

**MEANINGS OF SEXUAL HEALTH AMONG  
GAY MEN IN SINGAPORE**

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## DECLARATION

I hereby declare that the thesis is my original work and it has been written by me in its entirety. I have duly acknowledged all the sources of information which have been used in the thesis.

This thesis has also not been submitted for any degree in any university previously.

A handwritten signature in black ink, appearing to read 'Daniel', is written above a horizontal line.

Teo Hee Boon Daniel

May 14, 2015

## ACKNOWLEDGEMENTS

I know thesis-writing will never compare with pregnancy and childbirth, but the gestation period for this particular thesis was indeed long and laboured. I don't know what possessed me at the time to choose this topic. Altruism? Vanity? Narcissism? Insanity? Whatever it was, I'm (now) glad I stuck it through.

Like the stories I documented in this study, this thesis is the product of a co-construction with many different people in my life. Without them, there really wouldn't be anything past this page.

There is no avoiding sounding like a clichéd award acceptance speech, so please bear with me as I say my thank-yous. I warn you – it is going to get sentimental.

To Prof. Mohan Dutta, thank you for providing the lens through which to view my research topic. Your name is dotted all over the pages of this thesis, so thank you for your writings and guidance on health and culture. It was your words that first inspired me, and I am indeed privileged to have had you as my mentor on this long and difficult journey.

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See? I told you. Sentimental.

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## SUMMARY

Prompted by the worsening HIV situation in recent years among men who have sex with men (MSM) in Singapore, this study is an exploration into the meanings of sexual health among self-identified gay men, a subset of the larger MSM population. Homosexuality is socially and legally restricted and regulated in Singapore. Gay men in Singapore are faced with these socio-structural barriers which reduce their access to sexual health resources and increase incidences of sexually transmitted infections (STIs) such as HIV.

In their everyday lives, gay men actively negotiate with these constraints in making choices about their sexual health; within this context, their interpretations of sexual behaviour, sexual identity and sexual rights are constituted, negotiated, and communicated through stories of their life experiences. These meanings of sexual health are often absent in HIV-prevention discourse – in overlooking the struggles faced by gay men, conventional HIV-prevention research and messaging see limited success. In response, this study adopts a narrative approach to yield gay men's meanings of sexual health situated in the context of their everyday lives. The central research questions of the study are: What are the meanings of sexual health among gay men in Singapore? And how do gay men negotiate their sexual health in the context of Singapore?

Semi-structured interviews were conducted with 19 gay men. The participants, in dialogue with the researcher, co-constructed narratives of sexual behaviour, sexual identity, and sexual rights. The narratives revealed how the participants came to conceptualise each of these facets of sexual health and how each facet played out in the context of their lived experiences.



Under sexual behaviour, the participants saw sex fulfilling physical and emotional desires. The communication patterns and safe-sex practices leading up to and during the sexual events differed depending on which desire provided the stronger impetus to have sex. For sexual identity, the participants saw their gay identity deeply entrenched in sex with men – some accepted this sex-based identity while others rejected it. Some participants narrated their identity along masculine-feminine lines. Most of the participants also exercised caution over the disclosure of their gay identity, narrating stories of secrecy, fear and rejection. When discussing sexual rights, the participants recognised that their sexual behaviour and identity barred them from rights enjoyed by straight people; to them, these rights mean marriage and children. Yet, many of the participants found their desire for change and equality tampered by the constraints of living as a gay man in Singapore.

A discussion of the findings employed a dialectical perspective and a culture-centred one. The dialectical lens illuminated the complex, conflicting and co-existing meanings within the participants' stories. A culture-centred approach highlighted a culture of secrecy within which the participants worked with, challenged and resisted structural barriers in maintaining their sexual health. Overall, this study serves as an important starting point towards a richer, nuanced understanding of MSM in Singapore and opens up spaces for community-based action for HIV prevention.

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## **CHAPTER 1**

### **INTRODUCTION: TAKING A STEP BACK**

Men who have sex with men (MSM) in Singapore are faced with socio-structural barriers which reduce access to sexual health resources and increase incidences of sexually transmitted infections (STIs) such as HIV. In their everyday lives, MSM actively negotiate with these constraints in making choices about their sexual health; within this context, their interpretations of sexual behaviour, sexual identity, and sexual rights are constituted, negotiated, and communicated through stories of their life experiences. These meanings of sexual health are often absent in HIV-prevention discourse – in overlooking the struggles faced by MSM in Singapore, conventional HIV-prevention research and messaging see limited success (Dutta, 2007). In response, this study documents MSM's narratives to yield a richer, nuanced understanding of their sexual health as a basis for developing relevant and effective safe-sex promotion.

In this introductory chapter of my thesis, my goals are twofold: (a) to explain the research topic of my study; and (b) to clarify the conceptual parameters of my study to maintain clarity and consistency throughout the thesis. To accomplish these

goals, I first discuss the problem of HIV in Singapore and how MSM form an at-risk group that is poorly understood. This section not only provides background and context to the study, but also highlights the need for this research endeavour. Second, I discuss a set of terms important to setting up the conceptual boundaries of the study. Finally, I end this chapter with an overview of the rest of the thesis.

### **Problem Statement: HIV among MSM in Singapore**

The first local case of HIV was reported in 1985. In the ensuing decades, men who have sex with women typically formed the majority of annual new cases; however, in 2011, the number of gay and bisexual men newly diagnosed with HIV exceeded that of their straight counterparts (Tan, 2012). For the year, the Singapore Ministry of Health (MOH) reported that homosexual and bisexual transmissions of HIV came in at 237, compared to 210 heterosexual transmissions; the trend continued on into 2012, with 237 homosexual and bisexual transmissions versus 220 heterosexual transmissions (MOH, 2013). While the MOH statistics do not specify the composition of sexes in the homosexual and bisexual categories, it is reasonable to assume that the overwhelming majority of these groups are men as they typically comprise nine out of every 10 new HIV cases annually; in addition, of the non-heterosexual transmissions of HIV in 2012, about 84% had contracted HIV through homosexual means (MOH, 2013).<sup>1</sup>

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<sup>1</sup> Also in 2012, the remaining non-heterosexual modes of transmission were bisexual, comprising about 10%, and intravenous drug use, comprising less than 1% (MOH, 2013).

Data from other sources further corroborate the at-risk status of MSM in Singapore. For example, in a local clinical epidemiological study, researchers Wong, Lye, Lee and Leo (2011) found that out of their sample population who tested positive for HIV, 68% were MSM. In another example, local health NGO Action for Aids (AFA; 2012) reported an almost two-fold increase in the proportion of MSM who tested positive for HIV at their anonymous testing facility, from 2.8% in 2009 to 5.4% in 2011. AFA also conducted an online poll on Asian gay website Fridae.com in 2009. The poll results suggested that risky sexual behaviour was alarmingly rampant among MSM – 64% of the almost 2,000 members from Singapore had had unprotected sex in the past six months (Toh, 2009). Overall, the MSM in Singapore form a group at high-risk of contracting HIV (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2012). There is thus a pressing need for public health interventions to curb the spread of HIV among MSM in Singapore.

### **HIV Prevention at the Margins**

Planning and executing health interventions for marginalised groups like MSM can be challenging. Marginalisation is “the process through which members of some segments of society find themselves out of the mainstream based on their membership in socially meaningful groups” (van den Hoonaard, 2008, p. 491). These groups include those based on sexual behaviour, such as MSM. Dutta (2011; 2012) argued that the margins are created and sustained through communicative processes – marginalisation occurs communicatively through the representation of a group as socially undesirable. These negative representations manifest as social and legal barriers which reduce the group’s access to health resources and cause higher incidence of disease.

In Singapore, MSM are branded as running counter to Singapore's indoctrinated ideals of heterosexual marriages and nuclear families. In 1991, the Singapore government produced a White Paper on Shared Values which explained a set of values that would maintain social order and cohesion. One of these values was to uphold the family as the linchpin of a stable society:

The family is the fundamental building block out of which larger social structures can be stably constructed. It is the group within which human beings most naturally express their love for parents, spouse and children, and find happiness and fulfilment. (para 12)

The family defined in the above excerpt is not only based on a heterosexual union ("spouse"), but is also intergenerational ("parents" and "children"), implying a reproductive function. Qualified with terms like "fundamental" and "naturally", this intergenerational, reproductive family unit is set up as an intrinsic way of being. Hence, by this logic, all other forms of relationships which fall outside of this heteronormative prescription are unnatural and aberrant, to the extent of threatening the 'natural' social order. With the White Paper, the State demarcated the status quo and marked homosexuality as a social deviance which needs to be kept under control for the good of a 'conservative majority' (Cutter, et al., 2004; Lim, 2004; Tan & Lee, 2007). As a result, laws are enacted to police and regulate homosexuality in Singapore.

The foremost legal barrier for MSM in Singapore would be Section 377A of the Penal Code, which criminalises sex between men. While 377A has its roots in Singapore's past as a British colony, the law is still viewed as current and relevant in today's contemporary society. In 2013, the High Court dismissed a constitutional challenge to 377A, alleging a continued necessity to curb an unacceptable behaviour

(Channel NewsAsia [CNA], 2013). The regulation of homosexuality in Singapore also exists in mainstream media. Media content which depict homosexuality and same-sex relationships as normal and acceptable are banned. For example, in 2008, local broadcaster Mediacorp was fined \$15,000 by the Media Development Authority (MDA) for airing a U.S. home makeover programme which featured a gay couple and their baby. In a press statement, MDA stated:

The episode contained several scenes of the gay couple with their baby as well as the presenter's congratulations and acknowledgement of them as a family unit in a way which normalises their gay lifestyle and unconventional family setup. This is in breach of the Free-to-Air TV Programme Code which disallows programmes that promote, justify or glamourise gay lifestyles. (para 2)

The press statement and MDA's penalty perpetuate the notion that homosexuality is abnormal and incompatible with 'family' as defined in Singapore. Other media have also been subjected to the same regulations. Several local LGBT films have been banned in Singapore, such as *Tanjong Rhu*, which features the police baiting and entrapment of MSM in the early 1990s. Beyond the systematic erasure of positive representations of homosexuality from the local media landscape, negative depictions of MSM have been allowed to pervade media discourse. For example, Goh (2008) analysed the frames of homosexuality in news reports on HIV/AIDS from late 2004 to mid-2005. Coverage of HIV/AIDS was high during this period because of a spike in new reported HIV infections. Goh found that gay men were soundly blamed for the spread of HIV infections because of their promiscuous lifestyles; in addition, the news reports reaffirmed homosexuality as both sexual and social deviance.

Together, these social and legal barriers relegate MSM to the margins of society. For public health organisations and practitioners in Singapore, these barriers



limit the space for public discourse on the sexual health of MSM (Sim, 2014). Attempts to communicate with this at-risk group in public spaces are often hindered or even completely thwarted. For example, the MDA banned a local fundraising concert for HIV prevention and AIDS education in 2005 simply because two of the performers were in a same-sex relationship (Ng, 2005). However, the gay couple were allowed to perform in 2007 but the concert had to be restricted to audience 18 years and over (Wong, 2007). In 2005, the MDA also stopped AIDS awareness advertisements targeted at MSM from running in a local magazine (People Like Us, 2005). Also, the Ministry of Education's (MOE) curriculum for safe-sex education addresses homosexuality only to the extent of informing students that homosexual acts are illegal in Singapore (MOE, 2009). Unable to utilise mainstream media, local HIV-prevention efforts for MSM have limited reach. Local HIV/AIDS NGOs such as AFA typically run small-scale outreach projects, either at places where some MSM are known to frequent, such as pubs and saunas, or on the Internet on gay subscription-based websites such as Trevvy and Fridae.

As shown above, Singapore presents a challenging and even hostile environment for HIV-prevention efforts for the MSM population. The marginalisation of Singapore's MSM is enacted and sustained communicatively through social and legal barriers. The State polices and erases positive portrayals of homosexuality to maintain a heteronormative status quo. These challenging conditions make it difficult to develop and carry out HIV-prevention programmes for MSM in Singapore.

## HIV-Prevention Research in Singapore

The marginalised status of MSM also impinges upon research efforts. Academic, public health, and activist communities have noted a paucity of data on MSM in Singapore due to the very same social and legal obstacles which hamper research on the at-risk group (Bishop & Wong, 2001; Chan, 2007; Cutter, et al., 2004; Parker, Khan, & Aggleton, 1998; Wong, Lye, Lee, & Leo, 2011; WHO, 2009; UNAIDS, 2012).<sup>2</sup> The handful of locally-based research studies on MSM tends to focus on behaviour modification. The rationale behind this conventional approach to public health research is that unsafe health behaviours can change when knowledge gaps are plugged and attitudes altered. However, campaigns based on such findings often see limited success because they are predicated upon highly rationalistic and individualistic conceptions of health behaviours; they overlook the many ways that members of this at-risk group come to understand and negotiate their health within their marginalised context (Airhihenbuwa, 1995; Dutta, 2008).<sup>3</sup>

In response, I chose not to focus solely on the sexual behaviour of MSM in Singapore, but broadened the scope of this study to investigate how this at-risk group makes sense of their sexual health given the challenging conditions I had outlined earlier. Key to this broader scope was a more holistic understanding of sexual health beyond sexual behaviour, which I explain in the next section. Related to expanding the research scope beyond sexual behaviour, I distinguished between the terms *MSM*, referring to behaviour, and *gay*, referring to an identity. By defining these terms, I set

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<sup>2</sup> I too faced some obstacles in setting up this study, which I relate in Chapter 3.

<sup>3</sup> I further elaborate upon the shortcomings of this conventional approach to HIV prevention in Chapter 2.

up the conceptual boundaries for the study. With this study I aimed to answer the questions: What are the meanings of sexual health among gay men in Singapore? And how do gay men negotiate their sexual health in the context of Singapore? To answer these questions, I found it necessary to create a space for gay men to articulate their understandings of sexual health. The narrative approach allowed me to create this space for their complex meanings of sexual health to emerge through the stories of their lived experiences.

### **Clarifying Conceptual Boundaries**

In this section, I discuss definitions of two key terms to this study, namely *sexual health* and *gay*. Presenting what these terms mean in this study is important because it clarifies the conceptual boundaries of the study, which simultaneously sharpens the focus of the investigation and reveals its limitations. Symbolic interactionist Blumer (1986) called this exercise an initial search for ‘sensitising concepts’ which can give the researcher a general idea of what kinds of questions to ask about the research topic. However, grounded theorists Glaser and Strauss (1967) warned against seeking out extant literature early on in the research process because concepts in grounded theory research should emerge solely from the data collected (hence the ‘grounded-ness’ in grounded theory) and not from past work. Further, as forewarned by critical health communication scholars such as Dutta (2008) and Lupton (1994), I run the risk of imposing an ‘expert’ value framework that forces the experiences of community members into prescribed categories and erases forms of localised knowledge which do not fit into these categorisations, a folly of conventional research which I am keen to avoid.

Nonetheless, it is necessary and pragmatic for me to begin my study with some notion of sexual health, expert origins notwithstanding. On entering a community in the capacity of an expert (such as a researcher), Zoller (2000) observed that communication between the expert and community members was strained when the former provided no guidance or structure to the discussion; consequently, Zoller advised that experts need to provide some initial leadership, such as a list of discussion topics or questions, to facilitate open, two-way communication, but only as long as “it is framed as temporary, striving to avoid reification” (p. 198). Charmaz (2000) echoed these sentiments when she recommended using sensitising concepts merely as “points of departure” (p. 17), meaning that while such ideas are excellent places to begin the research process, the researcher should not be beholden to longstanding concepts, but instead be willing to modify and even discard these concepts if they do not fit with the emerging data.

### **Sexual Health**

I began the study by selecting a definition of sexual health to identify areas that were relevant and important to this study. While the study is not grounded theory research per se, I still wanted to let the study participants express their own understandings of sexual health. Accordingly, I adopted a working definition of sexual health merely as a starting point to identify areas that may be important to address in this study; yet I had to bear in mind that my data collection and analytical strategies needed to be permissive enough to allow the participants to articulate their stories of sexual health. The practical implications of this decision will become clearer when I discuss the methodology of this study in Chapter 3.

In international and public health communities, the understanding of the term *sexual health* has been shaped over the last half-century by historical events such as the gay rights movement and the outbreak of HIV (Edwards & Coleman, 2004). For the purposes of this study, I adopted the holistic definition of sexual health jointly proposed in 2002 by experts from the World Health Organization (WHO), Pan American Health Organization (PAHO), and World Association for Sexual Health (WAS). In their report on *Defining Sexual Health*, they stated:

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. (WHO, 2006, p. 5)

This definition was developed in response to the worsening HIV pandemic, emerging health issues regarding other sexually transmitted infections (STIs) and reproduction, discrimination and inequities based on gender and sexual orientation, and advancements in reproductive technology (WHO, 2006). From this working definition, I identified three key areas to investigate in this study: (a) *sexual behaviour*, which refers to the physical activity of sex itself; (b) *sexual identity*, to encompass the emotional, mental, and social aspects of sexual health; and (c) *sexual rights*, in reference to sexual experiences being free from coercion, discrimination, and violence.

## **MSM vs. Gay**

While both *MSM* and *gay* have already been used in this thesis, there has to be an important distinction made between them. These two terms actually refer to two different but intersecting groups of individuals. *MSM* refers solely to a sexual practice – for its sole focus on behaviour, it is a useful label in epidemiological studies tracking the sexual transmission of disease. However, the term strips away the identities of the group of people it seeks to categorise, rendering them homogenous. Young and Meyer (2005) take offence to the ubiquity of *MSM* and its counterpart *WSW* (Women having Sex with Women) in health and medical literature. The authors argue that the reductive nature of these terms is injurious to an oft marginalised group in society. In their inability to acknowledge lesbian, gay, bisexual, transgender and questioning (LGBTQ) identities, these terms overlook the plights and struggles of sexual minorities seeking legitimacy and equality in heteronormative societies. In other words, while the umbrella terms *MSM* and *WSW* are useful markers for sexual behaviour, their use in research undermines the importance of sexual identity and sexual rights in health outcomes.

In this study, I focused on a subset of the larger *MSM* population by conducting interviews with men in Singapore who identified as *gay* for their stories of sexual health. *Gay* men who have accepted their sexual identity face a unique set of struggles personally, socially and politically, different to men who do not think of themselves as *gay* but have sex with other men. This is because despite their sexual practices, the latter group's non-homosexual identity enables them to better integrate into a heteronormative society.

I made the decision to limit my study to gay men because: (a) conceptually, it ties in with my aims to examine sexual identity and sexual rights alongside sexual behaviour; (b) practically, I expected it to be easier to recruit gay men for the study as identity-based organisations exist for them in Singapore, aiding my access to the group; and (c) personally, I have a vested interest in helping out this sexual minority group, which I discuss in Chapter 3 as part of the study's methodology.

### **Chapter Summary and Organisation of Thesis**

In this introductory chapter, I aimed to explain my research topic of choice by giving background and context to the rising rate of HIV infections among MSM in Singapore. By citing an overall lack of research on this at-risk group, I used the chronic problem of HIV infections as an entry point to studying the sexual health of MSM in Singapore. I also delineated the conceptual boundaries of this study: in adopting a holistic, working definition for *sexual health*, I have presented a tripartite framework for investigating the topic, consisting of the concepts sexual behaviour, sexual identity and sexual rights. As a first step to understanding the lives of MSM, I chose to study gay men in Singapore as a subset of the larger MSM population.

