

**HIV MEN WHO HAVE SEX WITH MEN AND UNSAFE SEX
PRACTICES IN PHNOM PENH, CAMBODIA**



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M.A (HEALTH SOCIAL SCIENCE)

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ABSTRACT

The purpose of this paper was to explore the social practices of men who have sex with men (MSM) while living with HIV. The study also investigated how the duality of structure (the macro or institutional level of society) and agency (the micro or moral dimension) of MSM who have contracted HIV has resulted in factors contributing to HIV transmission in Phnom Penh, Cambodia.

A qualitative approach was applied using the Structuration perspective. Purposive and snowball sampling techniques were used to select ten (10) participants who were men between the ages of eighteen and thirty-five, living with HIV. Field data were collected from in-depth-interviews and non-participatory observation over a two month period in Phnom Penh from September to October, 2009.

Findings from this field research showed that structure and agency were challenges to MSM with HIV infection. This resulted from the fact that both structure and agency were separate in social practice for HIV intervention among MSM, which leads to HIV infection.

First, HIV transmission by unsafe sex practices addresses the insufficient education regarding safe sex at community levels. The knowledge on safer sex practices among MSM is still limited to their homosexual intercourse, so they usually have sex according to their preconceived notions regarding sex and their sexual desire. This is the reason that MSM has a higher rate of HIV transmission.

Second, there are active discriminations and stigmas in a variety of ways which affect MSM who live with a high risk of HIV infection. MSM are victims of social discrimination and this problem is often seriously neglected because of official denial by the community, thus the relative invisibility of MSM and stigmatization. Because of this, MSM are ignorant of safe sex practices and lack information due to the fact that they have committed to living alone.

And last, MSM are disproportionately affected by HIV because social class oppression leads to unsafe sex. MSM and the community do not seem amendable to joining together as a whole because MSM have been stigmatized as a danger to “normal” society.

KEYWORDS: STRUCTURE/ AGENCY/ HIV/ MSM/ UNSAFE SEX

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