

Male Sex Work Narratives: Implications for Health and Rights: 2011

Introduction

Sweat (Sex worker, education, advocacy, and task force) has initiated a male sex worker's creative space: within a period of six months, the group membership has swelled to over 30 participants. With a spread of Pan African Nationalities, ethnic backgrounds, and diverse socio-economic profiles, this group participates in matters that underpin sex work in South Africa: health, sex work as work, male sexuality, MSM, human rights, and decriminalisation of sex work. [law reform]. The age-range of this group is between 20 years and 54 years.

The material for this paper is extracted from group sessions, and preliminary research findings, that have been undertaken by Boyce, Isaacs and Harper (2011), and which will be presented at the Durban AIDS conference in June, 2011. The bulk of this presentation, however, is informed by a group work narratives and conversations of the Cape Town co-hort. It is descriptive (my descriptions) and exploratory, and cannot be generalised in terms of quantitative research data.

I was giving a safe sex/health workshop in a brothel, when a male sex worker was called out to do an outcall with a client. I jokingly said to him: "don't forget to splash clean that cute little ass of yours!" to which he promptly replied: "that ass of mine is precious –it's my portable ATM –they just shove it in, and the cash comes out!"

On reflecting on one of my groups, I was engulfed by many shadows. A shadow of survival sex, whereby men articulated their fear and desires simultaneously. A desire to reach a hidden goal, where no sunlight filters through. A desire to feed their stomachs on a street corner-awaiting arrest from police. One man had been given an iPod from a client, and was subsequently arrested after the client had dropped him off on his block. The iPod was a gift. The police did not believe him, and four months later he was released from prison as an awaiting trial prisoner, after his client, who had been away had had him released. The sex worker went to his wife and children- who live in a rural valley, with a label of criminal tattooed in his memory, and scarred from multiple rapes . He is now scared and refuses to carry a cell phone, in case he is disbelieved by the police. I asked:"If the road is your office space, how do you survive?" His shadow did not connect with my hope of filtered sunlight and he remained silent.

Their shadows fused with layers of realities: a need to transact, but everyone is an enemy: the enemy is a thunderous cloud, dark grey: Its name is suspicion, vigilance and hyper-arousal-exhausting to say the least. This suspicion is explosive: **what is this explosion?** It was articulated by the group: they do not know who they are, they are invisible, yet so omnipresent: they are street workers, whose rough exteriors appeal to clients and whose unwashed smell-attracts the locust: they are preyed upon and they prey:

I was asked a question by this group: "**how do we develop self –esteem, and look and feel good?**" I responded." what makes you feel like that ?" a member replied: I do not know how to make a client feel good, because each time they engage with me they suddenly disappear into the shadows of their cars, [whose fumes compete with misty horizon] - , transient intimacies, a need and yearning for security (emotional or financial) and the short-term securing of emotional and /or financial gain

in and through sex, with aspirations and fantasies regarding long-term relationships and security often thwarted or sabotaged.

We explored this shadow: it was a tapestry of furtive glances for police, burning eyes on the look – out for marauding gangs who would attack them, and they felt unsafe. Their occupation is a shadow – at times blending with a buttered moon – seeking for something that will make them feel good – that shadow is their prayer for work, a cosy client **and** reward. But the consumer is never guaranteed, and nor is safety. Safety and risk are not polarised variables in the lives of MSW, but close and constant companions.

