Published in final edited form as:

Cult Health Sex. 2016 June ; 18(6): 625–638. doi:10.1080/13691058.2015.1102326.

How intersectional constructions of sexuality, culture, and masculinity shape identities and sexual decision-making among men who have sex with men in coastal Kenya

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Abstract

Men who have sex with men are increasingly recognised as one of the most vulnerable HIV risk groups in Kenya. Sex between men is highly stigmatised in Kenya, and efforts to provide sexual health services to men who have sex with men require a deeper understanding of their lived experiences; this includes how such men in Kenya construct their sexual identities, and how these constructions affect sexual decision-making. Adult self-identified men who have sex with men (n=26) in Malindi, Kenya participated in individual interviews to examine sociocultural processes influencing sexual identity construction and decision-making. Four key themes were identified: (i) tensions between perceptions of 'homosexuality' versus being 'African'; (ii) gender-stereotyped beliefs about sexual positioning; (iii) socioeconomic status and limitations to personal agency; (iv) objectification and commodification of non-normative sexualities. Findings from this analysis emphasise the need to conceive of same-sex sexuality and HIV risk as context-dependent social phenomena. Multiple sociocultural axes were found to converge and shape sexual identity and sexual decision-making among this population. These axes and their interactive effects should be considered in the design of future interventions and other public health programmes for men who have sex with men in this region.

Keywords

Kenya; men who have sex with men; sexuality; intersectionality; HIV

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The authors of this manuscript have no conflicts of interest to report.

Introduction

In sub-Saharan Africa, a growing body of research has identified men who have sex with men as a key population for HIV prevention (Smith et al. 2009, van Griensven et al. 2009). Alarming levels of HIV risk among men who have sex with men have been reported throughout sub-Saharan Africa, including studies conducted in Botswana, Cote d'Ivoire, Ghana, Kenya, Malawi, Mauritania, Namibia, Nigeria, Senegal, South Africa, Sudan, Tanzania, and Zambia (Smith et al. 2009). Behavioural HIV risk factors in this population include unprotected receptive and insertive anal sex, transactional sex, alcohol use, low HIV knowledge, and low access to prevention programmes and clinical services (Sanders et al. 2007, Baral et al. 2009, Beyrer et al. 2010, Henry et al. 2010, Lane et al. 2011). The development of public health programmes for men who have sex with men in sub-Saharan Africa requires sensitivity to the cultural and social conditions that shape HIV risk in this population. Qualitative research into the lived experiences of these men is necessary to enhance the epidemiological research on HIV prevalence and behavioural risk factors, and can provide insight into the personal experiences and social contexts determining HIV risk.

This paper focuses on men who have sex with men in coastal Kenya, a population with an HIV-1 incidence of approximately 8.6 per 100 person-years of observation (Sanders et al. 2013). Research previously conducted in Kenya has highlighted the discrimination faced by men who have sex with men, and the effect this has on sexual behaviour, partner relationships, HIV-related vulnerability, and access to sexual healthcare services (Okal et al. 2009, Van der elst et al. 2013, Taegtmeyer et al. 2013, Graham et al. 2013). Social scientists have explored the ways in which cultural dynamics shape perceptions of sex and gender in Africa, with some studies focusing on how legal and moral constraints placed on sexual minorities in Kenya can undermine the agency of these populations, endanger them through various forms of structural violence, and ultimately heighten their vulnerability to HIV infection (Bennett 2009, Epprecht 2009, 2004). 'Homosexuality' in the form of sexual behaviour between men is often framed in public discourse as an invasive foreign phenomenon, despite historic and contemporary ethnographic evidence of indigenous same-sex behaviour in many African settings (Epprecht 2004, 2009, Gaudio 2009, Mwikya 2013). Whether such beliefs reflect literal interpretations of religious texts, legal frameworks that criminalise same-sex behaviour, and/or cultural beliefs that pathologise homosexuality (Epprecht 2004, Ekine 2013), the institutionalisation of heterosexist ideology contributes to stigmatisation of non-conforming behaviours and identities, and to structural oppression of sexual minority populations across sub-Saharan Africa (Anderson et al. 2009, Seale 2009).

