



MAILMAN SCHOOL
OF PUBLIC HEALTH
Columbia University

CENTER FOR GENDER, SEXUALITY AND HEALTH

Roundtable: Let's talk about sex: Sharing work experiences
and reinforcing networks

Date: April 11, 2003

Organizing Committee: **Ernesto Vasquez del Aguila**, PhD student, Department of
Sociomedical Sciences
Miguel Muñoz-Laboy, DrPH, Center for Gender, Sexuality
and Health

The following document summarizes the presentations and discussions of this meeting. These are not verbatim quotes or transcripts from the meeting but statements summarized by note takers. The intention of this document is to provide an overview of the major topics covered during the roundtable. Please do not circulate without written permission.

MINUTES*

Ernesto Vasquez del Aguila opened the roundtable by outlining the agenda for the day and welcoming the guests. He then introduced Dr. Richard Parker, professor and chair of the Department of Sociomedical Sciences, to officially open the session. Richard Parker spoke about the new Center for Gender, Sexuality and Health at the Mailman School of Public Health, Columbia University.

The goal of this meeting was to organize a forum for students to exchange ideas and experiences working on issues related to gender, sexuality and health. There were seven presentations by students and the day concluded with an analysis of students works on gender, sexuality and health in the Department of Sociomedical Sciences (Mailman School of Public Health).

Primitive sexuality: State construction of minority identity in the People's Republic of China (Elanah Uretsky)

Uretsky is an advanced doctoral student in the medical anthropology tract in sociomedical sciences. She presented her dissertation proposal and some findings from her preliminary fieldwork

Uretsky's research focuses on the implications of urban Chinese male sexuality and masculinity for the local HIV/AIDS epidemic. Chinese ethnic minorities, has been a population rarely studied, particularly around issues of sexuality and HIV/AIDS. According to official estimates, there are one million of cases of HIV infection among Chinese men, the majority of which are among ethnic minorities. Ethnic minorities are stigmatized and easily blamed in China. Primitive customs, and above all, primitive sexual cultures are stigmatized. In this sense, this population is more vulnerable, and at higher risk of HIV/AIDS infection.

Regions where ethnic minorities live are portrayed as primitive, simple, and feminized. Minority groups are usually represented by women dressed in their native costume, looking

very innocent and coquettish, against a colorful, natural background.

Another topic Elanah examined was sexual tourism. Sexual tourism has been popularized among men from ethnic minorities who travel to other areas whose cultures have been characterized by specific sexual and partnering customs that diverge from their own recognized and acceptable local cultures.

China's government tries to integrate minorities into the nation. For example, they are "push" to get married, despite the fact that this kind of legal arrangement (marriage) was not always practiced within ethnic minority cultures. Now these minorities have to get married, despite their culture and traditional values.

Finally, Uretsky outlined a typical sexual stratification based on cultural discourse: the media and movies create typical representations in which sexual cultures of minorities are at the base of this hierarchical system.

Migration, social networks and HIV/AIDS among young male Dominicans: A social network approach for the study and prevention of HIV/AIDS in the context of transnational migration (Oscar Jimenez)

Jimenez is a graduating Masters in Public Health student in the Department of Population and Family Health (Mailman School of Public Health). This presentation is a summary of the major findings from his master's research project and his on-going work in the Dominican Republic.

Jimenez began by describing the epidemiology of the HIV/AIDS pandemic in the Caribbean (the region with the 2nd highest prevalence in the world) and the pattern for transmission: high prevalence, high mortality, predominantly heterosexual and increasingly young.

The annual AIDS case rate among Latinos in the United States is 4 times higher than whites (31 vs. 8 per 100,000 in 2000). The author connected migration with high levels of vulnerability and infection, and introduced social networks approaches that allow him to analyze interactions between scenarios, interpersonal and intra-psychic scripts. This approach considers different audiences and norms, and also takes into account relationships among peers, sexual partners, etc. Social networks have different mechanisms of impacting HIV: diffusion and interpretation of information, creating and recreating behavioral norms and observing, judging and sanctioning behaviors.

* The original minutes were taken, summarized and edited by Ernesto Vasquez del Aguila and Miguel Muñoz-Laboy, DrPH (Center for Gender, Sexuality and Health).

From 1980- 1990 there was a massive Dominican migration to the United States because of unemployment rates and an economic crisis. 60% of the Dominican immigrants in the US live in New York City (70% were not born in the US, 1997). Therefore, Dominicans can be considered as part of a transnational community. A constant flow of people in both directions, a dual sense of attachment to two nations and a far-flung network of kinship and friendship ties characterize a transnational community across state borders. Different migration patterns are likely to be associated with different social networks, but the key is to identify what kind of social networks are associated with the migratory patterns.