However one of the members in the group felt safe in this space. He expressed his concern saying “things have changed, we have no **legitimate** space to go to we get kicked out of bars because we have no money for drinks, clubs are difficult because our skins are a darker shade of pale, adult world is not safe either because there are signs saying no prostitution allowed, **and where do we go?**”

A shadow quickly shrouded his wounded plea: Lost: a sense of alienation, and desperation

However, the wind blew some of the murkiness away, and dialogue ensued of other spaces, like cars, hotel rooms and brothels in long street: Ideas connected and laughter pierced the shadow, and in the words of one member who said: “I’ll help you with your clients – if you treat them as special and attend to them as human beings – yebo – they melted, I even got a two hundred rand tip because I made him feel special”. ***Sex work is about surviving contradictions!***

The shadow disappeared when two members approached me after the session, and said to me: ***“Ek se my broer, that was a great lesson -it’s a space were we can learn”***

The following week, I commented on the oppressive feeling in the room and asked everyone in the room to move to the window area: energy was sapped and acknowledged, and new members introduced. It felt like the morning after a hectic rave – tired energy, and nursing their templates of the week. ***How to proceed?*** A quick introduction, we went around and slowly peeled off the last few days. One sex worker was arrested several times and dumped into cells and denied access to his HIV medication by the police, his eyes mirroring defeat. Another, released from prison, homeless and no clients, another: closed as a clam, refusing to speak and shrouded his face with his arms. Two had influenza, another was dealing with personal stress (his sex work friend was stabbed)

I asked: “let us look at the picture—a photograph capturing torsos of men, in a tomb of **loneliness**: how can we connect, revive ourselves, water our thirst and share?”—I let silence take over and filled the space. Eyes beckoned me, so I took the risk: “It’s been a tough week – arrests, prison, personal secrets, homeless, no business and flu: gosh that enough energy to kick start a jumbo –” ***Who is the enemy?*** “I asked—one tentative whisper – “no clients, police, and no business- To which a solitary voice boomed: “We are here to make it better for us not to be always victims,” his anger blasted through the room, its flames spewing into the atmosphere.

There was a slight stir, this was not an alien –it is one of us!– as if the anticipated honey smell of rain upon dry and parched soil—was around the corner

“Yes” said another. “Let’s talk about health, after all health is about our bodies and our bodies need health to work. I seized this opportunity to invite the soft drizzle, and so moisten the dry mouths

And so it began: ***Health for Male Sex Workers*** – we started simply: what must we explore: “***sexual health***” was requested, and true to sex workers - the magic word “***Sex***” acted as a trigger. There was a hungry explosion of curious, and tentative sharing of sex with clients- ranging from appetising sexual styles and how to negotiate, and scan the client’s sexual needs, how to make the client come in 10 minutes, – leading to risk, HIV&STI’s and the contemplation of chemicals -- and wait for it : Concerns around fears and myths pertaining to erections, condoms, penis size, and ejaculation (coming):

Now we were cooking! - The energy levels rose, hands shot up. Questions and answers were flung about like ping pong balls. It was a boiling cauldron of information-sharing, and defusing real concerns around performance, performance anxiety, pleasing the client and self –pleasure. [It must be very lonely on that road or in that tavern].

“Why do men come differently?”, “why do I lose my erection when I put a condom on?”, “I struggle to get an erection”, “after I have had 4 clients, I am still horny”, and so the images unfolded. I felt like a midwife, as we gave birth to uncertainties, and the emergence of the penis and orgasm took shape. What emerged was astounding:

We spoke about different “bedrooms” - the bedroom of the street, bedroom of a shack, the bedroom in a motor car, the bedroom of a hotel/ room. The bedroom of a client’s house, the bedroom behind a bush/sand dunes and the bedroom of fantasies

Coming quickly was associated with fear, I must do it quickly or I will get caught ☹️ {some even reflected on their childhood experiences-getting caught by their parents and being punished, or relieving themselves quickly in a toilette}: some spoke of sex in a toilette in a club (in-out a line of tik, and over in three minutes – to the pounding on the door by the next in the lavatory queue) whilst others had stories of hotel rooms, sunken Jacuzzi’s and cocaine cocktails.