In Chapter 2, I discuss extant research on HIV research, drawing from the small pool of Singapore studies where possible and pulling in overseas examples where local ones are not available. This literature review, organised into the gaps left by preceding conventional HIV research, is used as a means to justify the narrative approach of the study. Also in this chapter, I use existing literature to explain the use of narratives in a health research context and how narrative health research can be

used to fulfil a social justice agenda by foregrounding the voices of marginalised groups. In Chapter 3, I explain how a narrative approach informed each methodological decision made in designing and conducting the study. In Chapter 4, I present the findings from the interviews with the participants, organised into the tripartite framework of sexual behaviour, sexual identity, and sexual rights. I use quotes from the interview transcripts and my fieldnotes as illustration for each of the findings. In Chapter 5, I discuss the study's findings in terms of dialectics and culture-centredness. I also suggest possible directions for HIV prevention among gay men in Singapore. Finally, I end off by ruminating on the study's limitations and recommending future areas of research.



## **CHAPTER 2**

### **LITERATURE REVIEW: THE NARRATIVE TURN**

This chapter examines the extant literature on HIV prevention on MSM in Singapore to evaluate the existing knowledge on the at-risk group and identify the gaps and weaknesses which I seek to address with this study. I organised this study's literature review into two parts, the first focusing on studies on HIV-prevention both in Singapore and internationally; and the second on theoretical literature about the use of narratives in research. In this chapter, my goals are twofold: (a) to identify the gaps and weaknesses in current research; and (b) to justify the use of a narrative approach as the theoretical framework of this study.

#### **HIV-Prevention Research on MSM in Singapore**

While HIV has been a chronic health issue in Singapore for the last three decades, the attention it has received across the various at-risk groups has been varied. As discussed in Chapter 1, strict social and legal controls over homosexuality in Singapore present a significant barrier to conducting research on MSM. However,

another marginalised group has received much more attention from health researchers. The majority of published studies on HIV prevention in Singapore were on commercial sex workers, especially concerning the promotion of condom usage (Bishop & Wong, 2001; Wee, Barrett, Lian, Jayabaskar, & Chan, 2004; Wong, Chan, & Koh, 1998; 2004; Wong, Chan, Chua, & Wee, 1999; Wong, et al., 1994). The disparity between research efforts done on MSM and commercial sex workers could be due to two reasons: first, unlike homosexuality, sex work is not criminalised in Singapore; and second, sex workers as a group are at greater risk of exploitation and human trafficking because they tend to come from a lower socio-economic stratum, whereas MSM form a much larger, heterogeneous group exhibiting a wide range of socio-economic statuses.

This first section of the literature review focuses mainly on studies conducted in Singapore. I felt this was necessary because of the importance of context to this study. As a small but highly-urbanised and conservative Asian city-state, Singapore presents a challenging environment for HIV-prevention work. I wanted to focus on evaluating the state of local research on HIV prevention among MSM instead of assessing research findings from overseas that may not bear relevance to a Singaporean context. For example, research on the effectiveness of MSM-targeted safe-sex messaging in mainstream media will have little relevance in Singapore where media regulations forbid it. In my review of Singapore-based literature, I found that the studies tended to be based on theories and models of behavioural change that were (a) highly rationalistic, and (b) focused on individual behaviour. In using theories and models, these studies exhibited some common shortcomings.

## **The Limits of Rationality**

Some local HIV-prevention studies were based on a prediction that individuals would enact positive health behaviours when exposed to sound reasoning. Study results which did not meet these predictions were often discarded. For example, Lwin, Stanaland, and Chan (2010) utilised the protection motivation theory to predict for intentions toward condom usage among straight and gay men in Singapore. The protection motivation theory posits that when faced with a health threat, an individual will assess: (a) the threat for its severity; (b) one's vulnerability to the threat; (c) the efficacy of available solutions; and (d) one's self-efficacy in using the solutions. According to the theory, this cognitive assessment takes place before an individual enacts a response behaviour; health outcomes can thus be adequately predicted based on these cognitive factors. Accordingly, the researchers hypothesised that high levels of these cognitive processes should indicate greater intentions to use condoms. However, among their gay participants, they found that their perceived vulnerability and perceived efficacy of solutions (condoms) had no correlation with their intentions to use condoms. Instead of encouraging further research to understand these unexpected findings, the researchers instead went on to recommend that HIV-prevention campaigns for MSM should focus on raising levels of perceived threat severity and perceived self-efficacy, eschewing the other cognitive processes which did not match the postulations of the theory.

In another example, Ratnam (1990) administered surveys to transsexual sex workers in Singapore before and after putting them through a safe-sex education course. The expectation was that furnishing individuals with sufficient information would appeal to their reason and persuade them to alter unhealthy behaviours and/or

adopt healthy ones. Ratnam instead found that while levels of knowledge and awareness of HIV risks had increased among the transsexual participants, there was no significant improvement in safe-sex practices. Unable to fathom any other reasons for this irrational outcome, Ratnam speculated that the transsexual participants must still have had misconceptions about safe sex, which could only be corrected with further behaviour-modification initiatives. There is no mention of trying to understand why the study participants were still having unsafe sex despite knowing the risks.

Indeed, sexual behaviour can come across as far from rational – for example, an AFA online survey conducted in 2006 revealed that while MSM were knowledgeable about safe sex and well-intentioned towards practicing safe sex, many were still having unprotected sex (Koe, 2006). In another AFA survey, more than half of the respondents had had unprotected sex; yet, they must have known of the risks because most of them had also been tested for HIV before (Toh, 2009). Overall, these studies which expect health behaviours to be the outcome of informed, rational, and highly-cognitive processes tend to neglect those behaviours that arise from other non-rational impetuses such as emotions, habit, or impulse, which are part and parcel of everyday life.

In fact, some Western scholars argue that safe-sex promotion based on a rational understanding of sexual behaviour is not only disconnected from the lived experiences of sex, but may inadvertently encourage rather than deter risky sexual behaviour. Lupton (1995) and Davis (2002) claimed that rational safe-sex messaging cleaves individuals into a rational, self-regulating half and an unconscious, pleasure-seeking half. Individuals resist the association of safe-sex practices with logic and

appropriate behaviour by seeking repressed desires and guilty urges in the realm of the unconscious. Hence, while the conscious, rational self may conform to prescribed, 'correct' ways of having sex, the unconscious self is compelled to explore alternative sexual behaviours. This may explain why, despite consistent safe-sex promotion appealing to reason, high levels of awareness of safe-sex practices and risky sexual behaviours co-exist among MSM in Singapore.

Overall, as extant literature shows, sexual behaviour cannot be adequately explained within a rationalistic framework, and to base safe-sex promotion on such frameworks will have limited and unintended effects. Hence, research seeking to fully understand the sexual behaviour of at-risk groups needs to be comprehensive enough to encompass the full spectrum of impetuses for sex, both rational and otherwise.

### **Decontextualising the Individual**

Another shortcoming of reason-based theories and models of health behaviour is the focus on individuals (Dutta, 2008). Viewing sex as a result of rational decisions of individuals neglects the other socio-cultural factors that also shape health behaviours (Zoller, 2005). Confronted by the possibility of other influencing factors in the individual's environment, past studies tended to avoid this line of inquiry as they had no place within rational frameworks. For example, in Ratnam's (1990) study on transsexual sex workers in Singapore, when safe-sex education did not result in a reduction in high-risk sexual practices among transsexuals in Singapore as expected, he surmised that the problem was with the participants' low education levels. To him, the participants' unaltered sexual behaviour had to be due to their inability to comprehend the safe-sex information

presented to them. No other barriers to positive sexual behaviour were considered even though the participants were from a low socio-economic stratum, suggesting situational constraints over safe-sex practices in sex work.

In Singapore, sensitivity to the context of the at-risk group has shown to be highly beneficial in the research and development of HIV-preventative interventions. When Wong et. al (1994) conducted interviews with female sex workers in Singapore regarding condom usage, the researchers found that some of the sex workers were less successful in persuading clients to use condoms, not because they lacked the requisite knowledge or exhibited low levels of self-efficacy, but because they feared that they would lose clients if safe-sex practices were enforced. The researchers write:

This group brings to our attention the importance of socio-environmental influences in facilitating behaviour change. Skills training and health education will not remove socio-environmental obstacles such as loss of earnings or rejection by brothel keepers. The environment has to be made more conducive for condom use by getting all brothel keepers to support and promote condom use and persuading all sex workers to work collectively to refuse sex without a condom. (p. 64)

This study led to the development of a highly effective condom usage programme that focused on empowering sex workers by teaching them condom negotiation skills and seeking the support from brothel owners to promote a safe, supportive environment for sex workers to propose condom use to clients without fear of repercussions (Wong, Chan, & Koh, 1998). Similarly, research on MSM in Singapore should also adopt a more holistic approach which accounts for the context unique to this at-risk group.

## **Culture and Structure in HIV-Prevention Research**

Critical health scholars in the U.S. and Australia have recognised that much of behavioural-change health research is based on the notions of sexual behaviour as the result of rational decisions made by individuals through purely cognitive processes; however, while these individuals are expected to respond in expected ways when presented with ‘correct’ information, real-world outcomes often widely depart from the theoretical postulations of these rational, individualistic frameworks (Airhihenbuwa, 1995; Airhihenbuwa & Obregon, 2000; Dutta, 2007, 2008; Lupton, 1994). These critical health scholars instead call on health research which encompasses alternative ways of knowing and being which are grounded in the complexities of daily life. This branch of health research is conducted through a focus on culture and structure.

Since the 1990s, the scope of HIV-prevention research in the West has largely expanded from behaviour-change studies on at-risk groups to holistic research which explores the cultural and structural contexts in which sexual behaviours are enabled and constrained (Parker, 2001). This section of the literature review cites extant research from beyond Singapore to illustrate the growing focus on culture and structure in international health research.

### **Culture in Focus**

Culture has been increasingly recognised by scholars for its role in influencing health and health behaviours (Airhihenbuwa, 1995; Basu & Dutta, 2009; Dutta, 2007; Kreuter, Lakwago, Bucholtz, Clark, & Sanders-Thompson, 2003; Parker, 2001). However, not all culture-focused health research is the same – Dutta

(2007) pointed out that understandings of culture among researchers have been divided. One approach, known as the cultural sensitivity approach, proposes to tailor health messages to the cultural orientation of the target audience. This approach seeks to investigate culture in a healthcare setting by identifying its constituent characteristics or dimensions. The components of a culture are then used to explain and predict health behaviours, as well as to adapt health interventions to the at-risk group by producing culturally appropriate messages and programmes that are expected to improve the likelihood of behavioural change (Kreuter & McClure, 2004; Kreuter et. al, 2003). An example of culturally sensitive research would be Muturi and Mwangi's (2011) study of the perceptions held by elderly residents of rural Kenya on current HIV-prevention strategies. In making recommendations based on their study findings, the researchers wrote:

There is a need to align and harmonize current communication strategies with the cultural context. This involves taking into account the various codes, ethics, taboos, and practices that frame such communication, including age-set rituals and practices, gender differentiations, and cultural honors and responsibilities earned with age and seniority, and capitalizing on the credibility bestowed on the elderly. (p. 721)

Muturi and Mwangi's study exhibits a sensitivity to the cultural context of their target public, and the researchers exhort adapting current HIV-prevention efforts to suit the cultural environment.

However, Dutta (2007) argued that these culturally-sensitive initiatives see limited success, simply because the solutions, while tailored for the at-risk group, are still incompatible because they have been developed out of context. Ultimately, the health problem and its messaging and programmatic solutions are almost exclusively conceived by health experts, with little to no input from the cultural participants. This



'top-down' perspective of the cultural sensitivity approach even reinforces the disempowerment of marginal groups by disregarding their cultural beliefs and leaving them out of discursive spaces of public health solutions (Dutta & de Souza, 2008). For culture to play a more central role in health promotion efforts, the marginalised group has to be given the space to articulate and conceptualise the problems (and solutions) within the context of their everyday lives. In this regard, culture then comes to refer to the framework in which participants understand themselves, their relationships, and the world around them. It consists of beliefs, values and practices which are continuously constituted and negotiated through communicative processes (Airhihenbuwa, 1995).

### **Revealing Structures**

Structural conditions also need to feature fundamentally in trying to understand the sexual behaviours of a target population. In the realm of health, social structures refer to the mechanisms in society which allocate health resources, often unequally due to differences in social status and power, creating access for some and barriers for others (Farmer, 2003; Parker, 2001). The lives and experiences of marginalised groups are shaped by their daily negotiations with structural barriers, which limit some health behaviours and enable others (Farmer, 1999; Dutta, 2008). A recognition of structural barriers relocates the loci of responsibility for health from the individual to those with the power to alter social structures, such as policymakers and governments (Dutta & de Souza, 2008). For example, Dutta-Bergman's (2004a; 2004b) ethnographic work on the Santali tribe in rural Bengal illuminated structural barriers, such as lack of infrastructure and destructive land policies, which contributed to the Santal's understandings of health and how they dealt with illness.

Similarly, Farmer, Lindenbaum, and Delvecchio-Good (1993) and Farmer (2010) asserted that sexuality and sexual behaviour in HIV/AIDS research need to be investigated in terms of their structural determinants instead of being viewed as isolated, individual actions, especially in the case of sexual minorities whose risky sexual practices are often a result of social inequities.

As discussed in Chapter 1, in Singapore, these structural barriers take the form of the heteronormative policies and regulations (e.g., 377A and media censorship) which portray homosexuality as aberrant and seek to erase it from public discourse. These regulatory mechanisms become significant obstacles for HIV-prevention work and research on MSM in Singapore, reducing the sexual health resources available and accessible to this at-risk group.

### **Narratives**

So far in this chapter, I have discussed the shortcomings of utilising rational-based and individualistic frameworks in research for HIV prevention among marginalised groups. A rational perspective on sexual behaviour is far too limiting and fails to account for sexual practices arising from non-cognitive and external impetuses. Focusing on individuals in health research and promotion strips away the numerous contexts which also influence health. Scholars who criticised the aforementioned approaches instead proposed looking at health from a cultural and structural perspective. One way to foreground culture and structure in health research is to get participants to narrate their lived experiences. Narratives show how people understand the world around them – they connect an individual's values, beliefs, and

experiences with their relationships with others and their environment. Narratives can thus be seen as demonstrations of agency in revealing how people actively evaluate and make sense of their cultural and structural environments (Dutta, 2008; Harter, Japp, & Beck, 2005).

Narratives or – to use a lay synonym – stories are all around us. Barthes (1975) expounded on the ubiquity of narratives in our everyday lives:

[Narrative] is present at all times, in all places, in all societies; indeed narrative starts with the very history of mankind; there is not, there has never been anywhere, any people without narrative; all classes, all human groups, have their stories, and very often those stories are enjoyed by men of different and even opposite cultural backgrounds: narrative remains largely unconcerned with good or bad literature. Like life itself, it is there, international, transhistorical, transcultural. (p. 237)

Indeed, the universality of narrative makes it a popular lens for research on social phenomena. Bosticco and Thompson (2008) pointed out the particular suitability of narratives in health communication because of the field's focus on messaging, which is really a form of storytelling. Many other scholars have also noted a narrative turn in health communication research (Bosticco & Thompson, 2008; Japp, Harter, & Beck, 2005; Hurwitz, Greenhalgh, & Skultans, 2004; Sharf & Vanderford, 2003; Sharf, Harter, Yamasaki, & Haidet, 2011) and even across the social sciences (Heinen, 2009; Krieswith, 1992). Brockmeier and Harré (1997) go so far as to call narrative an interdisciplinary meta-science because of its versatility across a wide range of disciplines. I discuss the suitability of narrative for the purposes of this study later on, but first, there is a more pressing question that needs to be addressed: What exactly is a narrative?

Because of its universality, we all have similar but differing ideas as to what a story is: it may be something that begins with “Once upon a time” and ends with “The end”, an anecdote to a friend about something funny that happened yesterday, or something published, bound, and sold in the bookstore. However, the indeterminacy of narrative becomes a problem in research where abstract concepts have to be defined and operationalised for data collection. The wide use of narrative in research is accompanied by wide variations on its precise definition. Broadly, definitions of narrative can either be exclusive or inclusive.

Exclusive definitions of narrative tend to focus on its structural aspects. These types of definitions are more akin to the study of narratology. For example, to Brockmeier and Harré (1997), a narrative must comprise characters and a linear sequence of events. A narrative can also be defined by its adherence to recognised recurring forms. In the realm of health, Frank (1995) described narratives of illness in three distinct forms: (1) the *restitution narrative*, in which the storyteller falls ill and then is restored to health; (2) the *chaos narrative*, characterised by disconnectedness and uncertainty; and (3) the *quest narrative*, which highlights growth and development as the storyteller overcomes obstacles. However, exclusive definitions of narrative such as those described above are too restrictive – they prescribe a set of criteria with which to classify some utterances as narratives but exclude others. Adopting an exclusive definition of narrative would be incongruous with this study because it does not respect the narrator’s ability and agency to tell stories, and risks erasing stories which do not fall into a pre-conceived framework.

The alternative would be to adopt a broader, more inclusive definition of narrative. For this study, a simple, straightforward way would be to define narratives

as past accounts of sexual behaviour. However, recalling the holistic definition of sexual health in Chapter 1, a definition of narrative for this study also has to take sexual identity and sexual rights into account in order to allow the meanings of sexual health to emerge. To that end, an inclusive definition should view narratives not as discrete objects, but as social processes. The social processes of narrative pertinent to this study are sensemaking and resistance.

### **Sensemaking**

Sensemaking refers to the process of giving meaning to experiences.

Narration as a form of sensemaking is based on the idea of *homo narrans*: humans by nature are able to create and use symbols in order to narrativise and communicate life experiences to others (Burke, 1966; Fisher, 1984; 1985). Narrating and sensemaking are social phenomena because they cannot be performed in complete isolation (Gubrium & Holstein, 2009). Dutta (2008) pointed out that narratives involve the narrator trying to make sense of the world around him/her. Therefore, stories reflect the relationship between cultural actors and their socio-structural environment. Stories of health and health behaviours are thus informed by how the narrator negotiates between private and public spheres of life (Harter, Japp, & Beck, 2005; Sharf, Harter, Yamasaki, & Haidet, 2011). The narrativised relationship between the self and one's socio-cultural context also aids in identity formation. Simply, telling stories of our life experiences reveals how we see ourselves in society. According to Dutta (2008), culturally-situated identities, which emerge during the act of storytelling, influence the choices one makes, especially with regards to health:

As a dynamic setting within which individuals experience health and illness, culture provides the backdrop against which identity is realized... Identity influences health

choices by being intertwined with the meanings and relationships individuals form with others. How an individual sees himself/herself is essential to the ways in which he/she approaches health. (pp. 94-98)

Narratives thus afford researchers the opportunity to investigate the meanings and identities attached to health experiences, which is complicit with the aims of this study.

Narratives not only have to make sense to the narrator, but also to those listening to the narrative as well. Again, this relationship between narrator and narratee indicates the social nature of storytelling. Fisher (1980, 1984, 1985, 1989) argued that audiences assess how good a story is by: (a) its *narrative probability*, whether the story is coherent based on their experiences with other similar stories; and (b) its *narrative fidelity*, whether the story bears relation to their life. By judging stories against his or her own experiences and meanings, the narratee is implicated in the process of storytelling. Similarly, Norrick (2000) noted that narratives are constructed in conversation – stories are jointly created by the narrator and narratee because there needs to be a shared framework of meanings between the two for the stories to be successfully communicated. Both parties engage in sensemaking to co-construct meaning, indicating the presence of a reciprocal relationship referred to as dialogue in which ideas are openly shared (Constantino, 2008). In research engaging in narratives, the dialogic nature of narrative has a major implication for the position of the researcher in the investigation – in collecting narratives, the researcher can no longer be an observing bystander, but becomes an active participant in the co-creation of narrative data alongside the participants. I discuss further the impact of a dialogic researcher-participant relationship on research methodology in Chapter 3.