An emerging perspective among social and behavioural researchers who study HIV and sexuality acknowledges the multiple axes of identity that influence personal HIV risk (Bowleg 2012). Intersectionality theory explores identity construction as constituting multiple social vectors including race, gender, class, and sexuality, among other identity vectors that shape a person's sense of self (Nash 2008). This theoretical premise views identity operating beyond singular dimensions, and compels questions about multiple dimensions that shape human experience and health (Crenshaw 1989, Bowleg 2012). Intersectionality framework elucidates the ways in which cultural patterns of oppression are bound together and influenced by intersecting systems of society (e.g., gender, family,

religion, and economics). A social analysis of multiple axes of identity among Kenyan men who have sex with men can contribute to insights into the ways in which lived experiences and social forces contribute to HIV and other health risks.

This paper aims to examine intersecting axes of identity in a sample of men who have sex with men in Kenya, and explore patterns by which identities might be linked with sexual behaviours and HIV risk. Specifically, this paper explores two key research questions: (i) how do interactive constructions of sexuality, culture, and masculinity shape participants' identities related to their same-sex behaviour, and (ii) in what ways do these intersectional axes affect their sexual decision-making? This research used qualitative methods, which allowed study participants to share deep narratives on personal understandings of their sexuality, social environments, and risk behaviours, as a way to inform the process of developing of HIV prevention strategies for this group.

Methods

Overview

This qualitative analysis was conducted as part of a broader study that used individual in-depth interviews to explore sexual networks, partner expectations, social vulnerabilities, and sexual risk among Kenyan men who have sex with men. For the purpose of this study, we referred to individual participants and to the target population using the term 'men who have sex with men'. We recognise that this term can be controversial when seeking to understand the social experiences and personal identities related to sexuality (Boellstorff 2011, Young and Meyer 2005). Although the term men who have sex with men was originally purported to stress same-sex behaviour as distinct from identity, it was not the behaviour itself – i.e., sexual intercourse between men – that is the focus of this paper, but rather the subject position of being a man who has sex with other men. Moreover, the literal translation of men who have sex with men as a behaviourally focused expression overlooks romantic or intimate acts that may occur between men outside of intercourse. An uncritical use of this expression has potential to obscure the ways that Western configurations of gender and sexuality are imposed on Kenyan men. However, in the absence of evaluatively neutral local expressions for homosexual men, some members of this population have co-opted the expression 'MSM' as a form of self-reference. As such, study participants may use the term MSM to refer both to a social identity category (i.e., 'I am MSM') and as a behavioural construct (i.e., 'I am a man who has sex with other men').

This study was conducted by researchers at Kenya Medical Research Institute, Oxford University, and Brown University. Research activities took place in the city of Malindi. In addition to having a visible population of men who have sex with men, Malindi is notable because of its coastal location and popularity as a site for international and domestic tourism (Spronk 2011). The tourist industry in Malindi has grown substantially in recent decades, and now contributes to over 85 percent of the area's economic activity (Kibicho 2009). In addition to other transformative socioeconomic effects, global tourism forces the exchange of new ideas about sexuality across cultural boundaries (Spronk 2011), and has facilitated the development of the sex trade and rise in HIV incidence in this region (Kibicho 2009).

Participants

In-depth interviews were conducted with participants who met the following eligibility criteria: being male, aged 18 or older, having had anal sex with another man during the past 12 months, of local residence in Malindi, ability to communicate in Kiswahili or English, and able to provide informed consent. Participants were identified through purposive sampling targeting public venues where men who have sex with men were known to congregate, and snowball sampling through referrals from community stakeholders, staff members from non-governmental organisations, and other participants. Efforts were made to include both men who have sex exclusively with other men and men who have sex with men and women. They were screened in person or by telephone and, if eligible, scheduled to meet in a safe and confidential location to complete a brief demographic questionnaire and an in-depth interview. Participants were provided the opportunity to choose the venue for their interview, as a means of preserving confidentiality and ensuring that each participant felt as safe and comfortable as possible. Participants were given the option to use a pseudonym during the interview, and they were informed that any identifying information would be omitted from transcribed interviews. Ethical approval for the study was obtained through the KEMRI/National Ethics Review Committee.

