

**MALE SEX WORKERS IN PRETORIA:  
AN OCCUPATIONAL HEALTH PERSPECTIVE**

by

**MICHAEL CASPER HERBST**

Submitted in accordance with the requirements

for the degree of

**DOCTOR OF LITERATURE AND PHILOSOPHY**

in the

**DEPARTMENT OF ADVANCED NURSING SCIENCES**

at the

**UNIVERSITY OF SOUTH AFRICA**

**PROMOTER: PROFESSOR LJ KING**

June 2002

**To Hannie, my Dear Wife**

I declare that

**Male Sex Workers in Pretoria: an Occupational Health Perspective**

is my own work and that all sources I have used  
or quoted have been indicated and acknowledged  
by means of complete references.



Professor Michael C Herbst

15 June 2002

## ACKNOWLEDGEMENTS

I wish to acknowledge and thank everyone who assisted me in completing this study, in particular:

- Professor LJ King, my promoter, for her wise counsel, encouragement and support;
- The informants to this research study for giving of their time, their honesty, and their willingness to participate in this very sensitive study;
- Dr Louise de Villiers who took a particular interest in my study and who provided much support;
- My colleagues to whom themes and categories were submitted for their scrutiny and for giving of their time and positive critique;
- Other colleagues in the Department of Advanced Nursing Sciences, at the University of South Africa (UNISA), for their support and understanding throughout the period of my research and the writing of this thesis;
- All my family and friends for their sustained support;
- Okhuthele Advertising Agency for sponsoring the publication of a booklet "Safer Sex for Men Who have Sex with Men" based, in part, on information obtained in the course of the research conducted towards this thesis; and
- My Lord, Jesus Christ, for good health and the many undeserving blessings bestowed upon me.



## SUMMARY

Evidence of male sex work has a history as long as female sex work. There is century old evidence of male Sumarians and Greeks selling sex to other men. Men are today still selling sex to other men. This study showed that the elimination of sex work is practically impossible, and could only be accomplished by the gross denial of basic human rights.

Male sex workers have not received the same attention from researchers as have their female counterparts. This is so despite the large numbers of male sex workers in cities all over the world who potentially contribute to the worldwide sexually transmitted infection rates.

It is known that wherever indiscriminate sexual activities take place, the risk of transmission of infections are greater. The activities between the male sex worker and his client(s) determine the health problems they are exposed to.

The purpose of this research was to determine what transpires between male sex workers and their client(s) in order to provide the sex workers with knowledge to better take care of their own health as well as the health of their clients.

A qualitative research design was used to collect data by means of in-depth interviews and participant observation sessions. Research strategies that were also used included: description, ethnography, phenomenology, and the biographic methods of qualitative research.

The research revealed that men who have sex with men (MSM) were exposed to forty-nine different preventable sexually transmitted infections including HIV/AIDS, trauma, violence, and alcohol and drug abuse. All these conditions relate to the lifestyle and activities of male sex workers. Recommendations were made regarding the removal of factors that hinder the delivery of programmes on safer sex to MSM. A booklet on safer sex for MSM was compiled by the researcher and distributed to all informants upon completion of the research.

The neglected topic of male sex work was highlighted and health practitioners and other decision makers can now use the information in this thesis to make a contribution towards the better management of male sex work in South Africa in the interest of public health.

### **Key Words:**

Male sex work; prostitution; health; sexually transmitted infection; MSM; drug abuse; alcohol abuse; violence.

“Females have been selling their favors  
for a million years ...  
Those who sell for pleasure or companionship  
are called loose women.  
Those who sell for cash  
are called prostitutes.  
And those who sell for mink coats and diamond necklaces  
are called jet-setters or movie stars.

While it is true that some women sell their bodies ...,  
so do men.

Scientists sell their minds, postmen their feet,  
baritones their vocal chords, hod carriers their backs,  
psychiatrists their ears, writers their fingers  
and politicians their tongues.

We are, lets face it, a nation of hookers.  
And there is no reason we should applaud the selling  
of all parts of the human body  
but one.”

