

THE TROUBLE WITH MSM

Young and Meyer recently considered the ubiquitous use of the term *men who have sex with men (MSM)*.¹ We respond with our experience in this area, with special attention to HIV/AIDS.

We agree with many of the points made by Young and Meyer. We advocate the appropriate use of the term *MSM*, which has achieved

(over)usage in a variety of contexts. Subsequently, its utility as an authentic term for settings where behavior and identity remain separate has been diminished. For example, in much of South Asia, male-to-male sex as a behavior does not equate with behaviorally or socially being homosexual or desiring men in a nonsexual context. The complex reasons for this duality of behavior and identity are explored elsewhere.²⁻⁴

The generalization of the term *MSM* has implications for studying HIV risks as well. This behavior-oriented term has effectively masked the sexual identity of men who engage in same-sex behavior, potentially impairing long-term goals of self-actualization and social justice. Because it is a reductionist term, it can also have the unintended effect of causing those outside the community of MSM to view those men as “issues” rather than as human beings whose life choices include a set of behaviors.

Naz Foundation International (<http://www.nfi.net>) is a foundation that assists with developing networks for advocacy and self-help to MSM, provides technical assistance to health organizations with an MSM focus, and provides public health information and advice to improve the health of MSM (largely within South Asia). The foundation uses the term *males* rather than *men* because the latter term can be problematic itself. Sexual activity may occur between older and younger males, and differentiating between men and boys here is not particularly useful.

The term *MSM* defined as *males who have sex with males* also has problems, albeit more subtle ones. For instance, for some participants, penetrated versus penetrative sex differentiates one's sexual identity as male versus not male. In this situation there will be, by definition, only one male, and the term *MSM* will be inaccurate. The terminology also does not include nonpenetrative sexual behavior (*masti*) or men having sex with transvestites or castrati (*hijras*). For political and social reasons, we have used alternate terminology for MSM, using terms that refer to men in the context of their sexual behaviors (e.g., *kothis*—men who sometimes feminize their behavior and state that they prefer the receptive role in anal or oral sex). The trouble remains with the characterization of sexual *practices* versus *identities*, which potentially limits the development of an empowering environment to reduce risk and vulnerability.

We strongly believe that we need a shared vocabulary that is both specific to the needs of those with whom we work and accessible to health and advocacy professionals. We appreciate the points raised by Young and Meyer and look forward to a continuing discussion. ■

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References

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