The sample consisted of 26 participants ranging in age from 18 to 50 years old (average age = 31 years old). Five participants were aware of being HIV positive, four had never been tested, and eight were aware of their status but chose not to disclose this information. Ten participants engaged in sex exchange as a principle form of work; other types of reported work included bar server, cook, beautician, security guard, fisherman, driver, houseboy, sales/vendor, informal selling/hawking, and religious leader. Educational levels ranged from no formal schooling to completion of secondary school. Thirteen participants identified as Christian, 12 identified as Muslim, and one self-identified as Pagan. Nineteen reported having sex with both women and men at the time of the interview; seven reported to have sex with other men exclusively. One participant was currently married to a woman, eight currently had a steady female partner, and 15 currently had at least one steady male partner; these were not mutually exclusive categories, as the married participant also had a steady male partner, and five participants reported having both steady female and male partners. Ten participants had children. Two participants were open about their same-sex behaviours to others and 24 were covert about their same-sex behaviours.

Data Collection

Interviews were conducted between April 2011 and June 2012 by a trained Kenyan female interviewer. Semi-structured discussion guides included questions about participants' family backgrounds, living and working environments, current sexual networks, recent sexual behaviours, and understandings about their same-sex behaviours and identities. Interviews lasted approximately 1.5 hours. Participants received 300 Kenya Shillings compensation (approximately \$4 USD) and information about local services for HIV testing and sexually transmitted infections. At the end of each interview, the interviewer wrote a summary of key themes that were shared and discussed with members of the research team, who provided immediate feedback and suggestions on probing questions for subsequent interviews. Interviews were conducted until saturation was achieved on key themes, as determined by

members of the research team. All interviews were recorded, transcribed and, for those conducted in Kiswahili, translated into English by a professional bilingual transcriptionist.

Data Analysis

Analysis was based on Attride-Stirling's guide to thematic analysis (2001). Transcripts were read and discussed by four members of the research team and a coding scheme was developed based on the identification of emergent themes. For the analyses reported here, one researcher coded all transcripts and a random selection of 5 transcripts was coded by one additional researcher. In the few instances of coding discrepancies, both researchers reexamined the transcripts together and discussed the possible thematic meanings associated with the text in question with a third researcher until they were in agreement on the coding assigned. As themes emerged, they were discussed in order of broad to specific, external to internal, macro-level to individual-level (Attride-Stirling 2001). General themes relating to the sociocultural processes that influence gender and sexual identity were explored. As these themes became more concrete, it became clearer how the participants managed their lives and non-normative sexual identities in these contexts. From there, it was possible to examine common narratives about identity, social context, and risk behaviours.

Findings

The results in this section explore four themes demonstrating the intersectional identities and tenuous spaces that the participants occupied, as well as revealing implications for public health programmes for this population. First, narratives revealed the tension between African identity and homosexuality, which has particular relevance for community mobilisation and the formation of organised connections among men who have sex with men for intervention programmes. Second, narratives revealed the liminal space between perceptions of masculine versus feminine, and the stereotypical attributes conferred to sexual positioning (i.e., receptive versus insertive anal intercourse). A third theme was related to socioeconomic power, status, and perceptions of control over one's sexual decisions. A fourth theme demonstrated the objectification of men's identities and how, due to the absence of community and status in local culture, the experiences of men who have sex with men often involve secretive, casual sexual exchanges, and how this hinders the formation of meaningful interpersonal connections between partners. Each quotation presented here is associated with a pseudonym as well as the age and employment status of the participant.

African identity, Homosexuality, and Challenges to Mobilising

Participants noted that homosexuality is widely viewed among Kenyans as 'un-African'. Notably, participants generally described homosexuality as a behaviour that was imported to Kenya. Some believed that homosexuality in Kenya emerged as a result of historical interactions with Arab traders during the pre-colonial era, and others stated that homosexuality had infiltrated Kenyan culture through Western influence. For example, in the following quotes, participants reflected on the tension associated with the perceived inconsistency between homosexuality and fundamentally African values.