Satirical comment on prostitution  
(Hoppe, 1973)

## TABLE OF CONTENTS

	<b>Page</b>
<b>SUMMARY</b>	i
<b>CHAPTER 1</b>	
<b>INTRODUCTION AND OVERVIEW OF THE STUDY</b>	
1.1 Introduction	1
1.2 Background	2
1.2.1 Background to sexual acts between men in South Africa	2
1.2.2 The use of crude language and explicit pictures in this thesis to illustrate the world of male sex workers and gays	4
1.2.3 Background to the phenomenon of male sex work in South Africa and elsewhere in the world	5
1.3 Description of the phenomenon of male sex work and how it presents itself in Pretoria and elsewhere in the world	9
1.3.1 Contact between male sex workers and their clients through advertisements in the press	10
1.3.2 Contact between male sex workers and their clients through pornographic cinemas	11
1.3.3 Contact between male sex workers and their clients through steam baths	11
1.3.4 Contact between male sex workers and their clients through gay clubs and gay bars	12
1.3.5 Contact between male sex workers and their clients in public toilets	13
1.3.6 Contact between male sex workers and their clients in public parks	14
1.3.7 Contact between male sex workers and their clients through M2M masseur services	15
1.4 Statement of problem	17
1.5 Research questions	17
1.5.1 Biographical information of male sex workers in Pretoria	17
1.5.2 The early sexual experiences of male sex workers in Pretoria	18
1.5.3 The reasons why male sex workers in Pretoria became involved in sex work	18

1.5.4	Obtaining information on what keeps male sex workers in Pretoria involved in sex work	18
1.5.5	The sexual activities and other practices of male sex workers in Pretoria	18
1.5.6	Knowledge regarding health among male sex workers in Pretoria	19
1.5.7	The incidence of sexually transmitted infections among male sex workers in Pretoria	19
1.5.8	Safer sex practices of male sex workers in Pretoria	19
1.5.9	The health status of male sex workers in Pretoria	19
1.5.10	Perception of self among male sex workers in Pretoria	20
1.5.11	Involvement of male sex workers in Pretoria in alcohol and drug abuse	20
1.5.12	Knowledge of, and involvement in, violence by male sex workers in Pretoria	20
1.5.13	What the future holds for male sex workers in Pretoria	20
1.6	Significance of the study for health practitioners	21
1.7	Scope and limitations of the study	27
1.7.1	Scope of this study	27
1.7.2	Limitations of this study	28
1.8	Operational definitions	29
1.9	Outline of this study	31
1.10	Conclusion	32

## **CHAPTER 2**

### **RESEARCH DESIGN AND RESEARCH METHODOLOGY**

2.1	Introduction	33
2.2	Rationale of this study	34
2.3	The purpose of this study	35
2.4	The research design	35
2.4.1	Descriptive	35
2.4.2	Qualitative	36
2.4.3	Ethnographical	36
2.4.4	Phenomenological	36



2.4.5	Biographical	37
2.4.6	Contextual	37
2.5	Scientific beliefs of the researcher	37
2.6	The research methodology	38
2.6.1	The steps that will be followed in this research	38
2.6.2	Trustworthiness	53
2.7	Ethical considerations	58
2.7.1	The origin of ethics as science	58
2.7.2	Some ethical concepts of importance in understanding ethics	59
2.7.3	Ethical considerations pertaining to this research	60
2.8	Conclusion	66

### **CHAPTER 3**

#### **LANGUAGE USAGE BY MALE SEX WORKERS AND GAYS**

3.1	Introduction	67
3.2	Source of information of words, terms, and expressions found in the glossary	68
3.3	What is slang?	69
3.3.1	Defining 'slang'	70
3.3.2	The derivation of slang	70
3.3.3	Slang as a form of protection against exposure	71
3.4	Why it is important to research slang	72
3.4.1	The importance of communication within a cultural context	73
3.5	Words, terms, and phrases included in the glossary	74
3.6	Glossary of words, terms, and expressions used by male sex workers and gays	76
3.7	Conclusion	121