Delayed ejaculation and penile performance was associated with “saving it for the last clients”, fantasy was associated with trying to avoid a client-not really being turned on- or turning ones anus into a symbolic vagina, and breasts becoming engorged to emulate a female with the client and not succumb to the fear of a label: - yet the fantasy did not always work, and exhaustion set in: the penis and coming was ultimately placed into a context of:

1. Homo and/or hetero -erotic pleasure
2. Hormones and biology
3. Fatigue, hunger, and fear [fear of client’s unusual demands, fear of failure, fear of being caught, fear of physical harm]
4. Client’s demands/expectations –here the word rape shivered in the shadows
5. Sex workers inability to negotiate a “sexual menu” with clients
6. No opportunity for foreplay
7. drugs, alcohol, condoms,
8. fear of HIV or HIV disclosure
9. Use of fetish and fantasy

The conversation bubbled, in the cauldron-and soon overflowed. There was palpable relief, when permission was given by the group for each person- to acknowledge that sex work and MSM has its unique considerations, and that each person's response to circumstance was compelling, and no uniform template about male penile and ejaculatory competence is available. Each person is unique, like their fingerprint.

Advice was given by the seasoned sex workers, and with metaphors of good client experiences coming to the fore, the group's consciousness unfolded , as the words resonated- and towards the end of the session there was a collective sigh of relief - to come or not to come is not the question--- to please the client, in a way that both worker and client are able to negotiate- safely and without undue compromise was the banner that was unfurled, and a small token of victory. The banner was colourful.

The group agreed and ended this conversation with a request for an on-site HIV and STI screening and men's sexual health information group, to be given by the mobile unit of Health4Men

A week later:

On-site screening for HIV/STI's/HEP was arranged and a new collaborative relationship with Health4MEN was formed. (The guys were chuffed-) When I asked if there were any fears, hesitations, reluctance around screening, the response was overwhelmingly positive! No problem and they were all open this experience. We did a group pre-screening session, and people were reminded that it's voluntary, and no pressure would be applied for participation, and that confidential and private counselling would be available for post-screening results.

The session opened with a member talking about the "space between the sessions" and how it made him think about previous conversations. ***His voice was like the lens of a camera: capturing a vista:*** filtering the hues, and coming up with a resolution of profound insight. His picture-now developed in spasms of colour-revealed that:" male sex workers need take stock of themselves, and not just their market: they must reflect inwards, and recognise that body image and self- esteem are essential requirements for professional sex work. Age, burn-out (a word hardly used in the sex work industry), body shape, client demands, legal restrictions, and global recession all impact on the agency of sex-work. – He printed several more pictures, each one slightly more textured with depth,light and gentle pastel hues-, suggesting alternatives to the group, such as skills development, part-time learning, computer literacy, as the internet was now the client! - massage, and using sex work skills to develop into peer educators, para-legals, research enumerators, and community health care workers:" After all, sex workers are sex therapists" - he exclaimed. "who else can put a condom on a penis with his mouth, and make the person believe it was skin?"

Another photographer shared his picture, and extended the horizon further. His colour was bold-with vermilion as a background. The images of his picture suggested that sex work does not have the monopoly on poverty, and that others with skills, a background of training, and experience may become unemployed, or made redundant. Two pictures on a blank wall. Two sets of realities, and eyes taking in the layers of the truth: **The complexities of the paradox.** [In South Africa sex work is a paradox: Its illegal – part of a Sexual Offences Act – in opposition to our Constitution –yet we are funded by the State who promulgates the law, and encourages us to work with vulnerable populations –many of whom are denied basic rights, and access to health].

We spoke about skills and training, and transferring of skills, and sex work need not be perceived as a ***cul de sac***: learning and studying could be part of anyone's pocket camera, and the group was encouraged to take mental photos of what they believe could benefit them in the imminent future

We had another share: yes two people shared their experience of alcohol recovery-in an in-patient's rehabilitation centre for substance abuse. As they spoke, eyes were transfixed on them as their experiences before, during and after treatment were projected on the wall. I asked each member: "what they felt, experienced and fantasised about as their colleagues spoke. What did their inner voice tell them?" -photos transformed into square slides of:

"I can stop when I want to :[**heroic denial**] "I cannot stop drinking because my friends drink -- we all stay in one room in a notorious block of flats then I have no money left" [**peer pressure, boredom learned helplessness, and projected blame?**]"

" Been there done that"[**tired but convincing sigh**].