Elements of Dominican masculinity (such as contradictory patterns of masculinity father and provider versus risk taker) and male sexuality play a role in creating in vulnerability to HIV/AIDS infection.

In terms of intervention, social networks and HIV/AIDS prevention, Jimenez discussed the apparent effectiveness of peer-based models in the Dominican Republic, and models targeting social networks involving other non-peer audiences (e.g. sexual partners, relatives, weak ties, etc.). An intervention is more likely to be effective if a larger social network is involved (in addition to peers).

Gendered experiences of access to antiretroviral treatment in Cape Town, South Africa

(Beth Filiano)

Filiano is an advanced doctoral student in the medical anthropology tract in sociomedical sciences (Mailman School of Public Health). She is presenting the background and framework for her dissertation research.

This is an ethnography research study in which Filiano will explore gendered experiences of access to antiretroviral treatment in Cape Town, South Africa and nearby townships. Antiretroviral treatment (ARV) is available for only a small number of people in South Africa, and with the development of Mother-to-Child Transmission Programs, access to treatment has become linked with reproduction and motherhood status. Filiano will examine how this link between access and pregnancy is experienced at the local level, its meanings and effects on gender relations, and local meanings of risk, sickness, and treatment. Finally, she is interested in research on the importance of HIV in the context of other social and economic

problems, including access to health care more generally.

Filiano proposes a particular preliminary approach to this topic, which included becoming familiar with the town, including the relationships between the townships and the city, developing an understanding of the political history of the town and the geography of the city, talking to people, and conducting participant observations in a public health clinic.

Finally, Filiano raised the issue that of activism around universal treatment, including the current civil disobedience campaign. She is interested in placing her research including this issue within a broad human rights framework with attention to economic and social factors.

The conflict between sexual libido and repression in post-revolutionary Iran

(Pardis Madhavi)

Madhavi is a first year doctoral student in the medical anthropology track in sociomedical sciences (Mailman School of Public Health). This presentation consists of her prior field research experiences working with Iranian youth.

Madhavi presented the broad context in which Iranians construct their sexual culture. Iran is a "young country": young Iranians (25 and under) are 70% of population due to massive executions in the last decades and the Iranian-Iraqi war, in which many adult Iranian were killed.

Madhavi interviewed middle and upper class youth, and conducted ethnographic observations in youth social environments. The aim was to understand sexuality within an Islamic regime. Since 1978 the Islamic revolution unified state and religion. Boys and girls are not supposed to be looking each other. However, high repression is a scenario for high transgression. Currently in Iran partying is "in", religion "out". There are public and private worlds that represent the axis of moral tension. Public expressions of what can be interpreted as sexual are highly condemned. Similarly, sexual practices that may take place in private such as premarital sex if discovered are highly punished. However, through different strategies youth manage to bend rules and to protect themselves from punishment.

In this complex scenario, sexuality and sexual rights are hard to imagine but there are many local movements that work in these arenas. Moreover, what is most interesting is that what is typically defined by western discourses as repressive in many instances at the local level is not perceived in that manner. For example, in a traditional understanding, the

veil is a symbol of the past, but for the author the veil doesn't necessarily imply repression. In many cases, behind the veil women wore modern dresses and "sexy" underwear. Madhavi plans to continue this line of research for her dissertation study.

Let's talk about sex:

Developing a curriculum in sexual health

(Richard Elovich)

Elovich is an advanced doctoral student in the sociology track in sociomedical sciences (Mailman School of Public Health). Elovich had extensive experience developing and implementing sexual health prevention programs in community-based organizations locally, nationally and internationally. In this presentation, Elovich presents the framework for a sexual health curriculum for a community-based organization in New York City.

Elovich initiated his presentation by pointing out how governments conceptualized sexual education. Curricula focus on outcomes but not on sexual cultures, sexual identities or pleasant sexuality. In this context, minority sexualities are invisible. There is not a place for homosexual sexuality in this hegemonic sexual education.

Traditional sexual education emphasizes sex behavior rather than sexual identity. Elovich questioned the MSM category (men who have sex with men), because there is a hegemonic construction of the gay model, even for some of gay men. Recognition of sexual diversity among adolescent is lacking, which contributes to the repression of homosexual development in this population. In this sense, psychological gay health is affected by this traditional approach.

The curriculum that Elovich described emphasized capacity building to impact the professional behavior of providers, focusing their attention on their own assumptions and values about sexuality. This was, in part, to address the feedback of the clients, who found that providers were not looking at sexuality from the point of identity, but rather from this exclusive focus on behavioral outcomes.