Homosexuality came to Africa through the Europeans, and we Kenyans started imitating them. Instead of us picking what is good and close to our African values,

some of us picked strange behaviours like MSM practices and devil worship. (Azi, 32, sex worker)

MSM here practise secretly because it is viewed as un-African and is highly condemned... it can be traced to the times of slavery and some think MSM practice was introduced by Arab traders. (Julius, 41, Madrass cleric).

Other participants disputed the normative belief that homosexual desires reflect the adoption of Western cultural beliefs. In the following counter-narrative, a participant affirms his authenticity as an African man who loves other men:

I have also heard from my relatives back home that this practice came from the Whites and because Africans love the ways of America, we opted to adopt their sexual practices without thinking. They think it is un-African to have sex with men. For me, I do it because I have feelings for men and not because I am imitating the Whites. This is how I was born. I was born an African with sexual feelings for men. (Issa, 29, labourer/sex worker)

In discussing their spiritual beliefs, participants revealed some of the profound ways in which religion influences perceptions and acceptance of non-normative sexuality. African values, as described by the participants, are deeply rooted in religious doctrines. Many participants had been subjected to ostracism in their religious community because of their sexual behaviours, and some felt an irreconcilable discord between religious teachings and homosexuality. This tension between religion and sexuality was noted to have consequences for self-esteem and self-worth. One man explained,

I am not practising Christianity in the moment because I was overtaken by Satan. I got into this habit of having sex with other men, which the Bible forbids. Now I always feel guilty going to church or reading the Bible. It makes me feel like a bad person who has gone against what he had commanded us to do. (Denis, 28, security warden/sex worker)

Judgements like these contributed to a sense of psychological isolation and seclusion for many participants. To them, being labeled as homosexual renders the individual as fundamentally deviant from normative religious values. Notably, a small number of participants remained assured in their spiritual beliefs, even as they were rejected from their religious community. One participant explained,

I am happy with myself. This is how God created me. He created me to be gay and gave me sexual feeling for men... I do not practise Islam although I was brought up in an Islamic family. I am a MSM and when I go to the mosque other worshippers talk bad about me. Most will not move nearer when we are praying. If it were you, would you keep on going to the mosque? (Peter, 32, cook/sex worker)

In general, owing to the strong cultural prohibitions against homosexuality, participants noted the challenges in affiliating with organised groups of men who have sex with men. Many participants viewed their peers with suspicion and expressed beliefs that other homosexual men cannot be trusted. For example, one participant stated,

No I don't like them. Aren't you aware of MSM? You know the MSM exhibit some funny characteristics when in a group. They like talking much and backbiting one another. They hate each other... MSM don't have a spirit of togetherness. (Daniel, 32, beautician)

Consequently, efforts to mobilise men who have sex with men or engage groups of men who have sex with men in health promotion activities were perceived as highly challenging, as reflected in the following quotes:

Personally, I have been avoiding the groups. I don't like the company of the gays around. There was a time when we wanted to form a group but I rose up... they need not to expose themselves as though they are a different kind of human being. They should still retain their manhood status and hold their MSM sexual desires within themselves. I am trying to avoid such scenarios. If I joined them in the group, they will become my associates and would want to show it off when we meet along streets. (Collins, 49, unemployed)

I don't associate with MSM for personal safety... It won't be a coincidence if people see you walking and talking with other MSM. I would come alone if we are called for a meeting, I wouldn't use the same van with them. I strive to maintain my dignity despite my being an MSM. (Duncan, 33, teacher)

'Outing' episodes – in which a person's homosexuality is unwillingly disclosed – were reported as a form of revenge or retribution against other men who have sex with men, in which allegations of homosexuality confer a means to dishonour another person. Risk of outing contributed to an aversion toward participating in group-based activities, due to a perceived likelihood that one's sexuality might be revealed outside of the group. One participant gave an example of the ways in which gossip and innuendo can be used to discredit other men.