## Resistance

In society, not all stories are heard equally. For MSM in Singapore, some stories may even be actively erased. However, this does not mean these stories are not told at all. Narratives, especially those often untold or silenced, can be created in resistance to dominance. Resistance refers to a social practice of challenging and negotiating with power (Vinthagen & Lilja, 2007). For marginalised groups, narratives emerging from the margins can challenge and disrupt mainstream, monolithic narratives. Monolithic narratives are the stories taken for granted as indisputable truth and fact; however, scholars have proven that they are still stories, such as historical texts (White, 1980) and biomedical texts (Dutta, 2008; Hunter, 1991). Monolithic narratives also have greater influence and reach in society, tending to appear repeatedly in public discourse. For example, news stories in the early 2000s cited MSM as the cause for rising HIV infection rates because of their promiscuity and moral reprehensibility, a narrative that has pervaded Singapore's mainstream media (Goh, 2008).

In resisting monolithic narratives, stories from marginalised groups can serve as alternative narratives or *counternarratives* (Harter, Japp, & Beck, 2005). For example, in Dutta-Bergman's (2004b) ethnographic study on the Santali tribe, the Santals narrated stories of health and illness in association with the movements of nature and spirits, beliefs which challenged the biomedical conception of health as the absence of disease. Such counternarratives are important because they illuminate the fissures in monolithic narratives and provide avenues for the social betterment of marginalised groups (Dutta, 2008, 2011). A narrative approach in this study is important because it creates an opportunity for the participants to articulate their

counternarratives in resistance to the dominant, monolithic narratives which govern their lives and relegate them to the margins of society.

In sum, a suitable definition of narratives for this study would be personal accounts of sexual health in the context of Singapore, exhibiting meanings of sexual behaviour and sexual identity, created in dialogue between researcher and participant, and in response and resistance to the dominant narratives of gay men in Singapore which deprive them of certain sexual rights.

### **Chapter Summary**

In this chapter, I reviewed local literature on HIV prevention, highlighting a reliance on highly rational and individualistic conceptions of human behaviour. In looking beyond Singapore, I discussed the growing emphasis on culture and structure in international HIV-prevention research. In response, I explained the use of narratives in this study to create spaces for expressions of culture and structure in everyday lives. The next chapter continues the discussion on narratives as a method of inquiry.



**CHAPTER 3**  
**METHODOLOGY:**  
**TECHNIQUE, PHILOSOPHY, AND AUTOBIOGRAPHY**

From the theoretical ruminations of the previous chapter, I now move on to a discussion of how the study was designed and carried out. However, this chapter is much more than a discussion of data collection techniques, otherwise known as “methods” (Schensul, 2008). As the chapter title states, the following sections will also be a discussion of the *methodology* of the study. But what is a methodology?

According to Hammersley (2011), a methodology is predominantly viewed in three ways across the social sciences: First, methodology as *technique*, which is a description of the actual ‘doing’ of the study with the intentions for critique and/or replication by one’s colleagues. This means that research methods are also encompassed in methodology and any discussion of the latter also requires a description of how data was collected. Second, methodology as *philosophy*, which examines the rules and postulations which underlie the choice of techniques used. Naturalists Lincoln and Guba (1985) espouse this view of research methodology and argue that researchers should delve into the ontology (the nature of reality),

epistemology (the relationship of the researcher to his/her object of study), and axiology (the role of values in the research) of the methodological decisions made. And third, methodology as *autobiography*, which is the researcher's personal account of how he/she responded to the process of research, including how he/she dealt with unexpected problems faced in the research setting. Far from being mere contemplation, Hammersley (2011) also noted that studies which supplied the researcher's personal accounts demonstrated how often research deviated from textbook prescriptions in practice; by highlighting the gap between how the study *ought* to be carried out and how it was *actually* carried out, the autobiographical accounts opened up spaces for methodological critique.

In all, these three perspectives on research methodology show that writing a methodology chapter should be treated as an opportunity for researchers to recount, explain, and, more importantly, reflect on one's work. It is thus my intention for this chapter to cover these descriptive, explanatory, and reflective components of methodological writing. I will recount how I went about conducting the study in a largely chronological fashion, interrupting at opportune moments to parse out the possible reasons behind some of the decisions I had made and examine my personal experiences in conducting the study.

### **Methodological Decisions**

To collect narrative data, I decided to conduct in-depth interviews, which are interviews that allow study participants to speak at length about a topic or several topics. In-depth interviews are also referred to as *semi-structured* interviews as the

researcher steers the conversation according to a list of pre-determined topics, but nevertheless allows interviewees some freedom to take the interview in other directions depending on their personal experiences (Cook, 2008). The semi-structured format is thus suited for the narrative approach of the study because, within the topical framework of the study, the participants are given the space to narrate their experiences of sexual health.

More importantly, the narrative approach and in-depth interviewing method share the same philosophical foundations. Casting a narrative theoretical lens on the sexual health of MSM in Singapore aligned the study with the naturalistic paradigm, which makes the following assumptions: ontologically, that there are many intersubjective truths as opposed to one universal Truth; epistemologically, that knowledge creation emerges from a dialogic relationship between researcher and participant; and axiomatically, that in acknowledging the researcher's participation in the creation of knowledge, the research inquiry is value-laden, influenced by the researcher's personal experiences and motivations (Lincoln & Guba, 1985; Owen, 2008). These assumptions were also highlighted in the previous chapter's discussion of narratives in research. Methodologically, these tenets of the naturalistic paradigm are practiced in in-depth interviewing.

In tandem with the belief of multiple co-existing truths, in-depth interviewing allows for various voices to emerge. 'Voice' in this context refers to an individual's interpretation or position (Fabian, 2008). The relatively open nature of this type of interviewing means that the trajectory of the discussion is partly under the control of the interviewee, allowing him room to express his own 'truth'. The narrative data collected through these interviews is thus expected to reveal various voices or truths.

Yet, the pre-determined topical framework of the interviews reveals the researcher's involvement in the interview discussion. It is this tension between the researcher's agendas and the participant's voice which highlights the interrelationship between both parties. The in-depth interview is a dialogue, in which narratives replete with knowledge and meaning are a joint product of the researcher and participant. The researcher is thus no longer an objective observer but an active participant in the construction of narrative data. In acknowledging my involvement and influence on the narratives emerging from the interviews, I am compelled to exert my presence in the data collection and analysis processes.

### **A Decision for Reflexivity**

With the intention to ensure that the dialogic process is represented in this study, it is not sufficient to solely capture and present the interviewees' responses. Rather, as an acknowledgement to the collaborative nature of the interviewing process, my thoughts and intentions must be recorded as well through reflexive writing. Reflexivity refers to "a turning back on oneself, a process of self-reference" (Davies, 1999, p. 4). To aid reflection, I decided to keep fieldnotes from the interviews, encompassing my immediate observations of the interview as well as more reflexive writings in which I attempted to decipher my feelings and behaviour at the interview, and question the influence of my values on the interview (Fetterman, 2010). This decision proved useful later on when I had strong emotional responses to some of the participants' stories. For example, an interviewee, Xavier, shared that he and his long-term partner engaged in threesomes. I clearly remember feeling disgusted at the time although I did my best not to show it. After the interview, I

quickly noted down my response to Xavier's story and later, examined my feelings more carefully:

Also on marriage, I was shocked on hearing that, despite his intentions to marry, that Xavier and his partner engaged in threesomes. Well, maybe more disgusted than shocked if I were to be perfectly honest. To me, the two choices were in conflict. How can you be in a committed monogamous relationship, but choose to bring a third person in just for sex?

...I had to question my reaction to the threesomes. Why did I find the extramarital affairs of a gay couple so unsettling? After all, in Singapore, gay relationships have little to no legitimacy in mainstream spaces. Marriage simply does not exist... If legitimate monogamous relationships are not within reach of the gay community, then really, why not explore alternatives?

In musing over my negative response to Xavier's story, I came to a realisation that I had been holding Xavier to a double standard – I was expecting Xavier and his partner to remain in a monogamous relationship which does not receive any form of institutionalised recognition other than that of criminality. In writing reflexively, I was able to make sense of a taken-for-granted gut response.

In addition to my personal responses at the point of the interview, my values in conducting this research come into play as well. Admittedly, this is the part I struggled very much to write and it became the barrier to even writing this thesis at all. It would definitely be far easier to remain behind the veneer of objectivity and detachment afforded by a positivistic research inquiry, but that would be at odds with the methodology (as philosophy) of this study. I therefore found it of immense importance to present my story with the stories of my interviewees. (See Appendix A for a disclosure of my sexual identity, background and beliefs.) By sharing my values openly, I hoped to hold myself true to the study's methodology. And as I found out

later on in the study, my analysis became all the richer because of the conscious effort to be a part of the study rather than just its administrator. Following these early methodological decisions, I then made preparations to enter the field.

### **Preparations for Fieldwork**

The field refers to the physical location where data is collected (Leech & Onwuegbuzie, 2008). Before conducting research in a field setting, I needed to ready the instrument for data collection – myself. In the greater spectrum of qualitative research, of which this research falls under, it is the researcher that is the instrument of data collection, because data is generated through the researcher interacting and building relationships with study participants (Brodsky, 2008). The researcher-instrument means that data collection is reliant upon my own experience, skillset and personality in conducting interviews. In addition, I also needed to arrive in the field armed with the topical framework for the interviews.

### **Developing the Interview Guide**

An interview guide comprises a list of topics to cover as well as some suggested questions to pose to the interviewee (Kvale, 2007). The overarching topic of this study is sexual health. In addition, as I explained in Chapter 1, I also highlighted the interrelated concepts of sexual behaviour, sexual identity, and sexual rights from a working definition of sexual health. As the starting point of this study was HIV, I also felt it necessary to add that to the list. In all, the list of topics I hoped to discuss with the study participants consisted of (from broad to narrow): health,

sexual health, sexual behaviour, sexual identity (being gay), sexual rights, and HIV. From the list of topics, I then developed the interview guide.

To allow participants to express their own understanding of the topics, I decided to ask the open-ended question: What does [this topic] mean to you? To elicit stories from the participants, I also needed to ask: What experiences and problems have you encountered regarding [this topic]? By applying these two open-ended questions to each of the topics in turn, I had a list of questions with which to prompt the participants; however, I was conscious not to be beholden to the order and entirety of the interview guide and to instead let the participants' stories guide the discussion. (See Appendix B for the full interview guide used.)

However, from past experience conducting similar semi-structured interviews, I have learnt that it can be difficult and awkward for interviewees to open up on what a certain word or phrase means to them. I instead took a cue from Davis (2002), who also interviewed gay men for the stories of their sexual life. To help elicit narratives from participants, Davis began his interview session by asking interviewees to relate a story of their most recent sexual event. I thought that was a much easier way to warm up the conversation before moving on the more abstract questions such as 'What does sexual health mean to you?' With a clear idea of how to approach the interview, I then moved on to getting clearance from my university's Institutional Review Board (IRB).

### **Seeking IRB Approval**

IRBs are official university bodies which evaluate research proposals for their ethicality in treating human participants, which includes seeking informed

consent, maintaining participant confidentiality, and ensuring no harm comes to the participants (Haggerty, 2008). In April 2013, I sent my application to conduct this study to my university's IRB committee. From then, it took four months for my application to be approved.

The main problem was with the possibly illegal nature of the study. As I mentioned in Chapter 1, Section 377A of Singapore's Penal Code is still in force and criminalises sex between men; hence, my study participants, by virtue of participating in the study, would be in essence admitting to a crime. However, I felt that this was not a major concern because within the month of my IRB application, there had been a challenge to the constitutionality of 377A; while the Singapore High Court ended up dismissing the challenge, it said that it would retain the law but not actively enforce it (CNA, 2013).

Nonetheless, the IRB was still concerned about the risk of arrest. The following is an excerpt from their comments on my application:

The IRB is of the view that homosexual acts are still criminal offences under the penal code. There are no prosecutions so far but that does not mean it cannot happen. If the research is published and were to come to attention of authorities, there may be a risk that law enforcement officers might look to the PI [Principal Investigator] for disclosure of identities of subjects if they decide to enforce section 377A. PI and participating assistants may be called up for interviews whereby they will be served notice that they are bound to answer questions truthfully.

The workaround was to ensure that the participants' identities were kept strictly confidential. Many e-mails and seven revisions to the research protocol later, a compromise was reached: on completion of the interviews, the participants' contact information needed to be deleted; in addition, audio recordings of the interviews had



to be destroyed as soon as they were transcribed. The participants' names also needed to be swapped up with pseudonyms in the transcripts.

While these procedures would help safeguard the participants' confidentiality, the main drawback was that there could be no further contact with the participants following the interview. This meant that no follow-up questions or clarifications could be asked after the initial interview session. Breaking contact with the participants also ruled out the use of *member check* during which participants are invited to look over interview transcripts and data analysis to ensure the veracity of the data recorded and improve the validity of the findings (Lincoln & Guba, 1985). This is a major limitation of this study, which I discuss in Chapter 5.

Throughout the whole process of seeking IRB approval, as my frustrations mounted over figuring out ways to navigate the possible unlawfulness of the research, it occurred to me what a formidable barrier Section 377A is to researchers desiring to investigate the problem. Being presented with the possibility that I could be called up for police interrogation, I found myself seriously re-considering the feasibility of the study and my willingness to pursue the topic. It was not just a matter of being coerced into revealing my participants' identities, but perhaps, also my own sexual identity. It would have been so much easier to pick a research topic that was not so potentially felonious and personally ruinous. Nonetheless, I was emboldened by the High Court's public statement of not advocating the enforcement of Section 377A.

In going through the IRB review process, I was able to witness first-hand how research efforts could be discouraged by legal barriers, perhaps accounting for why university-sanctioned studies on MSM in Singapore are few and far between, especially those that seek to engage MSM in person as opposed to via a mediated

environment such as the Internet (Chan, 2006). With the interview guide and IRB approval under my belt, I next moved on to recruiting participants and conducting the interviews.

### **Recruitment and Conducting Interviews**

I was not confident of recruiting participants on my own. As I mention in Appendix A, despite my sexual identity, I neither possessed a large personal network of similar individuals nor felt any belonging to a community of like-minded individuals. To gain access to a pool of suitable participants, I sought out Oogachaga, a local counselling and personal development organisation for LGBTQ individuals, for help in recruiting interviewees.

Access, in this context, refers to the strategies used to gain entry to a community to engage its members in a research study, with one such strategy being seeking the cooperation of a community organisation (Jenson, 2008). However, access via an organisation is not without consequence, because the researcher's access strategy will influence what information is available to him or her (Feldman, Bell, & Berger, 2003). Oogachaga posted the interviewee recruitment call on their sexuality and sexual health website, Congregaytion.sg, as well as published it in an email newsletter sent directly to subscribers of the website. In essence, by approaching Oogachaga, I had limited myself to a subset of Singapore's gay population that had some interest in community and sexual health issues, as well as sufficient education, means and skills to access the Internet.

However, I was fairly confident that Internet access was not going to be a major constraint because Singapore is a highly-connected nation – as of June 2014, Singapore’s residential broadband Internet penetration rate stands at 107.1%, indicating that most households in Singapore have Internet access (Infocomm Development Authority of Singapore, 2014). I also expected interviewees recruited from the audience of Congregaytion.sg to be more motivated about and knowledgeable on issues such as gay rights, HIV and safe sex; the recruitment strategy overlooked individuals who may be apathetic towards such issues but still have an active sexual life. In addition, as I stated in Chapter 1, this study is also limited to self-identified gay men, which in itself is a sub-group of a larger MSM population in Singapore. Nonetheless, as an exploratory study, this initial group of participants still forms an important starting point to better understand the sexual health of MSM in Singapore. Overlooked segments of the at-risk group may be examined in future studies building upon the findings of this one. (See Chapter 5 for more on future research opportunities.)

Oogachaga published the recruitment advertisement on July 23, 2013. (See Appendix C for the post on Congregaytion.sg calling for study participants.) The advertisement asked for gay men aged 21 and above (to eliminate the need for parental consent) to participate in one-on-one interviews in English, lasting between 60 and 90 minutes, about their sexual health. Participants also had to be HIV-negative or unsure about their HIV status because of the study’s focus on prevention. The advertisement also stated that the interviews would be audio-recorded solely for transcription purposes and that their confidentiality would be maintained by destroying the recording and all personal information on completion of the

transcription. The interview transcripts would also use pseudonyms in place of their real names.

Participants also needed to have been sexually active with men – whether regularly or casually, in a committed relationship or otherwise – within the past six months. I deliberately left out what was meant by ‘sex’ in the participant criteria – this omission was to avoid restricting the participants’ responses to a prescribed definition of sex and to open up the possibilities for more complex ways of understanding sex. For example, one of my interviewees, Brandon, noted very early on in the interview that I had not offered a definition for ‘sex’ in which he could frame a response, so he asked me for one:

Brandon:           What’s your definition of sex? Because sexual activity can be any kind of intimacy is considered...

Daniel:             Is that what you think of it?

B:                    Er, actually sex is like– I mean, if you do anal sex, that’s considered lah. Besides that, I guess, I don’t really consider that like sex-sex.

In not defining ‘sex’ as both oral and anal-penetrative sexual intercourse, I gave Brandon leeway to express what he qualified as sexual activity.

In registering for the interview, the participants were required to complete an online form requesting basic demographic information such as age and ethnicity. Over the next six months, I received a total of 25 applications. Five applicants could not be contacted and one turned out to be HIV-positive. I successfully met up with the remaining 19 applicants over the course of five months. The interviews lasted

between 30 and 120 minutes. Table 1 below summarises the characteristics of the study participants:

<b>Pseudonym</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Occupation</b>
<b>Andy</b>	26	Chinese	Student
<b>Ben</b>	25	Malay	Manager
<b>Brandon</b>	22	Chinese	Student
<b>Edward</b>	37	Chinese	Civil servant
<b>Esmond</b>	48	Eurasian	Manager
<b>Firdaus</b>	26	Malay	Counsellor
<b>Gary</b>	22	Chinese	Marketer
<b>James</b>	24	Chinese	Unemployed
<b>Jeremy</b>	24	Chinese	Civil servant
<b>John</b>	26	Chinese	Self-Employed
<b>Kevin</b>	23	Chinese	Student
<b>Kris</b>	24	Malay	Supervisor
<b>Mark</b>	29	Chinese	Salesperson
<b>Roy</b>	35	Chinese	Computer engineer
<b>Samy</b>	26	Indian	Business analyst
<b>Tyler</b>	33	Chinese	Executive
<b>Will</b>	24	Chinese	Student
<b>Xavier</b>	34	Eurasian	Artist
<b>Zack</b>	25	Chinese	Student

*Table 1: Characteristics of study participants*

I deemed 19 participants to be a sufficient sample size because I was analysing the data concurrently in between interviews and found that no new conceptual insights were being generated at the 19th interview. This end point is known as *theoretical saturation*, in which the researcher, through his/her familiarity with the field and the data collected, can ascertain that the concepts emerging from the data are comprehensive enough and nothing new can be gained from further data collection; this entire process, from analysing data as soon as it is collected, constantly comparing it to latter data, to finally concluding no novelty value in additional data, is referred to as *theoretical sampling* (Glaser, 1978).

I met up with the participants at various public locations of their choosing, mostly coffeehouses. After personal introductions, I began each interview by briefing the participant about the research topic, the purpose of the interview, how their information would be used, and other salient information; following the briefing, I gave the participant an opportunity to ask questions and clarify any concerns he might have had. This initial briefing is important because it allows the interviewee to get a grasp of both the study and the interviewer, thereby easing him and increasing the likelihood that he will share his personal experiences more freely (Kvale, 2007). I was also conscious of practising *attentive listening*, during which the interviewer not only shows interest in what the interviewee says, but also makes it a point to understand and respect what the interviewee says (Kvale, 2007). In addition to listening, I also made sure to be an active participant in the conversation as well by sharing my own experiences. This move made the interview much more conversational and less of an interrogation.

