Sexuality, Bodily Experiences and Gender: an Ethnographic Study among People Living with HIV in the Metropolitan Area of Buenos Aires, Argentina

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Objectives: To discuss both security and protection approaches related to sexual behavior before HIV emerged as a social problem, as well as to discuss the categories of "social construction" and "hegemony" under the imperative of inquiring into gender inequalities.

Methodology: Ethnographic study. The study included two hospitals, several civil organizations and an association of people with HIV. Participants were men and women diagnosed with HIV, with a background in drug use, and with residence in popular neighborhoods. Data were obtained through in-depth interviews, participant observation and analysis of biographical narratives.

Results: The author begins with the characterization of the "security" approach that people use before individuals affected with HIV, which usually contributes to the reinforcement of stereotypes, relationships and conditions of inequality and suffering. Based on this theoretical framework, interviewees show the following set of responses and behaviors: 1) lack of sexual desire and pleasure, along with the presence of guilt and fear to infect or be re-infected, 2) experience of being in situation of discrimination and violence during the sexual practices; and 3) necessity of adjusting their lives to medical treatments and the total reorganization of their social and inter-personal relationships accordingly. In this context, the author identifies variations of gender: men express having greater desire, pleasure and sexual initiative as well as predisposition to consume illegal substances, which reinforces their exposure for contracting and transporting the virus. Women, in other hand, show more trust and concession in their intimate relationships, which makes them more victims of sexual betrayal or drug use by their partners.

Shifting focus, the author characterizes the “protective” approach as a sort of gendered embodiment of everyday experience, which includes perceptions, emotions and feelings, as well as cognitive and representational aspects. So, “embodiment” appears in two differenced types of behavior: protection and body eroticism. In the first, men do not reveal their HIV status unless they are already willing to use condoms, while women are forced to disclose their status to ensure the protection of their sexual relationships. In the body eroticism, women with HIV are confronted with the hegemonic social constructions of the female body, which include features such as being the erotic object of males, aesthetic models and motherhood; it leads them into unwanted images of themselves or fear of not being attractive and experiencing rejection. In men erotic bodily behavior involves two edges of masculinity: permanent and active sexuality and linking images of physical strength, men’s initiative and control of sexual acts. However, some men associate dangerous sex with bodily weakness, which implies the appearance of suffering, loss of initiative and sexual control, frustration, dependency, in conflictive addition of re-learning, creativity and struggle for the control of the intercourse.

Conclusions: For the author, security and restraint of protected sex practices in people with HIV is established by the dominance of the notion of danger, restriction and repression. However, learning and creativity show the creation of new forms of sexual activity in HIV-positive people. The author concludes that the diagnosis of HIV creates conflicts within sexual relationships and practices, and gender identity.