## **CHAPTER 4**

### **PRESENTATION OF DATA, THEMES, AND CATEGORIES**

4.1	Introduction	122
4.2	Profiles of individual informants	123
4.3	Discussion of participant observation visits made by the researcher to pornographic cinemas in Pretoria	127
4.4	Discussion of participant observation visit made by the researcher to a steam bath in Pretoria	129
4.5	Discussion of participant observation visits made by the researcher to gay clubs in Pretoria	132
4.6	Discussion of participant observation visits made by the researcher to gay bars in Pretoria	133
4.7	Discussion of information obtained by the researcher following in-depth interviews with a male madam in a male brothel in Pretoria	135
4.8	Male sex work throughout the world and in Pretoria	138
4.8.1	Categories of male sex workers in Pretoria	147
4.8.2	Procurement of clients by male sex workers	149
4.8.3	Sexual experiences of informants	155
4.8.4	Reasons for entering into sex work	159
4.8.5	Sexual orientation of male sex workers in Pretoria	167
4.8.6	Perception of self by male sex workers in Pretoria	169
4.8.7	Life traits common to male sex workers in Pretoria	172
4.8.8	Practices, activities and sexual preferences of male sex workers in Pretoria	180
4.8.9	Knowledge by informants of health risks involved in male sex work	186
4.8.10	Health history and health seeking behaviour of male sex workers in Pretoria	186
4.8.11	Safer sex practices of male sex workers in Pretoria	203
4.8.12	Income of male sex workers in Pretoria	204
4.8.13	Occurrence of substance abuse among male sex workers in Pretoria	210
4.8.14	Experiences of violence by male sex workers in Pretoria	219
4.8.15	How male sex workers in Pretoria see their future	221
4.8.16	Muslims, male sex work, and being gay	223

4.9	Conclusion	227
-----	------------	-----

## CHAPTER 5

### SUMMARY OF FINDINGS, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

5.1	Introduction	228
5.2	Summary of findings	228
5.2.1	Practices and activities of male sex workers in Pretoria	229
5.2.2	Health problems male sex workers could be exposed to	229
5.2.3	Life traits of male sex workers in Pretoria	232
5.3	Implications of findings	233
5.4	Recommendations	234
5.4.1	Recommendations regarding factors that may hinder delivery of programmes of safer sex to men who have sex with men	234
5.4.2	Recommendations regarding effective responses to the issues mentioned in 5.4.1 above	238
5.4.3	Recommendations regarding structuring, organising, and regulation of male sex work in South Africa	244
5.4.4	Other recommendations	245
5.5	Personal and emotional effects of getting intimately involved in the routine, everyday worlds of male sex workers and the Pretoria sex industry	247
5.5	Conclusion	248

<b>BIBLIOGRAPHY</b>	249
---------------------	-----

<b>ANNEXURES</b>	282
------------------	-----

#### *Annexure 1*

Examples of advertisements where sexual activities are advertised.

#### *Annexure 2*

Examples of advertisements where sexual activities are advertised which contain cryptic slang.

***Annexure 3***

Examples of advertisements of pornographic cinemas in South Africa and elsewhere where gay pornographic films are displayed.

***Annexure 4***

Examples of advertisements of steam baths in south Africa and elsewhere which cater for sexual activities between strange men (men who are not in a permanent relationship).

***Annexure 5***

Examples of advertisements for gay clubs and gay bars in South African media.

***Annexure 6***

Examples of selected advertisements in the gay media providing directions on how to find public toilets where strange men can be met for anonymous sex.

***Annexure 7***

Examples of selected advertisements in the gay media indicating certain public parks as places where strange men can be met for anonymous sex.

***Annexure 8***

Examples of advertisements placed by M2M masseur services in Pretoria and some other cities and towns.

***Annexure 9***

Examples of advertisements of male brothels in South Africa which appeared in the local press.

***Annexure 10***

A description of the disease problems that men who have sex with men may be exposed to

***Annexure 11***

Copy of booklet: "Safer Sex for Men who Have Sex with Men" which was handed over to each informant upon completion of the in-depth research interviews

***Annexure 12***

Copy of a letter dated 30 May 2001 to The Registrar (Academic), University of South Africa, requesting permission to publish a booklet based on this thesis before the thesis is handed in for examination.



***Annexure 13***

Copy of a letter dated 31 May 2001 from the Registrar (Academic), University of South Africa, granting permission to the researcher to publish and distribute a booklet based on this thesis before the thesis is handed in for examination.

***Annexure 14***

Profiles of the thirty-one (31) informants who participated in this study

***Annexure 15***

Report on participant observation sessions conducted by the researcher at various pornographic cinemas in Pretoria

***Annexure 16***

Report on participant observation sessions conducted by the researcher at a steam bath in Pretoria

***Annexure 17***

Report on participant observation sessions conducted by the researcher at gay clubs in Pretoria

***Annexure 18***

Report on participant observation sessions conducted by the researcher at several gay bars in Pretoria

***Annexure 19***

Report on in-depth interviews conducted by the researcher with a male madam at a male brothel in Pretoria

***Annexure 20***

Copy of an E-mail indicating that Viagra© (and other medicines) can be acquired via the Internet without a prescription from a medical practitioner

# CHAPTER 1

## INTRODUCTION AND OVERVIEW OF THE STUDY

“Male homosexual prostitution  
is much more common than is generally recognized.  
There seems to have been a pronounced upsurge in recent years,  
not only in the USA but throughout the world.”  
Steen & Price, 1977:238.

