project at APLA draws on existing safer-sex training and materials but only in the service of activating young gay men's imaginations and sense of belonging. For instance, one of the first 'interventions' of the program involved asking the young men to take pictures of themselves, talk about their lives, and create a flyer for the program.



IMAGE 2



IMAGE 3

The flyer (see Image 2) depicts images of young gay men 'gay-boy talking' in non-verbal ways that illustrate their connection to each other and their own unique ways of being in the world. The flyer also incorporates a cartoon character named 'Flamer' designed by a client in consultation with his peers (see Image 3). This is one example of the ways in which 'gay-boy talk' can be culturally coded through fashion, gesture, and physical camaraderie. This simple flyer allows the guys to see themselves as an integral part of the

program's process. This kind of inter-subjective programming can model and affirm the power of 'gay-boy talk.'

### MOVING FORWARD

'Gay-boy talk,' then, is a means for creating and disseminating ethical principles for becoming sexually active adults. Through 'gay-boy talk,' young gay men can reinforce collective practices that support communication, intimacy, pleasure, consensual sex, protection, trust, and healthy boundaries. Conversely, they can actively reject the imposed sexual silences, shame, disempowerment, and violence that heighten the risk for HIV. 'Gay-boy talk' is an HIV-prevention strategy that operates at the cultural level, moving us away from a singular focus on individual behavioral risk. Fostering 'gay-boy talk' can help in our work against future HIV infections among young gay men.

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