I ended each interview with a debriefing, which simply means I asked the participant if he had any further questions for me and to summarise what we had discussed during the interview. After parting ways with the participant and safely ensconced in the privacy of my car, I would log down some fieldnotes by switching on the recorder and verbalising any immediate impressions and thoughts I had about the interview. I would also recount anything the interviewee might have said during the debrief when the recorder was switched off. This was the procedure I went through with all 19 participants. With the interviews and data collection phase of the study completed, my next step was to make sense of the data.

## Data Analysis and Interpretation

Data analysis and interpretation is the stage whereby the researcher processes the data into a form suitable for analysis, then attempts to understand it and turn it into a useful contribution (Kvale, 2007). It is important to note that analysis and interpretation does not occur only at the conclusion of the data collection phase, but rather throughout it, so that constant comparisons can be made to determine theoretical saturation. I transcribed the audio recordings of the interviews and my fieldnotes ad verbatim. From almost 24 hours' worth of audio, I typed up 378 pages of single-spaced text, of which 19 constituted my fieldnotes. When I was transcribing my fieldnotes, I also took the opportunity to add on to each entry by reflecting upon my initial responses to the interviews, attempting to explain to myself why I felt or reacted a certain way to the participant's stories.

In order to make sense of the narratives, I used grounded theory as my method of analysis. Grounded theory is a systematic way of generating concepts from data; the analysis is grounded because theoretical insight into the phenomenon under investigation emerges from data collected (Glaser & Strauss, 1967). In other words, grounded theory is a form of inductive inquiry, whereby real-world data become the basis for developing theory (as opposed to a deductive inquiry, which tests pre-established theories with data). Grounded theory thus fits the methodology of this study as results emerge directly from the participants' narratives.

The process of assigning conceptual labels to discrete units of data is known as coding. The first round of coding is known as *open coding*, so named because it 'opens up' the text to reveal its ideas and meanings (Strauss & Corbin, 1998). In open coding, I read through the interview transcript and labelled chunks of text with

descriptive conceptual labels, drawn from my knowledge of the research topic, familiarity with the field, and my prior engagement with past literature on the topic. I made sure to begin the labels with gerunds (verbs ending in “-ing” which function as nouns) to acknowledge that each datum is, in fact, a representation of a process (Charmaz, 2006). For example, consider the following excerpt from my interview with Ben as he narrated a past incident of casual sex beginning at the club:

Ben: Um, I like to play the hard game. So I look at him and I know he’s looking at me. So, I just walked past him. And I didn’t really acknowledge him. [Chuckles] So... they will look and even more they will feel like *Why is he not looking at me? Why is he not acknowledging me?* Then they’ll come even closer. Yeah, a lot of people actually do that. And actually quite easy to be honest.

I labelled the excerpt “Selecting sex partners in a club” because it not only adequately labels Ben’s story of choosing someone to have sex with, but also, in using the gerund “selecting,” the label implies that this event was not just about Ben’s choice of partner, but the process Ben undertakes to get the partner’s attention in the club.

Conventionally, grounded theory analysis calls for *line-by-line* open coding, whereby each line of text serves as a unit of data and is assigned a code (Strauss & Corbin, 1998). This method ensures that the text is thoroughly analysed for its concepts. My concern, however, was that this form of open coding, while meticulous, would parse the text into far too small chunks of data, which would lose contextual meaning from being isolated from its surrounding parts. In this study, it made far more sense for my unit of analysis to be narratives, which I defined, in the previous chapter, in terms of social processes instead of structural features like length or characters. I thus employed an incident-by-incident analysis, identifying chunks of



data which I deemed to be discrete incidents. These chunks ranged in size from partial sentences all the way to large groups of sentences.

The next phase of analysis is known as *axial coding*, in which the open codes are grouped around certain ‘axes’ or into categories (Strauss & Corbin, 1998). Going through my open codes, I began pulling similar concepts together and giving them categorical labels. Through constant comparison, new incidents were compared to ones already categorised. I also revised and refined the names of these categories as more data units were added (or removed) and the boundaries of each category grew clearer. In total, I ended up with eight categories.

Towards the end of the analysis stage, the categories created during axial coding undergo a process of selection, aptly known as *selective coding*. In this phase, the researcher selects categories which best explain the phenomenon under study based on their size and saliency; in fact, grounded theorists largely recommend choosing *one* core category relating other major categories to it in an attempt to construct a coherent story explaining the phenomenon (Strauss & Corbin, 1998). For me, the core category of this research was clear – sexual health. From this core category, I drew links to the categories of “sexual behaviour,” “sexual identity,” and “sexual rights.” These categories came from the working definition of sexual health I highlighted in Chapter 1, which also fed into the development of the interview guide. I also selected codes within the chosen categories which I felt were most useful in answering the research questions. (See Appendix D for a complete list of the categories and codes.)

## **Chapter Summary**

In this chapter, I discussed the methodology of this study. I explained the philosophical decisions behind the choice of a narrative approach, which in turn dictated the use of the in-depth interviewing method to collect data and a reflexive, autobiographical component to the study. I also described the techniques used to gather, organise, and analyse narrative data collected in the semi-structured interviews and reflexive field notes. The following chapter draws upon the narratives of the study participants and my fieldnotes to answer the research questions posed in Chapter 1.

## **CHAPTER 4**

### **FINDINGS: STORIES OF SEXUAL HEALTH**

In this chapter, I present my findings from the in-depth interviews with the 19 self-identified gay participants. My analysis of the narrative data responded to the research questions posed in this study: What are the meanings of sexual health among gay men in Singapore? How do gay men negotiate their sexual health in the context of Singapore? The chapter is organised into three main sections, namely sexual behaviour, sexual identity, and sexual rights, which collectively constitute a holistic understanding of sexual health. Within each section, I address the research questions by examining how the participants understood the respective constituent of sexual health; and through their narratives, I explore how these meanings of sexual health play out in their everyday lives.

Under sexual behaviour, the participants saw sex fulfilling physical and emotional desires. The communication patterns and safe-sex practices leading up to and during the sexual events differed depending on which desire provided the stronger impetus to have sex. For sexual identity, the participants saw their gay identity deeply entrenched in sex with men – some accepted this sex-based identity

while others rejected it. Some participants narrated their identity along masculine-feminine lines. Most of the participants also exercised caution over the disclosure of their gay identity, narrating stories of secrecy, fear and rejection. When discussing sexual rights, the participants recognised that their sexual behaviour and identity barred them from rights enjoyed by straight people; to them, these rights mean marriage and children. Yet, many of the participants found their desire for change and equality tampered by the constraints of living as a gay man in Singapore. I elaborate upon each section in following, drawing upon the participants' narratives and my fieldnotes for illustration.

### **Sexual Behaviour**

Conversations on sex or sexual behaviour formed the bulk of my interviews with the study participants. I expected this because, as described in Chapter 3, I began each interview by getting the participant to recount his most recent sexual encounter, then used this story as a launching point to probe deeper into his understandings of sex. In all, the participants distinguished between two kinds of sex: one kind was mainly to satisfy the physical desire to have sex, while the other was borne out of an emotional desire for intimacy. Below is an excerpt from my interview with Gary, a 22-year-old marketing executive:

Gary: I make this very clear between making love and having sex. You have to be safe, of course. So, I won't want to have any feelings or any connection with people I have sex with.

Daniel: So what then does this kind of sex mean to you?

- G: It's to satisfy my needs.
- D: Just satisfying your needs? And you are differentiating between—
- G: Making love and having sex.
- D: So when is it making love?
- G: When there's feelings involved. Love. Love is a very difficult word. There's a lot of meaning to it. But when there's love and sex, I'll call it making love. If it's just pure sex, it's just— sex. Two adults having needs, satisfying each other. That's how I see it.

Gary, along with most of the participants, clearly understood that sex could be just for satisfying physical needs or could have more emotional motivations. While the act of sex may appear similar under both circumstances, the participants may attach different meanings and significance to the experience.

For the most part, sex to satisfy a physical urge was to be found in casual sex scenarios, whereas a more intimate form of sex was normally had with a regular sex partner, usually within a committed relationship. However, this is not to say that relationship status is a clear marker for the kind of sex one is having. Before meeting the participants, I had expected the single men to tell stories of casual sex and the men who were part of couples to narrate stories of sex with an emotional connection. These associations were informed by my own experiences being in a long-term monogamous relationship. However, the participants, both single and coupled, exhibited a variety of sexual arrangements which challenged my simplistic associations. Table 2 below summarises the various sexual arrangements:

<i>Relationship Status</i>	<i>Sexual Arrangements</i>
<b>Single</b>	<ul style="list-style-type: none"> <li>• Sex with multiple sex partners in search of a long-term partner.</li> <li>• Sex with multiple casual sex partners in between ‘serious’ dating</li> <li>• Sex with multiple casual sex partners with no intention of entering a committed relationship</li> <li>• Sex with one or a few regular sex partners</li> <li>• Deferring sex altogether during serious ‘dating’ in the search for a long-term partner</li> </ul>
<b>Part of a couple</b>	<ul style="list-style-type: none"> <li>• Sex only with long-term partner</li> <li>• Sex with multiple casual sex partners without long-term partner’s knowledge</li> <li>• Sex with multiple casual sex partners with long-term partner’s knowledge and consent</li> <li>• Sex with multiple casual sex partners together with long-term partner, i.e., threesomes</li> </ul>

*Table 2: Various sexual arrangements among the participants*

Counternarratives surfaced during the interviews: I found that a single gay man could have one or a few regular sex partners with whom he could have more intimate forms of sex, while a gay man who is part of a couple could have multiple casual sex partners. I share excerpts from these counternarratives in the following sections explicating each of the two meanings of sexual behaviour. This move is important because it disrupts notions of relationship status being a reliable marker for the kind of sex one has, either for “satisfying [physical] needs” or “making love”. However, I also want to caution that these kinds of sex are not mutually exclusive; one certainly has sex for both physical and emotional reasons. But it was the way that the participants narrated their stories of sex, relating some as having a physical impetus, and others, an emotional one. In addition, their narratives of each kind of sex told of

different communication patterns with their sexual partners as well as different ways of negotiating safe sex.

### **Sex for Physical Satisfaction: (Saying) Less is More**

The participants described sex as a means to satisfying their physical urges, typically to be found in sexual intercourse with one-off casual sex partners. However, this understanding of sex was not limited to those without a long-term partner. Samy is a 26-year-old business analyst who was originally from India but now is a Permanent Resident of Singapore. He has been with his boyfriend for three years and they live together in a rented flat. However, for the past two years, Samy has not been having sex with his boyfriend because the latter finds it painful; instead, they have been seeking casual sex with other men, with each other's knowledge and permission. In this excerpt, Samy was saying he plans to marry his boyfriend some day, so I asked him if he would continue with this sexual arrangement:

Samy: Yes. Well, for us, given what I've told you, if we didn't do it, then basically we'd be celibate for life. [Both laugh] Um, which I don't think either of us wants to be. I'm certainly a bit too— admittedly a bit too— what's the word? Frivolous? I don't know what's the right word. But, I do need it a bit more than he does... as long as we both stick within the sort of boundaries that we've set for that arrangement, I think we're both okay with it.

For Samy, his emotional needs can be met by staying in a relationship with his boyfriend; sex, however, serves a purely carnal function which can be met by others. In Samy's narrative, he sees sex as a physical necessity.

Against my own monogamous relationship with my partner, I was unsettled by Samy's open sexual arrangement with his boyfriend. In my fieldnotes following my interview with Samy, I wrote:

It sounds like a neat arrangement... but getting used to the idea of having sex outside of their relationship was initially very challenging to his partner, as I can imagine. But they got used to it. I don't agree with it, but Samy's arrangement does make sense in a way. Finding your emotional complement is extremely important. But what about physical needs? How important is sex in a relationship? Are emotional needs in a relationship so important that it's just better to find sex outside of the relationship? And how can committed monogamous relationships be a solution to safe sex if circumstances like Samy's exist?

Samy's arrangement threw up many questions for me, especially concerning the idea of a committed gay relationship and the 'B' (being faithful to one sexual partner) of the conventional A.B.C. approach to safe-sex promotion.<sup>4</sup> Moreover, Samy's story is not unique among the pool of study participants: of the 11 participants in a relationship, four, including Samy, have open sexual arrangements with their partners. One participant even sought casual sex partners together with his long-term partner, i.e., they engaged in threesomes.

I found it challenging to understand how one could find an emotional connection with one person and a physical one with others. To me, being part of a couple was to find both your emotional and physical needs met by one sex partner. However, stories of sexual arrangements like Samy's challenged my own

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<sup>4</sup> A.B.C. stands for 'Abstinence', 'Being faithful to one partner', and 'Condom use'. These are the three key elements to the HIV-prevention message typically used in Singapore (Khor, 2012).



understandings of sex and eventually led me to set aside relationship status as a useful way of understanding these men's conceptualisations of sex.

In the stories of seeking sex for physical satisfaction, as narrated by both participants that were single and part of a couple, I noted two common threads running throughout them: (a) there was a reticence to communicate with their sex partner, and (b) condom use, if any, was the onus of the narrator.

In stories of seeking sex for physical satisfaction, the participants kept personal interaction with their sexual partners to a minimum. A few participants spoke of seeking out sexual partners at clubs – under such circumstances, there was often little opportunity to communicate anything beyond the desire to have sex. An example is this story told by 25-year-old events manager Ben:

Ben: So, we spoke a bit on the dancefloor... But for some reason or the other, I just went back with him lah. He was drunk and– it was kind of like unspoken. We didn't really explicitly ask to go back with him. I just asked him "Are you going home? Okay." Then we just walked out together and there was no– it was not explicitly said. Yeah. So we went back to his place... I went there and we just got right down to it loh. Very little words were spoken. Just– just go!  
[Laughs]

With loud music and inebriation, Ben spoke minimally with his sex partner before having sex with him.

Most others narrated stories of seeking out sexual partners through websites and social applications on their mobile phones. Through these 'hooking-up' media, the participants were able to select bits of personal information such as physical measurements and sexual preferences, enough to entice prospective sexual partners;

in turn, information on the profiles of prospective partners was also carefully managed. When contact was made with an interested party, communication between the two was also strategic, revealing more personal information in stages. For example, the participants often cited moving chats with prospective sexual partners to other platforms such as Whatsapp, which would entail revealing each other's mobile phone number. This careful progression of information disclosure would culminate in arranging to have sex. In the excerpt below, Samy narrates how he recently met up with someone to have sex:

Samy: Yeah, it could be from Planet Romeo, it could be from the Jack'd app. So it could end up being from anywhere because it just that on the app you need to spend a little bit more time uh, to get to the point where you'd be willing to exchange numbers... So, once you exchange numbers we use Whatsapp. So, if we haven't seen enough of each other on our profiles, I mean pictures, then we exchange a few photos. We chat– With some people we chat a bit more because the conversation's flowing, and it's more enjoyable... eventually that day we were both free. So I went over.

Samy's story clearly illustrates the communication between interested parties, an orchestrated dance between maintaining anonymity and getting-to-know-you. This reticence to communicate had several implications: the participants admitted to not knowing their sexual partner's HIV status and they tended not to discuss safe sex beforehand. Zack, a 25-year-old student, admitted he has casual sex regularly. In the following excerpt, I asked him how much he knew about his sex partners:

Daniel: When you look on his profile, is there information on stuff like HIV status or–

Zack: Nope. Zilch.

- D: So when you chatted with him did you ask him about his HIV status or anything?
- Z: Uh, I don't really ascertain. But what I do is– For people I don't know that well, I don't usually ascertain.
- D: Would you be able to discuss with this person that you're looking for about setting ground rules and stuff like that?
- Z: No, because I think it reads very much that, one, you're a hypochondriac. Two, that you're very wary or like you probably know something about him that he doesn't know that you know about him. Like you wouldn't want to– I'll never do things like that because I don't want to scare off someone. I don't want to also present– Also some of these questions you ask, you might not be able to answer yourself. For example, “When did you have your last check?” And then the person goes, “When did you have your last check?” And if you're not someone who checks conscientiously then you can't answer. It becomes very hypocritical if you ask and the person can answer but you can't, you see? So why would you want to dig that hole for yourself?

For Zack and many of the participants, in a situation where physical satisfaction was foremost, discussing sexual history and safe sex was simply not sexy. These connections with casual sex partners are tenuous and fragile. Adding in an element of accountability by discussing safe sex and sexual histories seems to signal commitment and investment in the relationship, which is antithetical to the spontaneity and ephemerality of casual sex; as Zack said, you could “scare off someone” by wanting to know too much.

However, this was not to say that the participants were foolhardy in such sexual events. Rather, they developed their own ways of ascertaining if a sexual

partner was safe. For example, Mark, 29 and a retail executive, shared with me his strategy for making sure his sexual partners are free from HIV:

Mark: Yeah, he's actually a foreigner. He's a Malaysian on a work permit. And then I felt that he should be quite safe. Yeah, someone on a work permit, to me, should be quite safe.

Daniel: Why is that?

M: I guess if they're really sick, or if, you know, they have HIV, they might not be able to stay here. Yeah, that's my logic.

Mark saw foreigners working in Singapore to be safe-sex partners because of regulations which require them to stay healthy in order to remain in the country.

Other participants cited reasons such as approaching younger men because they were likely to have had fewer sex partners, or medical students and doctors because they would be more knowledgeable about safe-sex practices. These strategies, based on local contextual knowledge of Singapore, allowed them to determine how safe a sex partner was without explicit minimal communication.

In terms of safe sex, with the reticence to communicate with their sex partners, the participants who engaged in casual sex for physical fulfilment had to take responsibility to have safe sex into their own hands. They shared stories of refusing requests for unprotected anal-penetrative sex, or simply making sure they had condoms readily available. Student Andy is one such participant:

Daniel: Who brought the condoms?

Andy: Uh... I always have protection. [Laughs] I always have one in my bag.

D: You have it on you all the time?

A: Yeah, I have it on me all the time. [D: Okay.] Yeah... I'm not saying I'm a slut, I'm going to have sex every time we go clubbing, but who know, you know? If something happen, you meet someone you like or you get picked up, or you– You want to be prepared rather than like, you know, tell the other person you don't have it and then you have to go to 7-11 or something, so– yeah... I mean, I'm not ashamed to go to the convenience store to buy it, but then it kills everything when you realise you have to do these extra steps, so it just, you know, helps the whole– process.

Andy's strategy for having safe sex was to have condoms on him at all times. Should the physical urge strike and a willing partner be available, he would at least have the wherewithal to have safe sex.

When sex is mainly a means to satisfy physical needs in a casual sex situation, the participants spoke of minimal communication with their sexual partners to avoid divulging too much personal information. Under this veil of secrecy, they developed self-reliant strategies to determine and maintain the safety of the sexual event. However, sex becomes very different to the participants when feelings are involved.

### **Sex for Emotional Fulfilment: Intimacy and Trust**

Many of the participants found sex to fulfil emotional desires for intimacy as opposed to physical satisfaction. Firdaus, a 26-year-old single counsellor, narrated this meaning of sex:

Firdaus: So, there should be a little form of connection, somehow or the other. Or else, I won't just have sex just because I want to have

sex. But of course there'll be times when I, you know, spur of the moment and such, but most of the time it's just— if you're able to have that connection between the other person, then to me, it becomes more intimate. I actually look at sex as intimacy, rather than just plain actions.

In this excerpt, sex is about feeling a connection with one's sex partner, something beyond the physical act. Firdaus attaches different meanings to his experiences of sex, distinguishing between those that were “spur of the moment” and those that were “more intimate”. To him, sexual behaviour is imbued with intimacy when he has feelings for his sex partner, implying familiarity and a deeper relationship between the two parties. Events manager Ben described intimacy in a similar fashion in having sex with his long-term partner:

Ben: Intimacy is something that, uh, it's inside you. It's a feeling. That's what intimacy means, but it's different when you try to make love and you try to have sex. It's different. When you have sex it's like step-one, step-two, step-three, step-four, this is how you do it. This is the science behind it. But when it's making love, you're just enjoying the moment.