### 1.1 INTRODUCTION

Sex is both commonplace and exotic. It is basic biology common to all humans and to animal and insect species as well. Except that sex is necessary for the survival of the species and not only for the survival of the individual, it can be placed on a par with breathing, eating, sleeping, and bladder and bowel function as a common biological function. Even though sex is natural and that it is true that most people have sex at one stage or another during their lives, not enough is known about the actual customs and practices in various societies and what is natural or unnatural in what people think about and do during sex. It becomes all the more obscure as one starts studying sex and sexual activities of minority groups such as sex workers.

Even though sex is a normal activity Akers (1985:175) reminds us that there is social regulation and control of sexual behaviour in all societies. This control, he says, is linked to the structure of relationships and customs surrounding marriage and kinship. Marriage customs and family forms vary by time and place, but one universal feature of sexual norms is the priority given to heterosexual behaviour between adults within the marriage bonds. Sexual intercourse between partners in a conventionally acceptable marriage and family system is, therefore, always acceptable and nearly always the morally preferred ideal. Nearly every other form of sexual behaviour has, at some time or place, been tabooed. Although there are commonalities, social customs, and regulations about the proper time, place, partner, manner, and occasion for sex, there exists an amazing diversity across societies, cultures, and sub-cultures.

In his discussion about the control of sexual behaviour and the wide differences in the way this control is exercised, Akers (*ibid.*, 1985:181) says that in American society sexual standards and

behaviour has undergone noticeable or revolutionary change. He states that sex is now more openly discussed in American society than in the past and the portrayal of sex in the mass media has become more explicit as a result of freedom of speech enshrined in the Constitution of the United States of America. He continues by saying that Americans now have a more tolerant attitude towards a wider variety of sexual acts, and there is greater involvement in sexual behaviour of various kinds.

It would appear that this openness is already manifesting itself in South Africa following the adoption of the new Constitution of South Africa in the form of Act No 108 of 1996. The openness, however, is not reflected throughout the whole of society. There are still some conservative sectors of society that are against any form of explicit sex or anything else pertaining to sex.

## **1.2 BACKGROUND**

### **1.2.1 Background to sexual acts between men in South Africa**

On 8 May 1996 South Africa became the first country in the world to enshrine lesbian and gay rights in its Constitution. Clause 9(3) of The Constitution reads:

“The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age disability, religion, conscience, belief, culture, language, and birth” (Constitution of the Republic of South Africa, 1996).

Prior to 1968 South African statutory law provided for a uniform age of consent at 16 years. While this did not detract from the common law prohibition against all sexual contact between men, it did at least mean that homosexuals and heterosexuals were treated alike in statutory prosecutions for underage sex (Sexual Offences Act, 1957). In 1969 any immoral or indecent act committed by a male with a boy under 19 became a separate statutory offence, subject to imprisonment of up to six years with or without a fine of up to R12 000,00 in addition to such imprisonment. The age of same-sex consent between males was also set at 19 years (Sexual



Offences Amendment Act, 1969, ss. 14(1)(b), 22(ff)).

The old discriminatory laws of sodomy and 'unnatural sexual offences' which covered all other sexual contact between men, were based on ancient Roman-Dutch common law. They had continued to be applied against gay men despite the fact that the heterosexual equivalents had been decriminalised by 1961. Between 1978 and 1993 convictions for sodomy involving consenting adults over the age of 20 ran at a level of between 100 and 200 per year. Penalties usually involved imprisonment, with the typical sentence falling from six months to an average of two months by the early 1980's. In the late 1980's custodial sentences had given way to fines (International Lesbian and Gay Association, 2002:3).

On 8 May 1998, in delivering judgment in the Johannesburg High Court, Judge Jonathan Heher struck down as unconstitutional the common law crimes of sodomy, unnatural sexual offences and Section 20A of the Sexual Offences Act. In reaching this historic judgement, Judge Heher commented:

"...constitutionally [the people of South Africa have] reached a stage of maturity in which recognition of the dignity and innate worth of every member of society is not a matter of reluctant concession but is one of easy acceptance".