When we get drunk we offend each other and then start revealing secrets and boasting. One day one of my friends got offended with me and said in public at the bar, 'Go away! Yesterday I had sex with you and you were the receptor in the game.' Then because I was drunk I confronted him and told him that the other day it was him who acted as the receptor. The news reached my girlfriend and I had to tell her the truth, which made her pack her bags for good. (Samuel, 25, fisherman/sex worker)

Sexual positioning and perceptions of masculinity and femininity

Participants expressed a conflict between their masculine identity and desire to engage in sex acts that violated cultural beliefs related to notions of gender and power. They described pressures to conform to prescribed cultural gender roles, and viewed their non-normative sexual behaviours as blurring essential gender boundaries. Participants' stated that Kenyan men stringently and sometimes violently enforce traditional gendered norms for sexual behaviour, as demonstrated here:

If my brothers ever find out about my behaviours, they will fight me physically and emotionally. I guess for them it would be about their pride as men... I think most

men don't understand how a man can have sex with another man. They think that a man should only have sex with a woman. He should be the dominant partner. It's about sexual power. So if my brothers found out that I am not just an MSM, most of the time I'm a receptor, they will skin me alive. They will tell my children that their father was not man enough. (Samuel, 25, fisherman/sex worker)

As this quote indicates, participants endorsed a gendered view of sexuality based upon sexual positionality – i.e., being the insertive ('top') or receptive ('bottom') partner in the context of anal intercourse. Perceived characteristics of the inserter and receptor roles aligned with the male-female gender binary, such that the insertive partner was considered to be traditionally male, and the receptive role was conflated with being traditionally female. The following quotes highlight perceived gendered distinctions between insertive and receptive positions:

I sometimes feel that it would have been better if I were born a woman... I am living a feminine lifestyle by being an MSM receptor. I behave like a woman and yet I am a man. (Aseef, 50, construction worker)

I only let real men penetrate me. I can penetrate an individual only if he is not a real man. (James, 42, Madrass cleric)

Throughout the narrative interviews, various gendered attributes were ascribed to men who are 'receptors'. They were believed to be highly visible in society because of their stereotypical feminine demeanour, were portrayed as wanting to 'become' women, and were thought to be incapable of achieving erections, implying that they have lost the ability to penetrate others – hence, rendering their sexuality more similar to that of a woman. Feeling their status as men being compromised due to their preferred or typical sexual position, some men who acted as 'receptors' expressed feelings of shame. One participant revealed,

I never knew I could have sex with a man and experience so much pleasure... But I when I first took the receptive role, I felt powerless and less of a man. I was drunk on that day. I starting wishing I wasn't drunk because it would have made me not to think of taking the receptor role. I wondered why I gave in to receptive sex, because I thought I would just be the man in the act. (Samuel, 25, fisherman/sex worker)

Although some men outwardly described themselves to peers as inserters, they divulged a willingness to take the receptive role during sex. One participant, who stated that 'few can tell, but I am actually versatile', implied that his stereotypically masculine appearance and mannerisms lead others to assume he exclusively takes the penetrative role during sex acts. Thus, adherence to a traditional masculine gender performance allows one's homosexuality to remain concealed.

At an extreme level, stereotyped gender roles among men who have sex with men translated into risk for physical abuse and victimisation. Men with stereotypically feminine gender expressions (sometimes called 'queens') faced potential risk for gender-based violence from men who have sex with men who presented themselves as more traditionally masculine (i.e., 'kings'). One participant who identified himself as a queen described how non-normative gender expression poses risk for reprisal by kings:

You will find that many of those beating the queens are the kings and they do it as a cover up. They say, 'You are shaming us, we want to do it secretly. You are showing it yet the community isn't ready to accept us, as it's against religious and cultural believes'. (Daniel, 32, beautician)

Because cultural beliefs often equate femininity with powerlessness and subordination, allowing one's body to be penetrated requires men to relinquish control and increases physical and emotional vulnerability. For many, taking the receptive position requires mutual trust and emotional connection between partners. 'Those that I love from the heart usually penetrate me, but for all others, I penetrate them,' one participant explained. Others described the psychological conflict attributable to the belief that the receptive position is a role inherent to women: 'An individual will obviously hate himself after the act. You will enjoy the act but feel guilty later on'. (Omar, 34, matatu tout/sex worker)

Social constructions in Kenya stress the importance of man's patriarchal position in the family. Throughout the interviews, participants emphasised the importance of having a wife and siring children in the process of becoming 'whole' as a man. The following quotes illustrate the intense pressure placed on men to conform to these standards of masculinity.