Sex, as Ben related, is a form of emotional fulfilment – transcendent even – something he found only after getting together with his boyfriend. Before getting into a committed relationship, Ben had slept with many one-off sexual partners in the kind of methodical fashion he describes in the excerpt above.

However, while this more intimate form of sex is more commonly found in long-term relationships, this is not always the case. Will is 24 and a university student. He has a boyfriend who is stationed overseas for work. Although they still maintain their long-distance relationship, Will's boyfriend has allowed Will to sleep

with other men while he is away. In the excerpt below, Will talks about his arrangement with two regular sexual partners:

Will: Because I have regular buddies, so actually there's no need for [casual sex with strangers]. And I don't really like, uh, no strings attached. So um, this kind of stuff, it's done with careful consideration, and I really do go and consult my regular partners. I don't know what– I don't know if they will do anything behind my back, but my trust is on them lah.

Daniel: I see. So there's no– With your two partners, there's an agreement to kind of remain faithful to each other?

W: Mm, there's no hard agreement, because after all we're not boyfriends or what. So, they're not obliged to. But we're very close friends, and uh, we believe in– I think a lot of times in this, uh, regular partner system, people choose to– some people choose to stay this way rather than going to do a lot of no-string-attached is because of the safety and the– you feel a little bit of– have a bit of more peace of mind.

Here, Will hints at the intimacy he shares with his regular sex partners, calling them “very close friends”. There is familiarity and trust with these two regular sex partners, allowing Will to have sex with “peace of mind”. This is in contrast to the strategic nature of casual sex for physical satisfaction as discussed previously, in which the sex partners have to be cautious about how they interact with each other and to prepare for safe sex on their own accord. Will's story is an interesting sexual arrangement among him, his boyfriend, and these two sexual partners – it demonstrates that sexual intimacy can be outside the boundaries of a long-term relationship.

For the participants who spoke of sex in this way, I noted that their stories feature more open communication and greater willingness to share personal

information. Sex was even deferred as couples got to know each other better. This initial investment in time and interaction paved the way for discussions of sexual histories and safe sex. Although Ben first met his partner in a casual sex situation, they dated thereafter, during which they talked about each other's sexual history:

Ben: I totally told him everything about what I've done, who I've done. I even went to Facebook and listed out who I've done. [Chuckles]... So he's been telling me here and there about things he's done outside, at the swimming pool with random strangers and everything. Not anal sex, but just playing around...

Daniel: So did you also find out, um, in that dating period, what was his HIV status?

B: Yeah, he actually went and got tested on his own. And then he came back and told me "Oh, I'm HIV-negative." Uh, [a club] had some testing, I think around the same time, so I did it then as well. The AFA guy said clean.

The closeness Ben shares with his partner was built upon knowing more about each other's past, including previous sexual partners. There was also an opportunity to find out each other's HIV status. This kind of intimacy allows for sharing of personal information, as opposed to the events leading up to sex for physical desire, during which communication is measured and minimal.

However, when it comes to safe sex, sexual intimacy does not necessarily increase the likelihood of using a condom. Previously, in sex for physical fulfilment, the participants saw the condom as a means to protect oneself. In sex for emotional fulfilment, the condom became a barrier to a deeper connection with one's sex partner. Tyler, a 33-year-old executive, tells of his first time having sex with his partner:



Tyler: Mm, the first time was pretty wild as a staycation. But of course we spent most of the time in the room. [Both laugh] So um... Because he's young, so he's very energetic. So we actually– Within that short staycation, we did it three times.

Daniel: How long was the staycation?

T: [Chuckles] A night.

D: A night? Wow.

T: You know, when you check into– it's about middle of the day, and then– Yeah. It was pretty intense. The first um, the first two rounds was with protection. Then uh, in the midst of it he ask me to be his partner... Um, but then on the third time he– that was during the first or second time, so on the third time he asked whether we could do it without. And... I wasn't very comfortable, but of course, the passion got the better of me, so– yeah. The third time we actually did it raw. Mm.

As he relates above, Tyler decided to forgo a condom when having sex with his boyfriend in his zeal to be more intimate with him. His story suggests that a condom was an obstacle to this intense passion he felt for his boyfriend. To some participants, especially those in committed relationships, using a condom may even sever the intimacy they have with their sex partner. Esmond is a 48-year-old manager whose partner of 18 years is currently living abroad. In this excerpt, Esmond talks about discussing safe sex with his partner:

Esmond: Trust me, when we had this conversation. But sometimes you're not the best person to listen to your own advice... If you were unfaithful, you would be the one who would have to wear the condom. You'd have to bring it up. Because if I were to bring it up,

or if he were to bring it up, then we're implying that we don't trust the other person. You see what I'm saying?

To Esmond, even bringing up the topic of condom usage is a sign of distrust; conversely, going without a condom during intimate sex demonstrates trust in each other's fidelity.

In all, sex that is intended for intimacy necessitates more open sharing of sexual histories and discussions of safe sex; however, the condom may then come to represent an impediment to this kind of emotional fulfilment. In the next section, I explore how sex plays a part in the formation of their identities as gay men in Singapore.

### **Sexual Identity**

All the participants connected strongly to the identity of being gay – they narrated stories of knowing they were gay from a very early age and coming to accept it as part of their identity at some point in their lives. For some participants, accepting their identity came easily, whereas others resisted the idea of being gay. Executive Tyler is an example of the former – while his parents have rejected his gay identity, he himself took to it quite easily:

Tyler: I guess, um, my purpose is to get [my mother] to realise that it's something that – it's at a stage where it's not something that I can... I guess, I don't know whether I can change, but it's at a stage whereby it's already me. How can you not ask me to be not me in that sense? So I have a very strong sense of identity, I suppose. That I've already, uh, fused with this image. That this is me, I can't change who I am...

Daniel: How old were you when you knew that?

T: Thirteen, fourteen? So, I took it to like duck to water. [Laughs] So after dealing with it for like years and years, um, it has become me. I am who I am, and I'm not ashamed. Uh, I won't say I'm proud, but I'm comfortable with who I am, and it's just a facet of me that I hope [my parents] eventually can come to accept.

Tyler, like the rest of the participants, believes that being gay is intrinsic to how he views himself. But for some participants, coming to terms with their gay identity was a struggle earlier in their lives. For three of the participants, they narrated childhood stories of denying their gay identity and bullying others who they believed were gay. John, 26 and self-employed, is one such participant. In the excerpt below, John told me he once bullied gay schoolmates:

John: I knew I was gay from a very young age, like thirteen, fourteen. I knew I liked guys already. But somehow that manifested itself very differently. I- I do regret- I have made amends with the people that I've bullied... I talked to someone later on after that. Um, medical student who became a psychologist. I just didn't like what I saw in them because it's so much of me, what's me inside. Like liking guys and everything. And because you hated that part of you because it made you different- it made you, you know- people didn't want to accept you because of that, you overcompensated by taking it out on people who are gay just to prove a point that you are not gay. I mean, how can the gay kid pick on the other gay kid? Chances are, if John is the one picking on the effeminate kid, he's probably not gay, because he can't stand gay people to begin with. That was my shield. When I came out like eight years later, people were like: "Whoa. Alright, so what the fuck was that all about man?"

John's story of coming to terms with his gay identity in his childhood was a turbulent one, an internal struggle which he took out on those around him. But he eventually grew to accept being gay. For the participants, even though their journeys to self-acceptance might have differed, they have all come to identify with being gay. However, this does not necessarily mean that they all had the same ideas of being gay.

When I asked them, "What does being gay mean to you?", their answers were unanimous – all said that being gay was associated with having sex with men; but their acceptance of this conception of sexual identity was mixed. Some of the participants also narrated their gay identity along a masculine-feminine line. In the context of Singapore, the participants also narrated stories of keeping this part of their self a secret, especially from family. Some told stories of fear of being found out, while others who live their gay identity in the open told stories of both acceptance and rejection. In the ensuing sections, all these stories will be discussed with examples.

### **Being Gay: Sex and Effeminacy**

For the participants, being gay was clearly about having sex with other men. In narrations of their sexual, sex-based identity, both kinds of sex discussed in the previous section emerged. According to participants like Roy, a 35-year-old computer engineer, being gay was about having a physical desire to have sex with men:

Daniel:            Okay, do you mind if I ask you what does being gay mean to you?

Roy:                It means that I like men.

D: You just like men? In terms of what? What way do you like them?

R: Probably just... I more sexually attracted.

D: Sexually attracted to men? [R: Mm.] In terms of relationships?

R: In terms of physical attributes.

From the exchange, it is clear that Roy believed that his gay identity was linked to his physical attraction to men. However, other participants narrated desires of an emotional connection with another man. In the excerpt below, fashion designer Firdaus tells his story of dating both women and men:

Firdaus: But, at one point, just all of a sudden, like boom– you know, reality just smacks in your face. Like, I can only see you as a girl-friend, a girl-dash-friend, rather than a girlfriend. So, I was a little bit puzzled. How come I cannot actually so-called give that same amount of attention to a girl, like how I give to a guy?... I'm able to relate more to a guy. I'm able to foresee a relationship with a guy. And I– If I put it in one way that whether– so-called who would I rather wake up to on my bed, would it be to wake up to girl, or wake up to a guy? It's always towards the guy. I can only see myself with another guy. Yeah. So that kind of like... might affirm my sexuality...Yeah, but as of now I'm very comfortable being gay, and... Yeah, after a relationship with my ex, that's very much affirmed. Yeah. That I can see myself with another guy in the long-term view.

For Firdaus, his sexual identity was not just about a physical attraction to men, but also a desire to have a same-sex long-term relationship. In Roy's and Firdaus's narratives, they invoked a physical and an emotional conception of sexual behaviour respectively. Firdaus's narrative especially suggests that his desire for intimacy with a man has greater ties to his sexual identity than just wanting to have sex with a man.

The former is also portrayed as an extension of the latter: physical attraction comes first and emotional ties develop on top of it.

Other than sex, the participants also spoke of their gay identity in terms of masculine and feminine behaviour. Two participants, Tyler being one of them, professed to being aware of their effeminate behaviour. Tyler shared a story of being afraid of getting bullied by his army mates:

Tyler: Sometimes right, I get more and more flamboyant, and [my friends] will like “Oh, why are you *gu niang* [Mandarin for “sissy”]. That kind. But I’m like that... Then in the army, the first few months because my mum always freak me out that “Oh, you’re such a sissy, you’ll be bullied” and all. So I have to be honest, for the first– for BMT [Basic Military Training], I won’t say that I’m not myself, but I tried not to be so flamboyant... I was also a bit apprehensive because we were after all staying in. I don’t know how they feel because we’re staying together, we shower together. I don’t know they would react.

In this excerpt, Tyler acknowledges his effeminate behaviour as a part of who he is. However, he also demonstrates an awareness of it being an undesirable trait, especially in a hypermasculine environment like the military. He thus consciously suppressed this side of himself while in BMT so as to avoid drawing unwanted attention and outing himself.

In fact, this distaste over effeminate behaviour was a motif that ran through the stories of sexual identity told by five other participants. These participants predominantly associated being gay with effeminacy and actually resisted this by exhibiting more masculine behaviour. Xavier is a 34-year-old actor and a large, burly

man in person. In this excerpt from our conversation, Xavier told me a very different story from Tyler about his time in the army:

Xavier: When I went to the army, I declared 302<sup>5</sup>... most of the time those people who are 302 are either those transsexual or really soft ones or very, you know. But I was your manly– like I was your typical troublemaker in school, you know. So they couldn't put me in the 302 squad, you know, because they were afraid that I would cause god knows what trouble. I mean either I'll be sleeping with everyone, you know, or what– I don't know what was their process thought lah. And they can't enrol me normally because the law says cannot, right? Must see psychiatrist and what not. And also because they asked me “What would you do when someone calls you names?” Then I'm like “I'll beat them loh!” Then I say I will prove to them who is more man loh... I really think it's because of my voice, or I'm not feminine, or people just have this stereotype thinking about gay people, that they're just shocked that I'm gay.

In Xavier's narrative, part of being gay was resisting the stereotype of effeminate behaviour. In relating his story, he is proud of being different from what he thinks public perception of gayness is. For Xavier and other participants who told similar narratives, their conception of a gay identity was to reject what they thought being gay was. I found it to be a strange mix of simultaneously saying “I'm gay” as well as “I'm not gay (in that way)”. I tried writing about this gay-not-gay identity in my fieldnotes:

I suppose the idea is accepting or at least coming to terms with your sexual identity. However, if you're not going to identity yourself as gay, or at least that kind of gay, then what is 'gay' really?

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<sup>5</sup> Category 302 is the medical code assigned to army personnel who declare themselves as gay.

My discomfort stemmed from the seeming conflict of simultaneously accepting and rejecting one's sexual identity, or at least, parts of it. There seem to be many different meanings to being gay which co-exist in the same cultural space even though they seem to contradict one another. These multiple meanings of sexual identity also need to be considered within the context of heteronormative Singapore – while the participants may be comfortable as identifying themselves as gay, there also seems to be evidence of rejecting a 'typical' gay identity in favour of assimilating into larger society.

These multi-faceted stories of sexual identity hint at a fragmented gay community identity. The variations in the participants' stories of sexual identity along what kind of sex you desired and masculine-feminine behaviour indicate diverse meanings of being gay, which may not be beneficial for group cohesion. There is evidence of this group fragmentation to be found in some of the participants' stories. For example, Firdaus spoke about the different sub-groups in the gay community:

Firdaus: Most of the time it's because in the gay community it's very much overly sexualised in some way or the other. Which is a little bit different from other countries. Singapore I would say is in the infancy stage. What I mean by infancy stage is that we look for that-that-that [draws boxes in the air with index fingers]. But if you look out for in the States, or even in Japan, you'll be surprised that different groups intermingle with another group. Like the chubs will intermingle with the bears, the bears will intermingle with the nerds, the nerds will intermingle with the twinks. And it's not different camps. In Singapore, from what I see, this is just by personal opinion, is that there is a lot of camps.

In Firdaus's narration, he refers to various sub-groups of gay men based on physical appearance, such as the "chubs" (chubby men), "bears" (large, muscular men) and



“twinks” (young men with slight builds). To Firdaus, these sub-groups in Singapore rarely interact. John also echoed these thoughts:

John: Um, it’s important to know that even in the gay scene there is a segregation. There’s elitism that goes on. There are some guys that are cooler. There are some guys that are not so cool. I mean, think about it. The recent– I mean, not too long ago– two, three years ago, the muscle-bound guy with the tight shirt and the sports car was *the* gay guy.

John’s narrative suggests that the various sub-groups within the gay community do not enjoy equal status, with an overall preference for more masculine sub-groups over more feminine ones. Firdaus’s and John’s stories highlight the heterogeneity and stratification within the so-called “gay community”.

But surely homosexuality should be a shared identity among gay men in Singapore? The lowest common denominator is the desire to have sex with men. But even a sex-based identity has complications for group members. Esmond once tried to meet other middle-aged gay men like himself, so on a whim he joined a social group organised by a local LGBTQ organisation. Here, he relates his experience interacting with the group members:

Esmond: But the one thing I felt uncomfortable was that that the conversation just seemed to predicate around sex a lot. Yeah. You know, when we’re with our friends and stuff like that, they don’t talk about sex. Even straight or gay we don’t talk about it. Just like– I don’t know, it just seems like a private subject.

Daniel: But then do you find it a problem that the whole point of having the gay identity, the gay community is tied around, as you said, people loving people of the same sex. So it’s based, in part, on sex.

E: Yes, but you don't have to talk about the mechanics of sex all the time.

D: I see. So that's how they converse in these situations?

E: Um, actually at first the evening started off quite well. And um, I didn't feel so uncomfortable. The conversation... We spoke about Chinese New Year, we spoke about stuff like about the food... And then we played cards and everything was fine and all that. And there were some drinks and all that. And then the cards were over, we had the, uh, all the other things. We had dessert. For some odd reason, one group got together. And then it was all about sex... as a private person I just found it difficult to get into the conversation.

Esmond found the overtly sexual nature of the community problematic and had a hard time assimilating himself into it. In addition, Esmond related another story of going clubbing with this partner but leaving quickly because they were getting groped. Consequently, he and his partner stayed away from gay hotspots and community events. Although Edmond felt obligated to be part of the community, he found himself estranged from it because he believed that sex should be kept a private affair. To him, being gay was indeed about sex, but he did not wish for his sexual identity to be the basis of his association with other gay men.

With diverse understandings of a gay identity, the gay community in Singapore comes across as fractured along multiple fault lines. A community identity can possibly be forged on the basis of sex with men, but conservative gay men like Esmond may perhaps feel alienated because they choose to keep their sexual practices and identity private. In the larger context of Singapore, a gay man disclosing his sexual identity carries many repercussions – all the participants had stories to share about coming out as gay to other people.

## **Staying in the Closet: Don't Ask, Don't Tell**

In Chapter 1, I introduced Singapore as a challenging and hostile environment to the gay population. For the participants who were raised, live and work in Singapore, being open about their sexual identity carries many repercussions which include ostracisation at the least and a criminal charge at worst. Civil servant Edward is one such participant who prefers to keep his sexual identity a secret, knowing full well what others might think of him if they found out.

Edward:           Just be as discreet as I can be... So everything is literally undercover. Yeah. So that's about it.

Daniel:            What do you mean by "discreet?"

E:                    You cannot be outright declare that you are PLU [People Like Us, referring to LGBTQ]. So certain things you just need to be more toned down, I guess.

D:                    In what way?

E:                    For example, when you go– when you go shopping .When you are having– Even just a simple dinner, you know. Of course, certain things like people– when people go for Valentine's Day dinner, chances are we try to avoid having it on the actual day rather than on another day, that kind of thing. So, yeah. Yeah, so we tend to be more mindful of what other people think of us.

From our exchange, Edward showed himself to be very guarded and wary over disclosing his sexual identity. However, this was not to say that the participants were completely in the proverbial closet. While one of two participants lived their lives openly as gay men, most were only 'out' to selected people in their lives, mostly

other gay people or people they know to be sympathetic to their sexual identity; otherwise, they preferred not to admit to being gay.

This selective disclosure was because the participants expected varying levels of acceptance of their sexual identity from different groups of people in their social network. Of these groups, they most feared being rejected by their family. Will, for example, is adamant his family will not be able to accept his sexual identity:

Will: I don't think my parents can accept it. So I don't think I will ever tell them.

Daniel: How would you know they can't accept it?

W: Um, we have discussed a little bit here and there before, so— They've been urging me to bring back girlfriends since J.C. [junior college]. So, uh, whenever homosexuality comes out, they will avoid like the plague, so they don't want— Because my family is very traditional, so they don't even want to discuss about it. I have discussed a little bit about it with my sister before, but my sister is a hardcore Christian, so she strongly thinks that it is a sin, etcetera, etcetera. So she has already expressed to me that, uh, it is— she doesn't want to have a gay brother. Yeah.

Based off his parents' insistence on a girlfriend and the strong negative reaction from his sister, Will decided that the rest of his family would not respond well to his sexual identity. Even the oldest participant Esmond, who is approaching 50 and has been with his partner for 18 years, has yet to come out to his parents. For these participants, expecting rejection from their family keeps them in the closet.

For the participants whose family already know about their sexual identity, they related stories of conflict. This is John's story of his parents finding out about him being gay:

John: They found the love letters that were written to me... [My mum] knew. I'm pretty sure she also does. My dad also knew and naturally keep floating the idea that if we find out you're gay we'll disown you, we'll kick you out of the house. And before then it started with killing-me-killing-yourself. That was previously before that, but now we've moved on to disowning and will removal. It was pretty traumatic at the start, but then I realise I'm not the only one. Like most of my gay friends have either are going to be disowned or they will be disowned if they came out. I realised it was a very common story. Like when I told someone, I cried "Oh, they're going to disown me." And they're like "Oh, John, join the queue. Get over it." They were like "Why are you so upset? This one's parents wanted to throw him off the building, this one's wanted to stab him in the heart, this one wanted to run him over in a car, this one wanted to pull him out of university." Yeah, so that's how. So that's the state of affairs.