He specifically noted that to penalise a gay or lesbian person:

"...for the expression of his or her sexuality can only be defended from a standpoint which depends on the baleful influences ... of religious intolerance, ignorance, superstition, bigotry, fear of what is different from or alien to everyday experience and the millstone of history" (National Coalition for Gay and Lesbian Equality, 1998).

Notwithstanding this victory, the National Coalition for Gay and Lesbian Equality took the case to South Africa's highest court in constitutional matters, the Constitutional Court. On 9 October

1998 this court declared the laws which criminalised sex between men unconstitutional because they affected the:

“...dignity, personhood and identity of lesbian and gay people at a deep level.”

The Court held that the laws which criminalise same-sex sexual and erotic activity, independently breached the rights to equality, dignity and privacy. Judge Heher said the laws undermined self-esteem, caused psychological harm and legitimated violence and blackmail against lesbian, gay, bisexual and, transgender people. In addition the Court held that:

“The harm also radiates out into society generally and gives rise to a wide variety of other discriminations, which collectively prevent a fair distribution of social goods and services and the award of social opportunities for gays”.

The Court also ruled that any person who was charged, convicted or suffered loss because of committing consensual same-sex acts under any of the laws declared unconstitutional had the right to approach any High Court for appropriate relief (Ackermann, 1998).

### **1.2.2 The use of crude language and explicit pictures in this thesis to illustrate the world of male sex workers and gays\***

In this, and following chapters, the reader will come across many unfamiliar words, terms, and expressions. These words, terms, and expressions may be unfamiliar to the reader because they form part of the *slang* used by male sex workers and *gays*\*. The reader may also experience some of the words, terms, and expressions to be very explicit and crude. The world of sex workers is unfortunately a world where decent language usage is not always a priority. The reality is that explicit and crude language usage has become so much part of their everyday living that many of them find it difficult to communicate without using crude and indecent language. It is, however, important to include these words, terms, and expressions so that the reader can obtain a complete and realistic view of the world of sex work. Some exposure of the reader to crude language usage can unfortunately not be avoided. When confronted with this

type of language usage, the reader must place it in its correct context, namely the context of the typical sex worker talking to someone whom they consider to be one of them.

Wherever any of these unfamiliar or crude and indecent words, terms and expressions appear in this thesis they will be printed in italics followed by an asterisk (e.g. *cruise\**). This is an indication that the reader should refer to Chapter 3 of this thesis to obtain the correct meaning of each of these words, terms, or expressions. The applicable chapter is entitled: "Language Usage by Male Sex Workers and Gays".

The reader will also find some of the pictures that appear in examples of advertisements in the annexures to this thesis very sexually explicit. Wherever possible, and without interfering with the message the advertisements try to convey, the researcher censored the pictures to remove any unnecessary explicit nudity.

### **1.2.3 Background to the phenomenon of male sex work in South Africa and elsewhere in the world**

Prostitution is often referred to as the oldest profession. Even though this may be so, there is a lot of debate about the use of the term 'prostitution'. Sex workers and many researchers agree that the terms 'sex worker' and 'sex work' should rather be used instead of 'prostitute' and 'prostitution' (Engelbrecht & Williams, 2000:377). In this thesis the words 'prostitute', 'sex worker', 'prostitution', and 'sex work' will be used interchangeably. This approach is supported by the Criminal Justice Commission of Queensland (1991:3). In its report the Commission states that the words 'prostitute' and 'prostitution' are usually used for ease of reference to statutory provisions and common law which does not make provision for the words 'sex work' and 'sex worker'.

A lot of research has been conducted on female prostitution (De Cecco, 1991:ix). There is a perception among many scientists that it is only women who are involved in prostitution and that they are the only ones who provide sexual favours in exchange for reward of one or another kind. It may, therefore, be mildly surprising to many individuals that male sex work is



probably as common, though perhaps less visible, than female sex work (Boyer, 1989:151,152).

Literature on female sex work is abundant and still growing larger by the day. As has already been mentioned, investigations into male sex work, on the other hand, has lagged far behind. Little is known about male sex work and research on male sex work and male sex workers is sparse and sketchy especially so in South Africa. In spite of a significant number of male sex workers in the sex industry, they are often ignored by researchers and this lack of attention has made their involvement in sex work less obvious (Decker, 1979:211; Reiss, 1998:12; Ward, Carter & Perrin, 1994:249; Weisberg, 1985:28).