Selling sex talk: Feminist sex toy retailing and strategies of sexual liberation

(Lynn Comella)

Comella is a doctoral candidate for the Department of Communication, University of Massachusetts, Amherst. She is completing a dissertation that examines the history and cultural specificity of women-owned sex toy

stores in the U.S. Comella presented part of her research findings.

Comella argued that in an era of abstinence-only sex education, feminist sex toy stores such as Good Vibrations in San Francisco and Toys in Babeland in New York City and Seattle have become increasingly important settings for sex education and the exchange of accurate sexual information.

Comella pointed out the role of "sex talk" as a strategy of sexual liberation, education, and commercial differentiation within the world of feminist sex toy retailing in the U.S.

Power, spatial change, and the resistance of sexual culture

(Brian Kelly and Miguel Muñoz-Laboy, DrPH)

Kelly is an advanced doctoral student in the medical anthropology track in sociomedical sciences (Mailman School of Public Health) and Muñoz-Laboy is a post-doctoral fellow at the HIV Center for Clinical and Behavioral Studies and the Center for Gender, Sexuality and Health (Mailman School of Public Health). The presenters described how the topography of public space in a New York City park embodies larger external structures, particularly the political economy of the city, within which sexual subjects actively organize a local sexual culture. Local sexual culture situated within this space is produced and reproduced in the micro-social practices of sexual subjects. The social reorganization of sexuality occurs when such subjects refashion their culture through subtle alterations in practice. Furthermore, these practical relations occur in dialogue with larger structuring mechanisms and expressions of power. In this fashion, grounded resistance to expressions of power occurs through practice.

The presenters focused their research on the interface of space and homoerotic sexual desire, rather than sexual space's relation to identity-laden sexuality. The authors pointed out how space and place shape the sexual experience and how space can become eroticized by the social actors within it through their construction of a sense of place.

Mapping gender-sexuality research among sociomedical sciences (SMS) students in the past 20 years

(Miguel Muñoz-Laboy, DrPH)

This presentation examined the presence of any gender and sexuality topic within the works of masters and doctoral students in SMS since the first student dissertation in 1968.

Crude Numbers

In 1973 was the first time that PhD dissertation addressed an issue of gender/sexuality (G/S). From that point to 1979, there were 7 PhD dissertations on G/S topics. From 1980 to 1989, there were only 3 PhD dissertations on G/S topics, while from 1990 to 1999, there were 9; and, from 2000 to May 2003 (including approved dissertation proposals) there were 5 projects on G/S topics.

In 1982 was the first year that DrPH dissertations addressed issues of gender/sexuality (G/S). These were the only 2 dissertations on G/S during 1980s. From 1990 point to 1999, there were 5 DrPH dissertations on G/S topics; and, from 2000 to May 2003 (including approved dissertation proposals) there were 7 projects on G/S topics.

From 1980 to 1989, there were 4 MPH projects related to G/S; from 1990 to 1999, there were 41 projects, and from 2000 to Fall 2002, there were 22 G/S projects.

Proportions and trends

Crude numbers are meaningless, if there is not clear understanding of the proportions of works on G/S in relation to the total amount of works produced by the students.

From the first PhD dissertation in SMS to the present, there have been 20 years without any dissertation on topics related to G/S. During the 15 years of works related to G/S, the proportions of G/S range from 17 to 100%, and since 1999 there has been a consistent reduction in the proportion of G/S (17% in 2003).

From the first DrPH dissertation in SMS to the present, there have been 18 years without any dissertation on topics related to G/S. During the 9 years of works related to G/S, the proportions of G/S range from 20 to 100%, and since 1994 to the present the range has been between 20 – 38% (25% in 2003).

From the first MPH project in SMS to the present, there have been 5 years without any project on topics related to G/S. During the 15 years of works related to G/S, the proportions of G/S range from 20 to 71%, and since 1998 there has been a consistent reduction in the proportion of G/S (26% in the Fall 2002).

Overall, the 1980s seem to be the period with the lowest number of projects related to G/S topics:

1968-1979	21.9%	(7 out of 32)
1980-1989	13.2%	(9 out of 68)
1990-1999	38.6%	(54 out of 140)
2000-2003	25.7%	(35 out of 136)

Content

In the early period there was a strong emphasis on reproduction but that theme has been less of a primary topic by the 1982. Gender until the early 1990s, was treated as secondary factor to a primary health outcome. By the mid-1990s gender becomes a primary topic of investigation, and by the 2000-2003 period, there have very specialized works on specific gender topics (e.g., gender-based violence). Similar trend is observed in the area of sexuality, which initial focus was sexual behavior during the late 1980s (in relation to HIV) to more specific works such as on sexual cultures.