You know most MSM have married women partners to ensure that his name survives and is counted by the other clan members as a man because he will have children bearing his name. (Azi, 32, sex worker)

The females I have sex with are just for cover up because we are in Africa. They say for one to be considered a true and complete man one had to be married to a woman and have children. For me it is the pressure that I got from my family that made me marry my wife. (Issa, 29, labourer/sex worker)

Economic power, status, and risk

Economic and structural marginality were observed to compound experiences of social oppression in this sample. Participants who were the most economically disadvantaged reported having particular difficulty concealing their sexual practices and maintaining their decision-making power, due to the reliance on transactional sex for goods or survival needs. One participant noted how financial means conferred social power and protection from marginality, and thereby required less stringent masculine performances:

You know we are treated differently. For example the European MSM is not discriminated against in all the places they go to, be it the hotels, the beach, or the streets. It is only we, the poor, who will go through these experiences. None of the rich Kenyan MSM will tell you they have experienced stigma from external sources. Even their families don't stress them that much because people look at the wealth they have and this gives them more power than other people. (Issa, 29, labourer/sex worker)

More generally, participants noted that being in positions of poverty rendered individuals powerless and socially worthless. Whereas middle-class men who have sex with men were afforded more acceptance into local society, the lives of poor men who have sex with men had little consequence:

People will accept and respect you, when you are financially stable. We have quite a number of rich and famous gays in [the community], who change their sexual partners every time. People will beat, throw insults and stigmatise you if you are not rich or from a well-off family. I know of some Arabs who are very rich and even exploit others, but they are the icon of [the community]. They are involved and consulted on issues about the community. A poor MSM will not be involved, and his opinion will be perceived as worthless. (Duncan, 33, teacher)

Many participants recounted times that they were not in a position to negotiate for safe sex due to their low socioeconomic status. This was typically expressed in the context of sex work, but also extended to other unequal power dynamics such as sex with foreign tourists or with wealthier local partners. Multiple indicators of low socioeconomic status converged to shape sexual decision-making, as revealed in the following quotes by participants engaged in sex work:

The challenge of poverty lack and unemployment can make an MSM to live a desperate life, thus making them lack the negotiation power with their clients. (Aseef, 50, construction worker)

When it comes to life issues, most of the MSM are jobless and the fact that money is a prerequisite for the human survival; most of them tend to engage themselves in behaviours that may be much riskier and threatening to their lives.' (Abasi, 26, business owner/sex worker)

Cumulative experiences associated with socioeconomic deprivation appeared to affect beliefs that sexual decision-making and risk for HIV infection were factors beyond their control. One participant summarised the sense of powerless in the context of sex with wealthier (and foreign) men:

American kind of sex is usually rough. I always tell people that their kind of sex is inhuman. You will have to do what they tell you... You will not have any other option but to accept whatever they demand since they are paying for your apartment and the other necessities. They can give you fifty thousand. Who in this world can offer to give you such an amount in this time of economic hardship? You will have to do it. (Collins, 49, unemployed)

Objectification and the sexual commodification of identity

Difficulties in establishing trusted networks often produced social interactions that revolved around sex rather than emotional kinship. Gatherings for men who have sex with men primarily took place in bars or sex venues. Anonymous or casual sex encounters were the dominant contexts for intercourse between men, as one participant described,

I don't have a steady individual whom I can consider as my permanent lover as women do. I only meet with an individual, have an interchangeable sex and then part ways. (Ken, 47, houseboy)

Participants frequently discussed having concurrent, casual sexual relationships in lieu of companionate relationships, and many described emotional repression as a pervasive form of social policing.