From the excerpt above, there appears to be a motif of family disownment, not just in John's story, but likely in the stories of other gay men as well. In all, four participants whose families were aware of their sexual identity told similar stories of strained relations at home.

In the participants' narratives, these expectations and experiences of family rejection over their sexual identity is at odds with another identity – that of being a son in an Asian family. For the participants who were hiding their sexual identity from their families, they feared disappointing their families because they would not be able to fulfil their roles as sons – to marry a woman and have children. Computer engineer Roy who is in his mid-30s, voices this quite clearly:

Daniel: Why do you feel the need to stay in the closet?

Roy: [Long pause] Probably... Because my family is still– still quite traditional, so they... would still very much want me to get married, have children. So, I'll think like– I'll dash their hopes and I feel like it might hurt them. So, I don't want to.

Roy would rather keep his sexual identity a secret from his family for as long as possible instead of coming out and dashing their hopes of him building his own family. Student Zack also hides his sexual identity from his parents; however, in an effort to compensate for this main failing as a son, he tries his best to be a better son in other ways:

Daniel: Do you stay with your parents?

Zack: Yup, I do.

D: So, are you out to them?

Z: Uh, no.

D: Why is that?

Z: 'Cause I'm the first son. 'Cause I've been a very good son. 'Cause I've never given them concern– reason to worry before and... as a child, and as a person, I've never given them something to worry about. I'm pretty much self-sufficient in that I don't really bother them for money and things like that. I make my own money. Even as a student, I paid my own university fees through scholarship. I'm doing– I'm probably going to do something which, in their books, is traditionally respectable when you go out and meet relatives and then you talk about. And I don't do drugs, I don't drink excessively, you know. I'm not irresponsible that way. I look out for them. So in many other aspects I'm still a good son. I mean,

I don't think– I don't think they're going to think that my one inability to meet their expectation will cancel out all this good.

Zack's strategy to guard against outright family rejection is to be an even better son, hoping that his parents will weigh his sexual identity against all the other good things he does in life. Zack's and the other participants' narratives resonated very strongly with me as I too have not told my family about my sexual identity. I wrote about it in my fieldnotes:

A conflict that Zack faces is between being himself as a gay person, which he is very comfortable with, and his desire to be a good son. This again, isn't unique to just Zack. It forces gay men to conceal their sexual identity as an act of filial piety. An impasse, I think. For those who've come out to their family, they are met with turmoil in their family life. It's sad, and I'm not sure if many gay men in Singapore would be willing to sow family discord in their lives. It certainly makes me uneasy thinking about it. It's easier just not to say anything and pretend the pink elephant in the room doesn't exist...

All this sleeping around, dating and coupling up is done in secret. Not having family support – surely this can't be good for one's self-esteem and general well-being? And in turn, encouraging poor decision-making in sexual matters?

I began questioning how all this lack of familial acceptance may be affecting sexual behaviour. I brought up “poor decision-making” in my fieldnotes because of the stories of unhealthy sexual behaviour some of the participants narrated in the expectation or lived experience of rejection from their families. For example, Kevin, a 24-year-old assistant supervisor, who fears being thrown out from his home if his parents were to find out he was gay, frequently sneaks men into his bedroom to consume drugs and have sex. Computer engineer Roy is worried about disappointing his family by coming out; he regularly has sex with male sex workers in secret. Ben said he initially acted out when his parents strongly opposed his sexual identity by

sleeping around more. In all, these narratives of secrecy or rejection are rife with risky sexual practices.

In this section on sexual identity, the participants' narratives suggested that there were many ways to construct a gay identity, through accepting some characteristics associated with this identity and rejecting others. This diversity in gay identities could also be at the expense of strong community ties. In the context of Singapore, the participants also preferred to keep their sexual identities secret, most of all to their families for fear of rejection. To them, being gay meant disappointing their families in their capacity as sons. In the next section, I explore how the participants deal with being gay in Singapore in terms of their sexual rights.

### **Sexual Rights**

The topic of sexual rights builds upon the earlier categories of sexual behaviour and sexual identity. The participants extended their meanings of sexual health more ostensibly into the context of a society which disapproves of and disallows homosexuality. Their stories of being a gay man in Singapore revealed what they consider their sexual rights and the strategies they have undertaken to live and work through these conditions.

In all, the participants' narratives tended to be pessimistic about the state of gay rights in Singapore. Most participants spoke about being denied access to the same privileges that heterosexual citizens possess. Yet, a few acknowledged that it is still possible to live a comfortable life in Singapore even as marginalised citizens. For



example, the following is an excerpt from Mark's narration about his non-participation in the gay rights movements in Singapore:

Mark: I don't have a lot of complaints about— In general, I'm not someone with a lot of complaints. Yeah, I'm not someone who is very opposed to what the government is doing and— yeah. You know, I don't have a lot of say in things. Yeah. I'm generally very contented with life, as it is.

For Mark, he is generally contented with his life in Singapore and therefore feels no need to challenge the status quo.

Some participants acknowledge that the movement towards equality for the gay population has come a long way and acceptance is growing among the conservative majority, they also recognise that the changes are still marginal at best. They still do not see the current state of affairs improving any time soon. In short, their stories of sexual rights are simultaneously optimistic and pessimistic. Take for example this excerpt from Will's narration:

Will: Yeah, it is quite difficult [being gay in Singapore]. It depends on how oppressed you yourself want to feel, I think. How I want to feel being homosexual. Because, uh— I think the setting has been moulded through the generations already. In a sense that, um, you don't want to be a normal, stereotypical gay guy in Singapore. Just don't tell your friends. Then, uh— Unless you're going to be sensitive and feel that whenever they, uh, bash— gay-bash, you feel sensitive about it, apart from it, I think just keep your stuff to yourself. It's quite okay. But of course, most homosexuals in Singapore want to have a more open society and what not. So, I feel oppressed in the sense that I cannot hold hands with my boyfriend in public. But other than that, I think it is still okay. Being— Having grown up in Singapore, I'm very used to the— how

traditional we are, how are society sets in, so I'm okay with that. Like I wouldn't want 377A to be repealed now. We're not ready...

Daniel: What do you think will happen if it was repealed?

W: Um, the older generation will have an uproar, I think. And I've said this to my secondary school friends before. Because when I came out to them they told they're very accepting of homosexuals. So I told them that's nonsense. You're not accepting at all. You're tolerating. You're not accepting... It is very unlikely for a very traditional and very heterosexual family setting to— people from this kind of setting to be accepting to homosexuals, because they were not exposed to it before.

Will feels that heteronormativity is so deeply entrenched in society that Singapore is simply not ready to acknowledge the rights of the gay community. He sees tolerance growing among Singaporeans, but true acceptance is still a ways off. Stories like Will's concerning gay rights in Singapore speak of a helplessness and resignation to the way things are in Singapore.

But what do the participants mean by “sexual rights”? In all, the participants came to see their sexual rights in two ways: (a) specifically in terms of marriage and children; and (b) in terms of their contributions to the gay rights movement. Their stories contained despair, helplessness and vulnerability, but they also revealed strategies to cope with these unequal conditions and even work around these obstacles.

### **Desiring to Be Tied Down: Marriage and Children**

When asked the question, “What does gay rights mean to you?”, all the participants answered with stories expressing interest in getting married, regardless of

whether they were single or in a relationship at the time of the study. Student Andy expressed this desire to marry his partner some day:

Andy: I got two friends who are going to London to get married because his boyfriend is from London. He's Singaporean, so– yeah. I mean, that's not going to happen for us. We're not going to get married in Singapore any time soon. For us that much is clear.

Daniel: Do you want to get married?

A: Yes, eventually I want to. I always said– yeah, I– I do still have this fantasy– this vision that, yes, I do want to get married and everything, and– like a proper wedding and lots of– yeah, I– I love weddings. It's very fun. Not the banquet, just the wedding itself.  
[Both laugh] Banquets are boring. Yeah, but, um... The normal stuff that every couple wants, I guess, to really have a life together.

For Andy, access to marriage is all about assimilation, being viewed as “normal” in society. He, as well as the rest of the participants, recognised that this particular right is denied to them while they live and work in Singapore. For some of the participants, having children was also narrated in the same light. Civil servant Edward who has been in a monogamous relationship with his partner for the past 15 years, spoke of his yearning for children:

Edward: We'd love to have kids though. Yeah, really, really. We would adopt. We– we have a dog. So sometimes it sets us wondering how would it be like if let's say we have kids? You know, at least to have a son, who we can groom together. But of course, there are a lot of– among our friends we do have a lot of different views on adopting kids, you know, for a gay couple. Like, it's just you can't help but wonder how is it like if let's say you really have a son? That is something I'd really, really love to explore.

Daniel: It's not possible in Singapore?

E: Not possible. For adoption, only the women they can... even if you go overseas to adopt, you'll also– this is also not allowed, not legally approved.

The participants were well aware that having biological children was impossible in a gay relationship in Singapore. However, like Edward in the excerpt above, some lamented not even having the option for to adopt children because their relationship was not legally recognised. This right is also denied to them despite having long-term monogamous and stable relationships.

For most of the participants, by being denied the right to marry and have children, they felt that they were not able to achieve these life goals privy to their heterosexual counterparts. They recognised that these milestones were out of their reach because of their sexual behaviour and identity. Retail executive Mark narrated this disenfranchisement:

Mark: I think for straight people, there is a goal that they can try to achieve. I mean, there are stages in their lives when they're with somebody that guides them along. You know, you reach a certain point. You bring them home to your family. They welcome that person. Yeah, you know. Then you talk about marriage. Yeah. There are a lot of milestones for you to reach. Yeah. And then you know, you apply for a flat together. Yeah. And then you have children, and then you're just tied down forever. Yeah. But with us there is no goal– to me, there is no, you know, short term goals for you to achieve. You're just with this person because this person is someone that you enjoy being with. Yeah, because the sex is good or whatever. Whatever reasons. But how long can that sustain? Even if you feel very strongly for this person, this person might like someone else after a while. Yeah, stuff like this happens. I

guess we are more frivolous and, you know, yeah, in that sense. So perhaps, that explains why I feel gay relationships don't last.

Daniel: Because it's difficult to meet people? To find someone?

M: Because there are not many goals along the way for people to meet and, you know, to go to the next step and stuff.

D: I see. So even if you've met someone you're not going to progress any other way.

M: Yeah, I mean, what will tie you down with this one person, you know. Yeah. With them [straight people] there are so many elements like, you meet their family, you know. And then you have to think about what happens like if I break up with this person then the family will— yeah, you know when family is involved and stuff. Then, later you talk about marriage and then you want to buy a flat. Yeah, then if you break up now you lose your deposit.... If you want to divorce after you have a child, then you have to think of that child.

In this excerpt, Mark refers to sex in the sense of physical and emotional fulfilment, covered in the first category. However, to him, either kind of sex is insufficient to keep a couple together. While heterosexual couples are able to invest in their relationship in the form of marriage and children, a gay couple does not have the same privileges. Mark and other participants theorised that this is the reason why gay couples have trouble staying together and why gay men are often viewed as promiscuous.

However, both single and coupled participants, being aware that the right to be married and having children was denied to them, formulated their own ways to meet these life goals. The one most common to them was seeking to live together

with their partners. Mark is not currently seeing anyone, but he has a relationship goal he would like to achieve should he meet someone suitable:

Mark: Hopefully we can live together. Yeah. I'm– I guess at this stage in my life I don't really think that far ahead, I mean, with a partner. Yeah. If we can live together, if we can have a house together, you know, I think that will be more than sufficient.

However, buying a house together may not be a simple issue for gay couples in Singapore. Student Andy has been with his boyfriend for a few months. In this excerpt, he talks about building a life together as a couple:

Andy: Yeah, actually it's, you know, no different from what straight couples want out of their life, 'cause it's the same thing for them, you know? You date, the man propose by saying "Let's get a BTO [Build-To-Order subsidised public housing]". Ta-dah! You buy a house, you move in and then you get married. I mean, just for us, we're not going to get a BTO. We're just going to look at condos and, you know, buy or get a resale... Yeah, but yes, it's very difficult for gay people to live in Singapore. The housing is a problem.... But of course I hope that if I were to be in this relationship for a really long time, and he– you know, I can really build a life with him, yeah, then eventually we– I would want to move in with him. And I know he wants the same thing too. Yeah.

Subsidised public housing is very desirable in Singapore because property prices in the private market are extremely high.<sup>6</sup> In Andy's narrative, buying a house together is a goal that any couple should aspire to, regardless of their sexual identity.

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<sup>6</sup> A mid-sized private apartment of about one thousand square feet typically costs around one million Singapore dollars. A new equivalent-sized public housing flat will cost less than half of that amount. Renting is also not very popular among young Singaporeans because of high rent prices – most prefer to live with their parents well into adulthood until they are able to purchase their own home.

However, Andy noted that unlike a heterosexual couple, he and his boyfriend do not qualify for subsidised public housing (“BTO”). Instead, they will have to purchase more expensive, private residential properties, which fortunately they will be able to afford. Singapore’s public housing scheme supports heterosexual marriage and biological families, prioritising the housing needs of young married couples and young families. Gay couples are not recognised under the public housing scheme, so to purchase public housing, they may apply jointly as two unrelated, single co-owners, and only if they are both 35 years old or older. For Andy, who is the younger man in the relationship, he is only able to apply for public housing with his partner in 10 years’ time. Private property is an option, but to afford it will require significant financial capability.

Some participants aspiring to marriage and children, but knowing full well these are impossible in Singapore, looked to other countries that are more accepting of homosexuality. For example, manager Esmond, whose partner is a British citizen, has plans to get married in London and even have children there:

Daniel: Are you trying to– I mean, when you get married, are you planning to settle here or–?

Esmond: There.

D: In London?

E: Yes. For various reasons. Family.

D: Family?

E: Yeah.

- D: His family or yours?
- E: Uh, our family.
- D: Oh, so you're going to have a family there?
- E: Yeah, I can't imagine having a family in Singapore. I don't think Singapore— I don't think Singapore is prepared for what we planned. And I'm not sure—
- D: Adoption or surrogacy?
- E: Surrogacy. I'm not sure— I don't want to put a child through that here. Whereas out there it's already, you know, it's already a done deal. Whereas in Singapore, you know, we're still fighting. I— I actually admire those two guys who brought up the case to court.<sup>7</sup> I honestly won't have the guts to.
- D: But it's easier in London because there are forebearers—
- E: Yeah-yeah. So it's— They've already been there, done that. For me, I don't want to be the trailblazer. I just want to enjoy my life. Yeah, but that don't mean recognise, and I appreciate the work they do on our behalf. And if there's any way of helping them I'd be more than happy to.

Esmond is planning to uproot himself and settle in the UK to raise a family with his partner. It is a story about finding a place in the world that will allow you to achieve your life goals. However, that requires significant resources at your disposal (and perhaps, a non-Singaporean partner) to effect. I was happy for Esmond and his

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<sup>7</sup> Kenneth Chee and Gary Lim are a local gay couple who, in 2012, filed a constitutional challenge against Section 377A which criminalises gay sex. The High Court ruled against the couple and also rejected an appeal they made in 2014.



partner, but I also felt emotions that took me quite a while to identify long after the interview had ended:

Jealousy. It's because Esmond has resources at this fingertips and can afford relocation and surrogacy. I think sometimes people forget that relationships are not just physical and emotional. It's also about resources. Having enough money does give you the luxury of choosing a better place to live.

I feel sad too because many (including me) will never have such resources in the primes of our lives. Esmond is the oldest gay man in the study, and by the time he's married and settled down in London, with a baby, he'll be... an old man. It's sad that no matter how many resources you have at your disposal, there are still barriers for gay couples to live the same way as straight couples. Marriage will require a big move to another country. Kids through adoption or surrogacy will be an expensive process. It's just way, way more complicated. Not impossible, but much less accessible.

What of HIV prevention? I go back to an earlier thought about how difficult it is for gay couples to be recognised as a legitimate union, and to be denied everything associated with an investment in that union like housing, health insurance, bank loans, etc. These structural elements glue a couple together long after the romance wears off, something that many of my interviewees spoke of. It just seems so unfair to claim the gay community is promiscuous and also deny recognition and structural support for gay relationships. Do we really have to move all the way to London just to be equal? That's sad.

In this excerpt from my fieldnotes, I had to draw the connection to HIV prevention. Again, if part of the predominant solution is monogamy, then surely more should be done to keep gay couples together? The participants clearly seek some sort of legitimacy and recognition for their same-sex relationships. Already in the previous section, the participants' stories spoke of concealment of their sexual identity. But perhaps it extends further into a lack of social recognition and support for both a sexual identity and the relationships based on it.

As the participants theorised earlier, gay relationships in Singapore tend to be short-lived because they do not have the same milestones to look forward to as their straight counterparts (i.e., marriage, applying for subsidised public housing, and children). These milestones are denied to gay couples because of the socio-legal restrictions which restrict homosexuality in Singapore. Hence, even with desires and intentions for monogamous long-term relationships, gay men may find themselves going through more sex partners, increasing the risks of STIs, including HIV.

Going back to Esmond's story about moving to the U.K. for marriage and children, something he said caught my attention: "For me, I don't want to be the trailblazer. I just want to enjoy my life." This line neatly sums up another sentiment the participants felt when it came to their sexual rights in Singapore.

### **Desire for Change: Risk-free Activism**

The participants were highly cognisant of their unequal status in Singapore society based on their sexual behaviour and identity. However, the majority of the participants did not see themselves as active participants in the local gay rights movement. They expressed the desire to contribute to the activism, but their actual participation varied widely, from planning publicity campaigns to complete abstention.

In fact, most of the participants wished to be part of the gay rights movement, but they felt that they were being held back, fearing the repercussions of disclosing their sexual identity in taking a public stance on the issue. For example, when I asked Edward why he never participated in any gay rights events, he simply answered: "I'm

in civil service.” The other civil servant in the study, Jeremy, was also concerned about having his sexual identity exposed in public:

Jeremy: If you do more for gay rights, like maybe organise a Pride Day for example, or you do something that is very-very public, then the mainstream media will definitely pick up. And then once you know your name gets- your picture gets published on the mainstream media, then you’ll get associated with the gay rights movement, then that’s it.

Jeremy’s narrative demonstrates the connection between sexual rights and sexual identity – to openly advocate for gay rights, one has to be open about being gay as well. This is why Jeremy and other participants who think likewise shun the activities of the local gay rights movement.

Participants who were more engaged in gay rights advocacy were more open about their sexual identity. It seemed that the more open they were about being gay, the bolder they could be about their actions to promote gay rights. For example, when I interviewed freelance actor Xavier, I was stunned by his brazen plans to promote the right to marry for gay people in Singapore – he and his partner planned to marry in every country that legally recognises same-sex unions. They wanted to promote the spread of marriage equality around the world, putting the spotlight on Singapore for not recognising this sexual right.

I was stunned by Xavier’s plans. It was incredible to me that Xavier was willing to put himself in the public eye as a gay man. After my interview with him, I wrote in my fieldnotes:

[Xavier] wanted to get married with his long-term partner in every country to prove a point: that gay relationships are the same as straight ones. I admire that very much.

I really do hope someday to get married to my partner. Here I recognise my hesitancy in wanting to be an open, public advocate for gay rights, an activist... Therein lies the conundrum – how do you participate in the public dialogue when you're not out?