In the United States of America where quite extensive research has been conducted on male sex work, results indicate that the number of male sex workers could be substantial. In his study of boy prostitutes in the United States of America, McMullen (1990:164,165) writes:

“Experts in the field of juvenile delinquency have shown that in the USA there is a minimum of 300 000 active boy prostitutes under the age of 16. Approximately 30 000 of these are located in New York City, with at least 2 000 concentrated in the Times Square area. The Los Angeles Police Department has identified 30 000 boys working as prostitutes within the city of whom 5 000 are under 14 years of age. These figures are considered to be conservative estimates and a more realistic figure of some 1,2 million boys below the age of 16 is thought by the authors to be more accurate. If one takes into account 16 and 17 year olds, this figure almost doubles.”

There is no reason to believe that the same situation does not also exist in South Africa. In one of the few South African studies on male prostitution in Johannesburg, conducted during 1949, Freed (1949:68) reports that:

“There was no means of estimating the number of adult male prostitutes in Johannesburg. From what we could gather from homosexuals who we questioned, there must be several hundred of them in the city.”

Male sex workers have not received the same attention from researchers and health practitioners as have female sex workers. This is so despite the fact that there are large numbers of male sex workers in most cities of the world. They have been nearly ignored by AIDS researchers for unknown reasons (De Cecco, 1991:ix). Many authors have expressed their surprise at this since the clients of male sex workers are a mix of homosexual and bisexual men including many so-called *straight\** (heterosexual) men who are all considered to be at very high risk of acquiring HIV/AIDS and AIDS-related conditions (Tirelli, Vaccher, Diodata, Biosio, De Paoli & Crotti, 1987:23; Waldorf & Murphy, 1990:109, 110).

A worldwide tendency is that the streets, bars and arcades where female sex workers can be found are often right next door to the *meat racks\** where male sex workers hang out. The advertisements for call girls and *call boys\** often appear side by side in the newspapers in metropolitan areas (Katz, 1992:48; Luckenbill, 1990:608; Waldorf & Murphy, 1990:111). From personal observations made by the researcher, the same situation exists in Pretoria.

Male prostitution or sex work has been generally ignored by societies and researchers all over the world (Herrman, 1987:523-525). In support of this Altman (1999:xiii) expresses the opinion that:

“...there has been very little serious academic recognition of the existence male sex workers, and what there is, has often been overlain with a portentous mix of moralism and voyeurism.”

He continues that:

“... the very existence of male prostitution is preferably ignored by governments and many ideology makers.”

A possible barrier to help explain the lack of research on male sex work according to De Cecco (1991:x) is:



“The male is supposed to be - according to the traditional views of western world - all-powerful, potent, and macho when it comes to sex. For a man to buy sex from another man, or to sell it to him, threatens the concept of male domination from both sides of the equation.”

There is also very little South African research and research results available on sex work (Visser, 1985:1-2, 7-8). A possible explanation for this, especially as far as social workers are concerned, is offered by him:

“... [navorsers] ervaar ‘n vermoë om toereikende dienste aan die kliëntsisteem te lewer, as gevolg van onkunde oor die sekswerkkultuur en ‘n diepgewortelde morele afkeur aan hierdie bedryf.”

[“... (researchers) experience an inability to deliver adequate services to clients as a result of ignorance pertaining to the sex worker culture and a deep moral aversion to this profession.”]

However, a few explorative studies of limited scope on *rent boys*\* and sex-for-sale which were conducted by some South African researchers needs to be referred to. Among these explorative studies are studies conducted by Schurink & Ndabandaba (1990), Schurink & Ndabandaba (1991), as well as Schurink, Liebenberg & Schurink (1993), and Oosthuizen (1998).

The point of view expressed by Visser above, is supported by various international researchers who express similar views of moral aversion and lack of knowledge and insight into the existence of sex work (Davis & Statz, 1990:59; Engelbrecht & Williams, 2000:277; Harpur, 1995:3; Milton, 1994:136; Pheterson, 1990:403).

In big city entertainment spots throughout the world, including Pretoria, while some men may be watching women dance, strip, and perform erotically on a dime-sized stage, other men are groping male sex workers in the privacy of video cubicles, or in the protected environment of gay video cinemas, steam baths, and *cruising*\* areas. Some other men may be copping a feel of the *buns*\* and *basket*\* of the guy sitting on the next bar stool in the gay bar in the hope of

eventually dragging him to bed even if this means having to pay him (De Cecco, 1991:ix).