Men cannot freely express their emotions. You may see a man walking while holding hands with a woman, but you will never see two men doing this. If you are seen doing this, you can be beaten up or even killed. So for expressions of emotion for MSM, this is something that is controlled. (John, 32, business owner)

Such partnership dynamics affected how the men perceived their capacity to form emotional connections with male partners. Love, companionship and communication were viewed as the domain of heterosexual relationships, while relationships between men were seen as primarily based on sex and/or the exchange of goods:

MSM relationship is different from the heterosexual ones in that, heterosexual lovers tend to be more comfortable in disclosing issues about their relationship. We usually don't have the time to discuss the many issues because I'm in the relationship to get money. (James, 38, hawker/sex worker)

Notably, participants frequently expressed the hope to cease engaging in homosexual behaviour in the future, and to enter a heterosexual partnership and have a traditional family. 'Being with a fellow man should just be a matter of passing time and not for marriage. It isn't wise to keep a fellow man in the house', one participant affirmed. (Charles, 18, unemployed)

For some participants, this long-term goal connoted a desire to exit sex work and achieve economic stability, as reflected by one participant who described his wish for the future:

I will totally stop practicing MSM sex work because as we grow, we do also think of what else we can do to live a better life with financial security. Maybe if a miracle happens I would stop the MSM practice – blessings from God. (Peter, 32, cook/sex worker)

Discussion

Findings from this analysis revealed how intersecting social axes – i.e., sexuality, culture, gender, and economic position – structure the lived experiences in this sample of Kenyan men who have sex with men and affect their sexual behaviours. The axes recognised in this analysis reflect multiple spectrums of identity that, in combination, contributed to feelings of psychological conflict, sexual risk, and disengagement from intervention programmes. These internalised feelings shaped a sense of identity for men who have sex with men characterised by challenges to interpersonal and romantic affiliations with other men, as well as low personal agency regarding sexual decision making. Moreover, the intersection of these axes seemed to place many men who have sex with men in the position of having to commonly navigate dangerous social surroundings, making difficult choices between immediate needs versus long-term wellbeing. Notably, some participants hoped to resolve this uneasiness by imagining a future in which they ceased being men who have sex with men altogether.

Participants voiced awareness of how their sexual behaviours transgressed social norms. This often resulted in psychological discomfort attributable to discordance between the social identity of being 'a man who has sex with men' versus being a 'Kenyan man'. Based

on this finding, we can infer that Kenyan men who have sex with men may tend to internalise normative anti-homosexual sentiments and distance themselves from other men who have sex with men, thereby challenging opportunities for building an empowered community and delivering HIV and other health promotion services.

The narrative experiences encountered in this study are consistent with the widespread political and social rhetoric that depicts homosexuality as incompatible with indigenous African values (Macharia 2013, Epprecht 2004, 2009, Gaudio 2009, Mwikya 2013). Identification as men who have sex with men challenges the need for cultural belonging and thus reflects a liminal state - a position of ambiguity in which the individual's identity remains unstable or unresolved (Anderson et al. 2009, Beech 2011, Malksoo 2012). Moreover, public discourses in Kenya about sexuality are often rooted in themes related to globalisation, sexual permissiveness, breakdown of the family unit, and upheaval of cultural traditions and gender roles (Spronk 2009). Male same-sex sexual relationships are seen as blurring gender boundaries and challenging masculine authority that is prioritised in local culture. When viewed through this lens, same-sex relationships are not just regarded as a matter of personal desire, but instead as a potential threat to Kenyan indigenous values. Efforts to introduce alternative perspectives on sexual identity must engage in these contentious debates about the role of sexuality in contemporary culture, social change, and transnational influences.

The intersectionality of sexual identity and decision-making was also evident in the ways that participants described the influence of economics and status on personal agency to make sexual decisions. Men who were the most economically disadvantaged reported having diminished opportunities to exercise choice regarding sexual partnerships and condom use. Economically disadvantaged men who have sex with men also reported having difficulty concealing their sexual practices, due to their need to solicit transactional sex partners. A vicious cycle may thereby persist, such that higher visibility of one's same-sex attraction and behaviour exposes the individual to greater community ostracism which, in turn, can increase social vulnerability to HIV risk behaviours.

Social regulation of sexuality and gender performance among men who have sex with men was evident in these narratives. Participants described witnessing or engaging in strategic policing of the behaviours of other men who have sex with men. They frequently endorsed overt and covert reinforcement of heterosexist norms, and condemned behaviours identified as stereotypically homosexual or feminine.