In my reflexive writings, I revealed that I too felt the same way about advocating for gay rights as Jeremy did. Participation in the gay rights movement seems predicated upon coming out. One has to weigh their ability to contribute to the local gay rights movement against the costs of revealing their sexual identity to the public.

The solution, however, was to look for risk-free alternatives to participation. For example, several participants spoke of attending the annual Pink Dot rally, an event which promotes equality for LGBTQ in Singapore. Attendees wear pink and come together to form a large pink dot. To the participants, attending Pink Dot is an example of low-risk activism because all one has to do is show up and be counted. And with the growing number of 'straight allies' (heterosexual individuals who support the cause) attending the event, there really is a lower chance of being pegged as gay just by being there. Other forms of low-risk or no-risk activism that the participants cited include making anonymous donations and signing petitions.

From the participants' stories, another reason for the lack of willingness to participate is that even with certain sexual rights denied to them, they are still able to lead comfortable lives. Take for example Edward's story:

Edward: [My partner] thought of migrating to either down South, or to Canada. But for me it's "No." I mean, this place is so good, this is where I grow up. Why should I leave? Yes, it's true that, like what we mentioned earlier, that certain things are pretty restrictive, but we have to view the whole— our whole society as a— as a whole. The context of it. Like what I always tell him that Singapore is a society with no debt. We have no debts at all... Yes, so it is true

that for Singapore, socially we may not be very open, but at the end of the day, this is where I belong. I have grown up to be like that. Yes, it is true if you go to San Francisco, people are literally very open, you know, they can literally walk around naked down the road. Nobody care. Hold hands... People just take you as normal. But it is just... It just feels different when you are here. So there are certain things that probably we will never get to enjoy, like probably really legally recognised as a couple, which frankly I don't think in our lifetime, not likely to see it, but at least here— My roots are here, so that's where I— We have never really talked about [migrating]. For [my partner], after some time, I think he also resigned to fate.

In the above excerpt, Edward echoes what most of the participants' stories: while my sexual behaviour is a criminal act and I cannot get married or have kids, Singapore is still a good place to live in. Like others, Edward is resigned to the state of affairs in Singapore, which defers to the conservative majority. With the price of coming out being social rejection, taking a stand for sexual rights in the public sphere does not seem worth it to most of the participants, especially when there does not seem to be any serious threats to their daily lives for staying in the closet. In other words, there seems to be no impetus for such change in Singapore.

Overall in this section, the participants' stories indicated that sexual rights were thought of as the right to marry and have children. With these rights denied to the gay population in Singapore, the participants tried other ways to validate their long-term relationships, either with plans to live together, or to seek marriage and children overseas. The participants also thought of their sexual rights in terms of their participation in movements that champion gay equality. Unfortunately, the risk of exposing their sexual identity in a public form led most of the participants to seek other ways of contributing to the gay rights movements which maintained their

anonymity and concealed sexual identity. In their stories, there was simply no need to jeopardise their current way of life despite their unequal status in Singapore.

### **Chapter Summary**

In social reality, there is no singular, monolithic narrative of health; our many and multi-faceted stories of health are constructed from our understandings and experiences with the world around us. In this chapter, I have shown that my interviews with the participants had revealed complex, multiple meanings of sexual health which exist both in tandem and in conflict with one another within the context of Singapore. These stories of sexual health also demonstrate that sexual behaviour cannot be considered in isolation, but must be understood in its socio-cultural context, influencing one's sexual identity and the sexual rights one enjoys or is denied. In the next and final chapter of this thesis, I discuss the significance of these findings, critically assess the limitations of this study, and suggest areas for future research.

## **CHAPTER 5**

### **DISCUSSION: DIALECTICS AND CULTURE**

To set the stage for discussing the findings from this study, I will first recap what has been laid out previously in this thesis: At the beginning, my impetus for conducting this research endeavour was the worsening problem of HIV among the MSM population in Singapore. I also found that little had been done in the past in the way of peer-reviewed published research to understand this at-risk group in Singapore. This led to the formulation of broad, exploratory research questions: What are the meanings of sexual health among gay men in Singapore? How do gay men negotiate their sexual health in the context of Singapore?

A narrative approach informed both the theoretical framework and methodology of the study. Whilst conducting semi-structured interviews with 19 gay men, I also chose to maintain a reflexive stance by writing fieldnotes and incorporating them into the data analysis. Using techniques from grounded theory, I distilled the narrative data gathered; the findings were presented in the previous chapter and tabulated in the summary below:

<b>Core Category</b>	<b>Category</b>	<b>Codes</b>
<b>Sexual Health</b>	Sexual Behaviour	Sex for physical desire: saying less is more Sex for emotional fulfilment: intimacy and trust
	Sexual Identity	Being gay: sex and effeminacy Staying in the closet: don't ask, don't tell
	Sexual Rights	Desiring to be tied down: marriage and children Desire for change: risk-free activism

*Table 3: Summary of findings*

This penultimate chapter is a discussion of these findings in relation to the problem statement and research questions. The aim is to highlight the significance of the findings, especially their implications for HIV prevention and safe-sex promotion among MSM in Singapore. First, I examine the results through two separate but related lenses: a dialectical lens and a culture-centred one. Reviewing the findings in terms of dialectics allows me to highlight the complexity in the meanings of sexual health uncovered in the participants' narratives. A culture-centred perspective foregrounds the agency of the participants in their stories of living as gay men in the social margins of Singapore. Second, I offer some recommendations for sexual health promotion for the gay population in Singapore. These consist of interim solutions as well as solutions that aim to reduce the structural barriers to sexual health for this at-risk group. Third and finally, I identify the limitations of the study and propose areas for future research.



## **A Dialectical Perspective: Embracing Contradictions**

In Chapter 2, I discussed how narratives in resistance can challenge and disrupt monolithic narratives. The participants' stories resisted a reductive, simplified portrayal of sexual health by revealing a range of co-existing, even conflicting meanings. For example, one's sexual identity was simultaneously about identifying as gay and rejecting it. These seemingly conflicting ideas are referred to as dialectics. Bakhtin (1981) posited that an individual is in constant dialogue with the social world – we simultaneously desire to be one with the world around us and seek to differentiate ourselves, giving rise to “a contradiction-ridden, tension-filled unity of two embattled tendencies” (p.272). According to Martin and Nakayama (1999), adopting a dialectical perspective in research offers three benefits: (a) it acknowledges the complex and dynamic nature of social reality; (b) it stresses the importance of a holistic perspective by emphasising that socio-cultural elements are interrelated as opposed to being discrete units; and (c) it highlights the existence of paradoxes. The dialectical approach thus complements this study by preserving the complex, relational, and contradictory elements of the participants' stories, supporting an overall holistic view of sexual health, and disrupting the notion of linear and monolithic narratives. This is important in the formulation of HIV-prevention and other safe-sex initiatives, because it keeps practitioners mindful of the complexities of sexual health, and guards against reducing STIs to a set of risky sexual behaviours which simply need to be altered.

Many instances of dialectics can be found in the participants' narratives. I have chosen to focus on only three key dialectics proposed by Martin and Nakayama (1999), namely personal-contextual, cultural-individual, and privilege-disadvantage.

## **Personal-contextual**

A personal-contextual dialectic refers to the consistency in one's communication under varying circumstances. Some aspects of communication may remain the same despite the context, while others change to suit the relationship and/or situation. For the participants' stories of seeking sex, they generally believed that it was important to communicate safe sex to their partners. While this belief was consistent throughout the participants, how they went about communicating their intentions for condom use (if at all) varied according to many contextual factors such as whether there was a physical or emotional impetus to their seeking sex, the state of their relationship with their sex partners, the availability of condoms, and, of course, the meanings they attributed to sex and condoms. The implication of this dialectic is that while it may appear straightforward to promote the use of condoms, such messaging fails to take into account the complexity in negotiating one's sexual health within the context of everyday life. To simply promote condom use (as well as abstinence and monogamy) discounts the diversity of ways sex is understood and practiced.

The personal-contextual dialectic can also be found in the participants' stories of communicating their sexual identities. While they all had no qualms with identifying as gay, whom they disclosed their sexual identity to was another matter. Some participants were more open about being gay, while others (including myself) choose to 'come out' to selected groups of people. The people that the participants chose to come out to varied as well. Some chose to tell their friends and/or co-workers that they were gay and left their families in the dark. Or perhaps within families, some chose to tell siblings and/or relatives and kept their sexual identity

hidden from other family members like their parents and/or grandparents. Also, coming out was not always voluntary in the participants' stories. Some unintentionally came out to parties like their families, and from then on, communication about their sexual identity with these unintended parties changed, often becoming strained. This range of openness when it comes to one's gay identity creates complications for HIV prevention – while identifying as gay seems to make it relatively straightforward for public health practitioners to develop safe-sex messages targeted at this group, the group's response to this message is still entirely dependent on their individual situations. Positive sexual practices which may require communication of their sexual identity, such as getting tested for HIV or buying condoms, could put those who are in the closet at risk of unwanted disclosure.

### **Cultural-individual**

The cultural-individual dialectic is about the tension between one's identity as an individual and as part of a larger group. This dialectic is especially evident in the participants' narratives of being gay. The participants for the most part acknowledged that being gay was, at its basis, about same-sex sexual intercourse. However, some chose to embrace the sexual nature of a sex-based identity, while others rejected it on grounds of conservatism. Some participants' ideas of being gay also involved subverting a stereotype of effeminacy – they saw themselves as masculine, which was, to them, not 'typically gay'. These differing ideas of being gay led to some participants identifying with a larger gay community and others wanting to dissociate themselves from it. In all, the gay identity is a complex topic and should not be solely associated with a sexual behaviour. For public health practitioners developing safe-sex initiatives for the gay community, the cultural-individual

dialectic reveals that there is no singular gay identity or group identity. This indicates a highly heterogeneous gay community made up of individuals who choose to associate with or dissociate from the group. For safe-sex promotion efforts targeting the gay population, it thus becomes prudent for public health practitioners to be aware of the diversity of the target audience; relying on a behaviour-based conception of identity may not be effective to reach all intended.

The cultural-individual dialectic extends to other forms of group membership as well. To the participants, a gay identity often clashes with their identities in other groups. In addition to identifying as gay, they were also sons in Asian families, co-workers in conservative workplaces, students among heterosexual peers, and members of Singapore society at large. In these situations, the participants found their group identity in direct conflict with their sexual identity – more often than not, they opted to keep the latter identity to themselves or within a trusted circle of people. This dialectic in the participants' narratives fosters a culture of secrecy, which I discuss further under the culture-centred perspective later in this chapter.

### **Privilege-disadvantage**

An individual can be simultaneously privileged and disadvantaged. In the participants' stories, most acknowledged their unequal status in Singapore society by virtue of being gay. They knew that it was very unlikely they would be able to get married and have children if they stayed in Singapore. They even recognised that they were disadvantaged under the public housing scheme, where heterosexual couples qualify for subsidised housing, while same-sex relationships are not recognised. However, the participants also recognised they held advantages in other areas of their

lives – as (prized) sons in Asian families and as civil servants, to name a few. Negotiating these multiple identities, it is no wonder that the participants would rather suppress the one disadvantageous identity they possessed in favour of the others which were advantageous. Or perhaps, as some participants put it, use the favourable parts of their lives to offset the social taboo of being gay. This dialectic further complicates the coming out process, adversely affecting the openness needed for public discussion and advocacy of safe sex for gay men and again, propagating a culture of secrecy.

In all, the dialectics found in grounded narratives allows us to retain the complexity inherent in the lives of a group of individuals, instead of reducing them down to categories and boxes which may no longer be representative of their daily lives. Dialectics allows for the simultaneous existence of contradictory ideas instead of dismissing one opposing idea for another. For health promotion, a dialectical perspective is important because it creates spaces for alternative ways of living to emerge, giving voice to groups existing on the social fringes, such as the gay population. In addition to narrative dialectics, stories also function as agentic expressions of a marginalised group under challenging conditions. The participants' narratives became sites where they made sense of the cultural and structural conditions in which they live and how they negotiated these conditions in their daily lives.

### **A Culture-Centred Perspective: Agency amidst Secrecy**

Narratives in research allow participants to express their life experiences in dialogue with the researcher. In the early chapters of this thesis, I argued that these narratives bring the culture of the participants to the fore, which is especially important for marginalised communities such as the gay population whose viewpoints are often silenced in public discourse. A culture-centred approach illuminates the structural conditions these cultural participants face in their everyday lives and their agency in living with these conditions – the key tenets of culture-centredness are thus culture, structure and agency (Dutta, 2008). While the first two tenets have been discussed previously in Chapter 2, agency now becomes the highlight of this discussion.

Unequal access to resources is often the cause of health issues for marginalised groups. However, within these structural constraints, cultural participants are not just passive recipients of said resources – in margins where such resources may be scarce, cultural participants actively work with and around these existing structures; this autonomy within social structure is referred to as agency (Dutta, 2008; Giddens, 1984). Narratives as told by cultural participants thus become an expression of agency as their stories illustrate how they make sense of their structural conditions and how they go about their daily lives with and in spite of these conditions.

### **A Culture of Secrecy**

In Chapter 1, I outlined the legal and social conditions which portrayed homosexuality as sexual deviance and relegated the gay population to the margins of

Singapore society. In brief, male same-sex sexual intercourse is viewed as a criminal act and the State heavily regulates homosexual content on local mainstream media. Generally, Singapore society is portrayed as comprising a conservative, heteronormative majority with an emphasis on nuclear families based on heterosexual unions, and its social structures for resource distribution are built upon and perpetuate this portrayal. These structural limitations severely restrict the public spaces for discourse on sexual health for the gay population. As covered in earlier chapters, they set up a challenging environment for public health practitioners to operate in when researching and developing programmes for HIV prevention. For gay men in Singapore, they negotiate with these structural barriers in enacting choices about their sexual health in their daily lives; these life experiences are replete with the values, beliefs and practices which constitute culture (Dutta, 2008).

For the participants of this study, their stories spoke about their lives in a heteronormative, urban Asian society. By and large, they narrated a culture of secrecy which drives much of their sexual lives underground. Coming out, or a reticence to do so, seems to be at the heart of most of the participants' narratives. Seeking sex for physical pleasure is a clandestine operation where anonymity as far as possible is preferred. Seeking sex for emotional fulfilment, while encouraging communication, familiarity and trust between partners, is still carried out in secret; this is especially so if the participant is still 'in the closet' about his sexual identity. Secrecy over one's gay identity spills over into sexual rights as well, with most participants preferring to remain quiet in a heteronormative society instead of actively challenging the social norms which lead to their sexual inequity through participation in the local gay rights movement. While a hostile environment may be partly to blame for this culture of secrecy, group norms also seem to perpetuate it. On the topic of coming out, the

participants, speaking either from expectation or experience, all narrated stories of strained relationships and ostracisation. There is a lot of fear and uncertainty over the process of coming out, especially to one's family. The participants feared most the rejection from loved ones over their sexual identity, and instead chose to keep their sexual lives and relationships hidden from family members.

Tan (2011) posited that coming out is a concept based on Western liberal discourses of individuality and having a 'true' authentic self, which is at odds in Singaporean culture which draws heavily from Confucian principles of collectivism and familial harmony. Instead of coming out, Tan suggested that Singaporean gay men 'come home' – instead of an open (and often abrupt) declaration of their sexual identity to their families, Singaporean gay men instead introduce their partners as friends to their family members. After many years and a consistent presence of this same 'friend', the gay couple hopes to gain the acceptance of their sexual identity and same-sex relationship from the family; this method apparently is least disruptive to familial harmony. Bringing partners home under the guise of friendship was also a common motif in the participants' narratives, whether they were already in the midst of it or hoping to do that with future partners.

Coming home is certainly an autonomous response to the structural and cultural limitations of being gay in Singapore. However, the fact remains that it does little to challenge the status quo and the culture of secrecy which pervades the gay community in Singapore. It is this lack of openness among the gay population which makes HIV-prevention research and safe-sex promotion difficult because it restricts access to this at-risk group (Sim, 2014).



## **Negotiating Obstacles**

Yet, a culture of secrecy certainly did not prevent the participants from finding ways to maintain their sexual health. When communication was stifled in stories about sex for physical pleasure, the participants found that the onus of condom provision and usage fell to themselves. For sex for intimacy/trust, the participants took the time to get to know their sexual partner, including delving into each other's sexual histories and discussing condom usage. Condom use became a sign of distrust in monogamous relationships where risks of sexually transmitted infections are minimised.

Monogamy as a solution for HIV prevention is difficult when the structures which give legitimacy to monogamous couples are not accessible to the gay population. As the participants narrated, marriage and children can help keep a couple together. Subsidised public housing too is not available to same-sex couples. Some participants found solutions by cohabiting in private housing or even migrating to countries where marriage and children are accessible to same-sex couples. However, these solutions require a great deal of financial resources.

When it came to the gay rights movements, some closeted participants still found it possible to participate in ways that maintained their anonymity such as through unnamed donations to causes which support gay rights. For example, in 2014, the legal costs of the constitutional challenge to Section 377A in the Singapore High Court were covered by crowd-sourced funding on Indiegogo – donors could choose to donate anonymously (Su, 2013). Participation in the annual Pink Dot rally has also ballooned over the years, from just 2,100 at the inaugural one in 2009, to over 20,000 in recent years. Some of the participants said they felt comfortable

participating in the public rally because it is well attended by both gay and straight people, so being spotted at Pink Dot may indicate your support for gay rights, but not necessarily mark you as being gay.

Pink Dot may also appeal to the more closeted participants because, as a movement, its resistance comes across as moderate instead of radical. Chua (2014) coined the concept “pragmatic resistance” to describe Pink Dot – the movement is deliberately nonconfrontational, aiming to change practices and informal policies instead of directly challenging the State. This modus operandus maintains the longevity of the movement and focuses on incremental changes which avoid the wrath of the authorities. The nonradical nature of Pink Dot likely appeals to the participants’ preference for risk-free activism.

In sum, exercising a culture-centred lens on the stories of the 19 interviews revealed that a culture of secrecy pervades the gay population as they live within the structural limitations posed by Singapore society and its government. However, within these constraints, they still find ways to maintain their sexual health, and at the same time, actively seek out avenues through which to circumvent and resist these limitations.

### **Recommendations**

When I sat down to write this chapter, I worried if I was able to offer any new insight from this study. HIV/AIDS as a research topic is not new, and public health practitioners and activists, despite facing challenges in accessing and studying the gay population, appear to have a good grasp of the situation. They recognised that

the escalation in HIV infections among the gay and greater MSM population in Singapore is a socio-structural problem and not just a behavioural one. Commenting on the HIV situation in Singapore and the worsening infection rates among MSM, Chan (2012) asserted that improvements will come when the structural limitations placed on the MSM population are lifted:

An enabling environment will require the removal of structural, legal (specifically Section 377A of the Penal Code) and social barriers that stand in the way of education, and which entrench stigmatisation and discrimination of affected communities. This will allow greater mobilisation and organisation of the MSM community, and lead to early and regular testing. (p. 600)

While the direction to take for HIV prevention and safe-sex promotion seems apparent, it does throw up several important questions: How can the structural barriers be removed? How can the MSM community be mobilised and organised? What else can be done in the meantime? My main contributions from this study are data which is grounded in its locality and an analysis which too is informed by the local context, so I will attempt to answer these questions with respect to the study's findings.

### **Working within Structural Limitations**

So what can be done for HIV prevention within these challenging conditions? From the participants' stories, it is apparent that there is a high level of awareness of safe sex and condom use. Even with the need to maintain the clandestine nature of their sexual activities and relationships, the participants narrated stories of making preparations for safe sex and exercising sound judgement when condoms were not available. Setting aside the veracity of their stories, it remains that gay men in

Singapore are aware of HIV and safe-sex practices. With the recent rise in HIV infection rates among MSM, local public health practitioners speculate that current safe-sex messaging is no longer effective and that improving treatments for HIV/AIDS have led to complacency among the at-risk group (Sim, 2014). Perhaps other strategies, which are not directly focused on increasing positive sexual behaviours, are required to tackle the problem of HIV.