South Africans, and particularly residents of Pretoria, became specifically aware of the existence of male sex workers following the arrest, conviction, and sentencing of two eighteen year old male sex workers from Pretoria for having murdered a client of their's. Michael van Heerden and Quintin Herbst, both eighteen and self-confessed prostitutes, were sentenced to effective eighteen year jail sentences for the brutal murder of one of their male clients whom they also robbed (Venter, 2002:6).

The researcher first became aware of the presence of male sex workers in Pretoria through involvement in a community project which looked at minority groups within the broader community of Pretoria. Upon searching for information regarding sex work in general, and male sex work in particular, the researcher found that both research and literature on male sex work was very scanty.

### **1.3 DESCRIPTION OF THE PHENOMENON OF MALE SEX WORK AND HOW IT PRESENTS ITSELF IN PRETORIA AND ELSEWHERE IN THE WORLD**

The existence of male sex work and male prostitution is a fact. Evidence of male sex work has a history as long as female sex work, and there is century old evidence of male Sumerians and Greeks selling sex to other men (Dover, 1978:21).

The mere existence of male sex workers indicates a market for the sexual services they provide. In contemplating, then, what possibly transpires between a sex worker and his client, one thing is apparent and that is that some form of sexual activity is involved. If this is so, one must consider the possibility of the existence of health risks and implications of possible disease for both the sex worker as well as his client(s).

Contact between the male sex worker and his client(s) occurs in a variety of ways and there is very little difference between how it occurs in different cities and countries of the world

(Waldorf & Murphy, 1990:111; Luckenbill, 1990:608). The most common ways of how, and places where, sex workers meet their clients in South Africa are briefly discussed below. No names of businesses, groups, or individuals are mentioned in this thesis. Neither are the locality of businesses, venues or meeting places provided. This is done with the express view of protecting the privacy, safety, and security of businesses, groups, and individuals.

### **1.3.1 Contact between male sex workers and their clients through advertisements in the press**

In perusing the local press, and in particular the 'personal' and 'adult entertainment' columns of the classified section of most newspapers, the reader will come across advertisements in which sexual activities are being advertised mostly in exchange for reward. Similar advertisements also appear in magazines and other media. Examples of such advertisements are contained in *Annexure 1*.

Many advertisements appear in the press where men seek other men for 'friendship' (often a euphemism used for sex) and where no explicit mention is made of any reward in exchange for sex. However, in the light of the definition of prostitution (Chambers Twentieth Century Dictionary, 1981:119; Stroud's Judicial Dictionary of Words and Phrases, 1986), which defines prostitution as:

"sexual relations between individuals, (male or female) who are not in a permanent relationship, whether these relations take place for payment or not",

it can be said that men who advertise for the friendship of other men for the purpose of eventually engaging in sexual activity with them (without being in a permanent relationship with such men) is involved in prostitution.

To the average reader many of these advertisements may seem very ordinary or non-specific. The informed reader, however, will immediately grasp the nature of the services offered in the various advertisements as well as their possible implications for the health status of the sex



worker as well as that of his client(s). The reader is referred to *Annexure 2* for examples of advertisements where sexual activities are advertised. These advertisements come from various media.

To fully comprehend the *slang* contained in these advertisements, it is essential to refer to the glossary of words, terms, and expressions in *Chapter 3* of this thesis. The chapter is entitled: *Language Usage by Male Sex Workers and Gays*. Most of the advertisements under discussion here contain cryptic language which may not be understood by the ordinary reader. The following is an example of a typical advertisement containing cryptic language:

ISO VWE GWM MBA JO (*In search of [a] very well endowed gay white male [for] mutually beneficial arrangement and jacking off [mutual masturbation]*).

### **1.3.2 Contact between male sex workers and their clients through pornographic cinemas**

There are many pornographic cinemas in many of the large cities throughout the world (Decker, 1979:211-213; Tan, 1999:243). This is also true of Pretoria. The researcher actively scanned the media for advertisements of pornographic cinemas in Pretoria and obtained physical addresses of such cinemas. Respondents who participated in this research also provided the researcher with additional information on localities of pornographic cinemas in Pretoria. The reader is referred to *Annexure 3* for examples of advertisements of pornographic cinemas that appeared in the media.

The researcher visited three pornographic cinemas in Pretoria as observer with a view of establishing what transpires there. The observations that were made at the various pornographic cinemas are discussed in Chapter 4.