" I am an alcoholic, but I can control it, but I am now addicted to sex"[**true cross addiction, not to be confused with cross dressing**)

" My clients want drugs and I can't say no" :(omitting the fact that he actually scored for the client): **some of them are eager to do drugs with clients- more money, less performance demands a longer session of play, accumulating paid hours, -and a euphoric ending, and not a happy one**].

So advice turned into remedies, like an apothecary heating up ripened herbs in a glass tube: A liquid orb of support and encouragement and a result: an appointment was made to see a counsellor to discuss drinking, financial budgeting and letting people know how you feel [**a small start for someone struggling with attachment**]

Finally, two more members gave snapshots which were hurriedly flashed on the wall."I have a small drug problem" said one. I smiled and said, "**It was like having a touch of pregnancy.**" Speak to the folk in recovery".I responded, they will assist [**gatekeepers, and use of peer support**]. The other acknowledged he has a problem [but sounded **pre-contemplative**] but you never know.

Implications

Identity, sexuality, gender and sexual behaviours are highly individualized, and don't necessarily coincide with universal assumptions. This clearly demonstrates the need for more subjective work with male sex workers.

There is a vast difference of interpretations (and acceptance) of attachment to the label 'male sex worker"—which is impacted upon by space, geography, identity, political realities, gender and sexual preference, styles of transactions, client profile and societies attitude towards hetero-normative and homo-normative bias

Gay sex workers pay 'lip service' to the word MSM, and therefore engage with their clients (and special intimate/romantic partners) with fluctuating patterns of intimacy: their levels of sexual arousal are chiefly homo-erotic, whilst a male sex worker, may use power and hetero- erotic fantasies to assist with his sexual performance. Gay sex workers have intimated that they are more selective with their male clients, they often seek our male clients in gay specify venues, and some of

them who advertise on gay internet sites may even have an age exclusion policy! Male sex workers on the other hand do not necessarily sexualize their clients, many of them who are “heterosexual/bisexual” men and depending on location, clients, client demand and availability, have no exclusion criteria. It is business, with little erotic or desirable texture.

Many male sex workers are often invisible, as they ‘choose’ to retain a profile of “heterosexual” roles/behaviours, and exclude themselves from health, advocacy/human rights approaches-that advocate for legal reform. Their reasons for this are: that they experience a **Meta stigma**- prejudice towards sex work, and prejudice towards male to male sex and are often recipients of a collective social anxiety -that human sexuality is no longer contained in a safe membrane of hetero-normative -regulated values and traditions-underscored by biblical and moral injunctions. Perhaps in a sexual world, nothing could be more frightening for men and women whose intimate lives are challenged by the fact that men [or women] who portray a stereotypical sexual persona could have paid/transactional sex with a person of the same gender without conforming to a label(or hiding behind one) . This must be the ultimate form of **betrayal**.

It is not a safe space for them –and challenges the kernel of gender, sexual identity, power, intimacy, desire, ritual, tradition and patriarchy.

Male sex workers have sex with both men and women and according to their assumed roll, might be active, assertive and penetrative or passive, feminine and receptive - which includes guided internal fantasy [or the use of pornography in some reported instances] and may or may not be linked with desire. Here condoms maybe used indiscriminately, or based on false assumptions. E.g. some may believe that to be penetrated is a high risk activity - based on safer sex messaging. And therefore they may use a condom, but when they have penetrative sex [insertion of the penis into the anus]- they may not use a condom - thus reinforcing a distorted belief system- or fantasy –or simply imbibing misinformation. (it is noted here, alcohol and drugs, and in some instances, the use of selected ARV’s combined with Marijuana, and other toxic ingredients, act as a specific catalyst with regard to sexual performance, arousal, aphrodisiac enhancement, as well as numbing certain aspects of the sex work act, and/or acting as a self-medicating agent for co-existing mental health concerns).