The participants' stories suggest a strong desire for monogamous relationships and for socio-structural recognition and support for same-sex couples. These stories also resonated strongly with me because I want these things as well (see Appendix A). In our dialogues, sexual rights came to mean marriage and children. While attaining these rights will require major structural shifts, they do indicate that the participants aspire to monogamy and some form of recognition of it. Demonstrating agency within limiting conditions, the participants see home ownership and cohabitation as a way of advancing and maintaining their relationship with a significant other. In response to these narratives, a possible HIV-prevention strategy could be to encourage gay couples to stay together and reduce the number of sexual partners one may have. The partner reduction strategy has been shown to be pivotal in lowering HIV infection rates in Thailand, Uganda, U.S. and Europe (Shelton, et al., 2004; Wilson, 2004). This strategy need not just take the form of persuasive messaging, but also support programmes such as relationship counselling, couple's therapy, dating workshops, or even house-buying advice for gay couples.

However, partner reduction is a short-term strategy which can operate within the current conditions in Singapore. A more deep-rooted approach would be to

address the structural limitations which create barriers to safe-sex practices and advocacy efforts.

### **Working to Remove Structural Limitations**

Social change researchers have asserted that the key to structural change is community mobilisation, especially with regards to HIV prevention (Becker, Guenther-Grey, & Raj, 1998; Dutta, 2007; Parker, 1996). An important factor in community mobilisation, which emerged in the participants' narratives, is a cohesive community or collective identity. Collective identity is defined as "an individual's cognitive, moral, and emotional connection with a broader community, category, practice, or institution" (Polleta & Jasper, 2001, p. 285). Past studies have shown that an alignment between individual identities and collective identities is needed for participation in collective action (Hunt & Benford, 2004).

A culture-individual dialectic emerged from the participants' narratives on sexual identity. Their meanings of being gay varied, consequently affecting their association with a gay community at large. While a sexual identity based on sexual behaviour (men having sex with men) was a common idea, this caused some participants to reject participation in a seemingly hypersexual gay community. The findings suggest that utilising a sex-based identity as basis for collective action may be more divisive than collective among the gay population in Singapore.

The alternative then is to locate a collective identity away from sexual behaviour. An example of successful community mobilisation in Singapore is Pink Dot. The movement rallies individuals, straight and gay, under the banner of "The Freedom to Love". This call to common emotions rather than behaviour appeals to

individuals who may not wish to have their sexual behaviour be the main subject of a public gathering. A possible strategy for community mobilisation for HIV prevention would be to appeal to a collective identity that is not based on sexual behaviour in physical terms. After all, when narrating their meanings of sexual behaviour, the participants spoke of sex in both physical and emotional terms. This strategy thus demonstrates how the health meanings as articulated by cultural actors can be put to use in health interventions which address structural barriers to health; it speaks to how the development of health promotion efforts in marginalised communities should be undertaken – from the ground up, placing the culture of the at-risk group at the fore.

However, a downside to developing a non-sex based collective identity similar to Pink Dot relates to Chua's (2014) notion of pragmatic resistance – it is an assimilative move, designed to work within structural constraints instead of directly challenging them. However, in an authoritarian nation, as Chua identifies Singapore, it is perhaps a necessary first step to rally disparate individuals under a cohesive group identity for collective action. A mobilised community then creates the opportunity for community-based action which challenges the very structural barriers which limit its health practices. The greater implication for HIV prevention is that, instead of offering health solutions, efforts should focus on creating spaces to allow marginalised communities to work towards improving their health.

## Limitations and Areas for Future Research

In designing a feasible study on gay men in Singapore, several compromises had to be made. Under ideal circumstances, I would have liked to have the participants look over the interview transcripts and study findings to verify if I had captured and interpreted their stories accurately. This procedure is known as *member check* which improves the validity of the findings. However, as I had explained in Chapter 3, stipulations from the university's IRB prohibited any further contact with the participants after the interview, thereby undermining the study's validity.

Cho and Trent (2006) refer to member check as a form of validity they call *transactional* because it requires the relationship between researcher and the participants. They also identified another form of validity which is *transformational* because it is based on whether the research goes on to achieve the ideal of redefining the status quo. For studies that deal with the lives of marginalised groups, transformational validity is very important because it holds the research accountable to the social betterment of individuals living under challenging circumstances. Unfortunately, it is also a retrospective form of validity which can only be ascertained after the conclusion of the study. My hope is that the findings of this study are able to contribute and make a positive difference to HIV prevention among the gay community in Singapore.

Another way of improving the validity of a study like this where access to participants is severely limited is to triangulate the findings with additional research efforts. Triangulation in qualitative research refers to the use of multiple research methods and/or sources of data to get a more accurate picture of the phenomenon under investigation (Miller, 2008). For example, surveys can be administered or focus

groups conducted with further samples from the gay population to see if their results corroborate with the findings of this study.

Another limitation I wish to bring up is to do with the nature of the group under study. In Chapter 1, I distinguished between the terms *MSM* from *gay*, noting that the former referred solely to a group of people categorised by their sexual behaviour and the latter, a group categorised by their sexual identity. I acknowledged that the gay population was a subset of a larger MSM population and designed a study with this smaller subgroup in mind. However, in doing so, I had to discount men who were having sex with other men but did not identify as gay. Indeed, this was the group that local public health practitioners had identified as a far more vulnerable group because they were far more inaccessible; it was for the same reason that led me to select gay men as the (sub)group for the study. Future research should aim as far as possible to devise ways to access non-gay identified MSM.

The participants recruited from the study were almost uniformly financially solvent and from middle-class backgrounds. This could be due to the nature of the Oogachaga's audience whom I recruited from – they were largely members and supporters of the organisation. Seeing that financial resources are needed to surmount some of the structural barriers in their lives, I expect that narratives from gay men from a lower socio-economic stratum would be substantially different. In addition, most of the participants saw themselves as being more masculine than a 'typical' gay man. It would be interesting, and would indeed add further complexity to the narratives, to hear the stories of men whose femininity was more overtly expressed and acknowledged, whether these may be men who exhibit more effeminate



behaviour or men who enjoy cross-dressing. The sexual health narratives from the gay population in Singapore would be far richer as a result.

## **CHAPTER 6**

### **CONCLUSION: THE POLITICS OF (SEXUAL) HEALTH**

For this exploratory study on an at-risk group, I made the decision very early on to venture beyond merely trying to investigate and understand risky sexual behaviour. I wanted to understand a way of life, which entailed venturing into the realms of the social and, of course, the political. A marginalised group like the gay population in Singapore exists on the fringes because of their unequal status in a heteronormative society. I did not want to limit this investigation on sexual health to sexual behaviour alone, because that would not give an accurate picture of the group.

The long and short of it is that health *is* political, simply because, as a resource, some groups in society have more of it (or better access to it) than others (Bambra, Fox, & Scott-Samuel, 2005). Take for example in early 2014 when the Singapore Health Promotion Board (HPB) published a page on its website about sexual health which provided resources for LGBTQ youths. Conservatives, religious leaders and even government ministers promptly accused HPB of promoting a homosexual behaviour (Chun, 2014). The public health body was eventually forced to remove the LGBTQ resources from the webpage.

HPB and other health organisations in Singapore are expected to discharge their functions without any political agenda. Yet, an impasse is reached when public health practitioners are unable to address the political inequalities which adversely affect the health of an at-risk group. On the ground, this understanding of health issues as arising solely from undesirable individual behaviour as opposed to systemic flaws and social injustices silences the at-risk group.

The narrative approach adopted in this study makes room for an exploration of the politics of health. The participants were able to delve into meanings of sexual health beyond behaviour, allowing them to narrate stories of struggling with their sexual identity and sexual rights in the context of Singapore. Their understanding of sexual health is rich and complex; and despite the challenging conditions which restrict and jeopardise their sexual health, they still find ways and means of maintaining it.

This study serves as an important starting point towards a better understanding of a group highly at risk of HIV. HIV is indeed a health problem, but when our definition of health expands, it illuminates the lives of those forced into the margins of society.

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## **APPENDICES**

## **APPENDIX A: About Me**

I am a Singaporean-Chinese gay man in his late twenties (at the time of writing this thesis). I come from a middle-class background, meaning to say that I never really faced any financial struggles in my lifetime. I have disclosed my sexual identity to friends and colleagues whom I know are either gay themselves or sympathetic to sexual minorities; however, my family still does not know. I am also in a monogamous relationship with my partner for almost eight years. My partner is not out to his family too and we've not told either of our families about our relationship.

I selected the topic of my research because I wanted to contribute to the gay community in Singapore, which I find odd as I write it because I do not feel like I belong to such a community per se: as in I neither have a large group of gay friends nor participate in many activities catered specifically to gay people. And while I am sensitised to sexual rights issues in Singapore, I am not particularly active in championing the cause as it risks divulging my sexual identity.

I was drawn to the HIV problem because it is such a chronic health problem within the gay populace. Conducting a research study seemed like a way of contributing that could be somewhat discreet given its limited audience. Then again, maybe I just wanted to test the waters with regards to disclosing my sexual identity in a semi-public manner.

In pursuing this research topic, I bring very personal motivations to the study. I do not necessarily see my sexual identity as being advantageous because I do not see myself as being a cultural insider. I definitely have leanings toward monogamy since being in a committed long-term relationship. At the same time, being aware of my values, I am curious to see how other gay men live their lives in Singapore, especially in negotiating their sexual health when their sexual identity is taboo and sexual rights are unmet, and comparing their experiences with my own.



## APPENDIX B: Interview Guide

### INTERVIEW GUIDE

*Begin interview with:*

1. What was your most recent sexual experience?
2. What does sex mean to you?

*Carry on with the following questions, not necessarily in this order:*

3. What does health mean to you?
4. What has been your experience in maintaining your health in Singapore?
5. What does sexual health mean to you?
6. What has been your experience in maintaining your sexual health in Singapore?
7. What does being gay mean to you?
8. What experiences have you had regarding being gay?
9. What do sexual rights mean to you?
10. What experiences have you had regarding your sexual rights?
11. What does HIV mean to you?
12. What experiences have you had with HIV?

## APPENDIX C: Study Recruitment Advertisement

[Home](#) > [Oogachaga Events](#) > Sexy Stories: Looking for study participants  
Create on: 23 Jul 2013 at 05:10 AM

[DONATE](#)

[TALK TO US](#)

[USEFUL RESOURCES](#)

[USEFUL LINKS](#)

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**CONTACT US**  
Oogachaga  
57B Pagoda Street Singapore  
059216

Tel: 6224 9373  
Fax: 6399 4255  
Email: [contact@oogachaga.com](mailto:contact@oogachaga.com)

**Sexy Stories**  
**RECRUITING MALE INTERVIEWEES ABOVE 21 YEARS OLD**

HIV infection rates are on the rise in the gay community in Singapore. This study seeks to explore gay men's stories of their sexual health and behaviour. By participating, you will contribute to a pool of narrative data that will be the basis of developing relevant, effective solutions for safe-sex promotion and community-based programmes for Singaporean gay men.

[Study Participants](#)  
Study participants must be men aged 21 and above, and are Singaporean citizens or Permanent Residents. They must also have been sexually active with men within the past three to six months, either regular or casual.

[Interview Format](#)  
Participants will be interviewed in English for around 60 to 90 minutes. The interviews will be audio-recorded for transcription purposes only. Once registered, you will be contacted to arrange a suitable time and venue for the interview.

[Participant Confidentiality](#)  
To maintain your anonymity, the audio recordings will be deleted as soon as they have been transcribed, and only pseudonyms will be used in the transcripts. All other personal data will be discarded once the interviews are completed.

[Registration and Contact](#)  
To register, please complete and submit the form at this URL: <http://bit.ly/13oFC9D>  
If you have any questions, please direct them to [danielteo@nus.edu.sg](mailto:danielteo@nus.edu.sg).

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26th run starting in Nov 2014

### APPENDIX D: List of Codes and Categories

<ol style="list-style-type: none"> <li>1. Desiring to have sex with men</li> <li>2. Subverting the gay man stereotype by exerting masculinity</li> <li>3. Avoiding confirmations of sexuality</li> <li>4. Coming out unintentionally</li> <li>5. Keeping sexuality secret</li> <li>6. Seeing no need to hide sexuality</li> <li>7. Desiring gay community</li> <li>8. Disliking gay community because it's too sexual</li> <li>9. Expecting/Experiencing acceptance</li> <li>10. Expecting/Experiencing rejection</li> <li>11. Expecting more relationship problems (than straight people)</li> <li>12. Conflicting with being a good son</li> <li>13. Never experiencing blatant discrimination</li> <li>14. Experiencing confusion from friends</li> <li>15. Experiencing struggles with sexual identity</li> <li>16. Facing difficulties finding suitable partner</li> </ol>	<p>ON BEING GAY</p>	<p>SEXUAL IDENTITY</p>
<ol style="list-style-type: none"> <li>17. Believing Singapore is not ready for gay rights</li> <li>18. Seeing progress in Singapore's gay rights movement</li> <li>19. Desiring to be a gay rights advocate</li> <li>20. Feeling comfortable, no need for activism</li> <li>21. Contributing to gay rights movement</li> <li>22. Opposing anti-gay rights discourse</li> <li>23. Desiring cohabitation</li> <li>24. Desiring marriage and children</li> <li>25. Desiring to be normal, like straight couples</li> </ol>	<p>GAY RIGHTS</p>	<p>SEXUAL RIGHTS</p>
<ol style="list-style-type: none"> <li>26. Conflicting with religion</li> <li>27. Desiring commitment</li> <li>28. Desiring intimacy</li> <li>29. Distinguishing between casual sex and sex in a relationship</li> <li>30. Enjoying life</li> <li>31. Fearing the pain of sex</li> <li>32. Functioning independently and unhindered</li> <li>33. Looking after your body</li> <li>34. Making a positive social impact</li> <li>35. Placing greater importance on emotional health</li> <li>36. Respecting yourself</li> <li>37. Satisfying a physical urge</li> <li>38. Seeing sex as normal</li> <li>39. Seeking thrills</li> <li>40. Viewing long-term relationships as influencing health</li> <li>41. Viewing long-term relationships as nonessential for good health</li> <li>42. Viewing sex as essential for good health</li> </ol>	<p>ON SEX</p>	<p>SEXUAL BEHAVIOUR</p>

<p>43. Viewing sex as nonessential for good health 44. Worshipping through sex</p>		
<p>45. Advising friends to have safe sex out of concern 46. Ascertaining if sex partner is willing 47. Ascertaining unprotected oral sex is safer 48. Ascertaining sex partner is safe because (young/exclusive/foreigner/attractive/online profile/forthcoming) 49. Baiting people on mobile apps just for fun 50. Being aware of how people may judge you using hook-up apps 51. Being persuaded to have unprotected sex 52. Being too direct is a turn-off 53. Changing communication channel based on convenience 54. Changing communication channel based on level of comfort 55. Choosing sex partner based on similar interests 56. Choosing sex partners based on physical appearance 57. Choosing to have (unprotected) casual sex with familiar people 58. Choosing to have unprotected sex despite risk awareness 59. Condom negatively affecting sex 60. Making decisions on spur of the moment/irrationally 61. Deciding to have unprotected sex when desire is strong 62. Desiring a relationship with a casual sex partner 63. Directly communicating desire for sex 64. Discussing safe sex before meeting up 65. Factoring in convenience 66. Feeling bathhouses are sleazy 67. Feeling like a hypocrite 68. Finding physical satisfaction outside the relationship, as individuals and as a couple (threesomes) 69. Getting addicted to sex 70. Having a close call with HIV 71. Having a threesome unexpectedly overseas 72. Having casual sex in between relationships 73. Having sex in public place 74. Having unprotected sex because drunk 75. Hiding sexual activity from family 76. Hiring sexual services 77. Hotel providing condoms 78. Intentionally seeking out HIV-positive sex partners 79. Looking for sex partners at the club 80. Minimising personal interactions with sex partner; excluding safe sex discussion 81. Past injury preventing anal sex</p>	<p>SEX FOR PHYSICAL FULFILLMENT</p>	

<p>82. Preparing for casual sex by oneself/Bringing your own condoms</p> <p>83. Reducing threesomes because they're troublesome</p> <p>84. Taking drugs during sex</p> <p>85. Using websites and mobile apps to find casual sex partners</p> <p>86. Fearing commitment</p> <p>87. Not actively looking for a relationship</p>		
<p>88. Building boundaries for sexual relations outside relationship</p> <p>89. Clubbing and drinking before sex</p> <p>90. Communicating intention for sex through body language</p> <p>91. Expecting but deferring sex until trust established</p> <p>92. Finding anal sex uncomfortable with partner</p> <p>93. Having sex on a regular basis</p> <p>94. Discussing safe sex</p> <p>95. Preferring sex in public places</p> <p>96. Privacy encouraging intimacy</p> <p>97. Having less sex over time</p> <p>98. Sex with partner growing less fulfilling over the years</p> <p>99. Being unaware of partner's HIV status</p> <p>100. Getting tested before having sex</p> <p>101. Expecting both to practise safe sex</p> <p>102. Expecting the top to practise safe sex</p> <p>103. Having unprotected sex because of trust</p> <p>104. Having unprotected sex because more convenient</p> <p>105. Having unprotected sex because more pleasurable</p> <p>106. Using condoms for comfort during anal sex</p> <p>107. Ascertaining unprotected oral sex is safe</p> <p>108. Viewing unprotected sex as careless and irresponsible</p> <p>109. Not communicating expectations to sex partner</p> <p>110. Choosing family over relationship</p> <p>111. Developing chemistry very quickly</p> <p>112. Distrusting partner</p> <p>113. Seeing sex as integral in a relationship</p> <p>114. Finding out partner was cheating on him</p> <p>115. Living apart from partner and meeting overseas every so often to have sex</p> <p>116. Meeting partner through social network</p>	<p>SEX FOR EMOTIONAL FULFILLMENT</p>	
<p>117. Learning about safe sex from friends</p> <p>118. Learning about sex from media</p> <p>119. Learning about safe sex from informational talks</p> <p>120. Wanting to know more about safe sex after getting tested</p>	<p>SEXUAL HEALTH INFORMATION</p>	

121. Learning about sex from pornography	
122. Disliking needles 123. Feeling confident about test results 124. Feeling scared of HIV tests 125. Feeling shock after testing positive 126. Getting an HIV test 127. Believing the young are more complacent and reckless 128. Believing others lack basic safe sex information 129. Believing current efforts are ineffectual 130. Believing individuals make poor choices 131. Believing others are influenced by pornography 132. Believing others have unprotected sex 133. Believing others not scared by HIV anymore 134. Believing PLHIV lie about their status because of stigma 135. Believing there is lack of support for monogamy 136. Believing HIV is a matter of luck 137. Believing HIV is incurable 138. Believing HIV is irrelevant 139. Believing HIV is life-changing 140. Believing HIV is manageable 141. Believing HIV is stigmatising 142. Believing PLHIV are normal 143. Believing PLHIV deserve HIV 144. Believing PLHIV need to be more responsible 145. Seeing safe sex messaging as irrelevant 146. Seeing the need for community-based action 147. Looking to other countries for solutions 148. Seeing the need to address emotional health 149. Seeing the need to encourage monogamy 150. Seeing the need to improve access to condoms 151. Seeing the need to improve accessibility to HIV testing 152. Seeing the need to improve gay rights 153. Seeing the need to improve sex education 154. Seeing the need to increase public awareness 155. Seeing the need to reach out to the party and play community 156. Seeing the need to reduce HIV stigma	ON HIV
157. Balancing the many facets of health 158. Being in control of yourself 159. Being more health-conscious with age 160. Being responsible	MEANINGS OF HEALTH