Such oppressive social environments have implications for emotional wellbeing and sexual health. Lacking the belief that sexual relationships between men are valid expressions of desire and intimacy, same-sex behaviour is generally perceived as a demonstration of sexual impulses, interpersonal power, or means of economic gain. In some cases, this construction of sex enables exploitative and abusive behaviours towards sexual partners, thus magnifying the risks associated with sexual behaviours. Sometimes depreciation and feelings of inferiority are internalised and projected onto other male partners or MSM at large. Under these circumstances, sexual partners may be viewed with scepticism and mistrust. Such unfavourable circumstances for meaningful and sustainable partnerships between men led

many of these men who have sex with men to hope for future heterosexual relationships as an 'escape' from the oppression associated with homosexuality.

Limitations to this study must be acknowledged. As noted, we used the term men who have sex with men with caution, in that an uncritical use of this expression may obscure some of the nuanced social and subjective meanings by which participants understand their gender and sexual identity (Young and Meyer 2005, Boellstorff 2011). Use of convenience sampling methods was likely to introduce participation biases, such that recruitment strategies favoured inclusion of individuals with greater comfort and confidence discussing their sexuality. Given the geographic region of this research, it is likely that many participants were members of overlapping social networks and thus not wholly representative of men who have sex with men in this region. An important limitation of this research was that the interview guides were constructed to understand public health problems and psychosocial challenges in the lives of these men; as such, the main themes reported in this paper focus on structural barriers, social deficits, and psychological problems in relation to the intersectional identities of these men. Further research is needed to understand sources of strength, resilience, and affirmation in the lives of these men, which can guide the development of holistic health promotion programs for this population.

These findings present a clear challenge to HIV prevention campaigns, which often promote condom use, HIV testing and counseling, and empowerment strategies to enable safer sexual choices (Wilson and Halperin 2008). Previous research has indicated that conflict regarding sexual identity (e.g., internalised homophobia) and ambivalence toward sexual behaviour are associated with risk-taking behaviour, including decreased condom and contraceptive use among both men and women as well as increased alcohol or substance use in sexual situations (Wells, Golub, and Parsons 2011). However, the complex nature of structural disadvantage and the intersecting axes of oppression described by these participants suggest the fundamental limitations of exclusively individual-level approaches to HIV prevention.

Conclusions

Structural changes are needed to complement individual-level public health strategies for HIV prevention. Given the culturally embedded nature of the challenges identified here, feasible forms of structural change are likely to be slow and incremental. Efforts to raise awareness and de-stigmatise homosexuality (e.g., in health service settings, faith communities) can potentially lead to better treatment of men who have sex with men. Policies that explicitly recognise the basic rights of gender and sexual minorities can catalyse societal changes and affect internalised beliefs among men who have sex with men. Additionally, efforts to improve the status of women in local society can potentially improve the social status of men who have sex with men by disrupting rigid gender-based norms about femininity and masculinity.

In summary, these findings provide further evidence of the need to understand same-sex sexuality and identity as context-dependent social phenomena. In this case, recognition of multiple intersecting identities brings clarity to the ways by which sexual identity can influence health among Kenyan men who have sex with men. It is not sufficient to simply

acknowledge that sociocultural norms around homosexuality contribute to HIV. Research must examine more closely how these norms shape identities and lived experiences, impede opportunities for sexual minorities to learn about HIV prevention, and alienate individuals from social and health services. Attention needs to be paid to of these factors when considering HIV vulnerability for sexual minority populations in Kenya and elsewhere in sub-Saharan Africa, and must be taken into consideration when importing public health or policy agendas from other regions.

Acknowledgements

The authors would also like to acknowledge Allan Muhaari for his assistance in this research study. We thank all participants who contributed their time and stories, and local collaborators who work to support the wellness of men who have sex with men in coastal Kenya. Funding was provided by the John Fell Foundation (University of Oxford), the US National Institute of Alcohol Abuse and Alcoholism (grants P01-AA019072 and U24-AA022000), and the US National Institute for Child Health and Human Development (grant R24 HD077976).

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