Some male sex workers who are exposed to poverty, deprivation and lack of space, including homelessness, and migration, use sex with men as a transaction for reward or favour, and have no internal frame of reference with respect to identity, and sex work affiliation. They are exceptionally hard to reach, and are reluctant to forge bonds with sex work organisations, such as Sweat, as they feel disconnected (outsiders) from the sex work itinerary of decriminalisation, on the one hand, and the sensitive and often stigmatised dynamics of MSM on the other. One example is of a heterosexual male sex worker who works with gay sex workers, in order to gain a client base, is often required to choreograph violent and abusive attacks on his gay sex work peers in front of his girl –friend(s) to ensure she does not suspect him of being “queer/moffie”.

Access to health and treatment is highly problematic. What further compounds this situation, in respect of MSW is that the levels of understanding and compassion from different health districts are not standard. One clinic may offer an empathic embrace, whilst another may scorn and ridicule. This double bind chases the service user away, and avoidance and protest towards health care is perpetuated. A male sex worker, who was HIV positive had to go to an emergency room –late at night – to a private hospital in Cape Town –for swollen and painful testicles. The attending doctor

refused to examine him and he was turned away. He spoke to me the next day, and concluded he would never share his status with any one again. Men's sexual health, especially in relationship to HIV, STI's, etc., is absent from policy, procedures and best practice.

For example little or no lubrication is provided for anal sex, STI's are presumed to be contracted from heterosexual partners, and hepatitis screening and vaccinations are not part of regular clinical practice. Anal injuries, erectile problems, prostate health and fear of penetration/or painful penetration is a taboo language.

Substance abuse has been identified as the major risk confronting our male sex workers. Sex work, itself is often associated as a trigger for chemical abusers and sex addicts, so treatment opportunities are limited, and a conspiracy of secrets and silence co-exist. Harm reduction, and relapse prevention are not addressed, and clients of sex workers form part of this occupational hazard.

Language, vernacular, cultural and tribal affiliations, inner city, peri urban, rural and migrant sex work populations have created mini-subcultures that contain their own mores, geographical spaces and codes of behaviours: class divisions, gender rivalry, and transgendered sex workers form part of this palette. This anthropological diversity must be addressed -- sensitive to the needs, aspirations and participation of all concerned.

The way forward:

- The mobilisation of male sex workers into the broader African (ASWA) sex work coalition founded by Sweat. This includes member countries from Mozambique, Namibia, Zimbabwe, Botswana, Uganda, and Kenya
- Develop male coalitions to engage with all levels of health, social, civil and human rights campaigns, and have a political voice that hitherto has been silenced
- Sensitise clinics, tertiary institutions, the Church, health and welfare structures, as well as policy makers to the reality of sex work. Morality cannot obfuscate reality.
- Inform policy makers, politicians and those involved in legislation
- Capacitate male sex workers into leadership roles
- Address gender based violence at all levels

In conclusion:

In our creative space at Sweat, in our outreach to indoor and outdoor sites, and our human rights and advocacy programs, our realities are never the same as our clients. They diet on their own hunger, and we gorge ourselves on unpacking their resilience and vulnerabilities that manifest during our interactions. There is a shadow of earthly humanity –when I witnessed a male sex worker

engage with a paraplegic client with a colostomy bag –with uncompromised gentleness. There is a shadow of perfect imperfection, and a shadow to be like us all: - if we fear their nakedness. We (I) become the perpetrator - and the sensation of desire and spontaneity is dampened. Empathy is malnourished, and a new shadow leaks, unrelentingly into the umbilical cord of hope.

The creative space at Sweat, and its programs, strives for compassion and tolerance: its space seizes the seasonal change –and when it rains, we wear raincoats, when it shines we mirror the sun, in winter we long for summer –and ripened plums, and in the autumn we are confused. In this space - the shadows will always be there, but change in mystical hues – as we embrace humanity.

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