### **1.3.3 Contact between male sex workers and their clients through steam baths**

Steam baths are favourite venues for many *gay\** men all over the world. This is apparent from the existence of literally hundreds of steam baths in major centres all over the world. The

numerous advertisements of steam baths further emphasise their apparent popularity. The reader is referred to *Annexure 4* for representative examples of steam bath advertisements from South Africa as well as other countries. The researcher visited one steam bath in Pretoria as a non-participant observer.

Steam baths are ideal venues to obtain sexual partners at a reasonably low cost (Weinberg & Williams, 1979:166). They state the following concerning steam baths:

“Baths [steam baths] provide ideal conditions with ample access to good sexual partners and settings at a reasonable cost - e.g. a field of attractive and potential partners who will be amenable to and readily available for the desired sexual acts, at minimal expense.”

Green (1992:39) refers to saunas [steam baths] as ‘another of the *gay\** scenes’ when he writes:

“Saunas are often simply brothels, and many have been prosecuted as “disorderly houses.”

#### **1.3.4 Contact between male sex workers and their clients through *gay\** clubs and *gay\** bars**

Advertisements of *gay\** bars and clubs appear in newspapers and gay media across the world. These *gay\** bars and clubs are popular meeting places for *gay\** men. The reader is referred to *Annexure 5* for representative examples of advertisements of *gay\** bars and clubs.

There are various *gay\** bars and clubs in Pretoria. The researcher visited several of the *gay\** bars and *gay\** clubs as participant observer in an effort to determine whether prostitution occurred there. Even though these venues seemed to be the ideal place to *camp\** and *cruise\**, and a lot of *camping\** and *cruising\** did occur during the participant observation sessions by the researcher, no evidence of sex taking place on the premises was found. On more than one occasion, in both some of the *gay\** bars as well as *gay\** clubs, the researcher observed a few

apparent male sex workers who were trying to pick up a *trick\**.

In writing about *gay\** bars and *gay\** clubs, Green (1992:35) says that many of the *gay\** pubs provide entertainment or cabaret. He continues:

“Many pubs involve their clientele in ‘competitions’ usually involving the male organ in some way, for instance in ‘wet jockey shorts’ or male strips. ‘Body beautiful’ competitions are regularly held, whilst one pub runs what the gay guide describes in inverted commas as a ‘sports days.’ The Terrence Higgins Trust has raised funds by ‘Slave Markets’ where sadistic homosexual bid for men who gain sexual satisfaction from being abused.”

Of *gay\** clubs, Green (*ibid.*, 1992:35) writes:

“The clubs are slightly higher up the market, and expect a higher standard of dress. ... Some clubs cater for specific sexual tastes, and again sadism & masochism features highly.”

In summary, it can be stated of the *gay\** clubs and bars in Pretoria that very few professional male sex workers seem to frequent *gay\** bars and *gay\** clubs in pursuit of possible paying clients. The same cannot, however, be said of the *gay\** cinemas. Quite a lot of prostitution took place on these premises and it can be assumed that some prostitution result from individuals meeting each other at these cinemas and going elsewhere for sex.

### **1.3.5 Contact between male sex workers and their clients in public toilets**

A lot of prostitution takes place in public toilets in practically every city of the world as also can be said of Pretoria. These toilets include public toilets in parks, shopping centres and shopping malls. Public toilets that are particularly known for the sexual activities that take place there are often advertised internationally so that visitors can easily pick up partners for casual sex when visiting other cities or towns anywhere in the world. These toilets are frequented by men in



search of procuring sex with other men with whom they are not in a permanent relationship. Please refer to *Annexure 6* for examples of listing of toilets in the international *gay\** media (Gmünder, 2002: 72, 173, 180, 192, 206, 592, 700, 732, 816, 877, 879, 1114).

Toilets where these activities take place are usually identified by the nature of the graffiti found on the walls and behind the doors. The graffiti often include explicit requests for sex with other men and sometimes also makes mention of the amount of money a particular person is prepared to offer in exchange for sex. Some daring individuals even write their telephone numbers and postal addresses on the walls and behind the doors. Another important criterion for recognising these toilets is the presence of one or more *glory holes\**.

As so many public toilets in Pretoria are frequented by men for purposes of prostitution, no attempt will be made to list them all. It would be near impossible to identify all the public toilets in Pretoria that are involved.

#### **1.3.6 Contact between male sex workers and their clients in public parks**

One park, in particular, in Pretoria known for the presence of male sex workers is situated near the central business district of Pretoria. Quite a few of the informants who participated in the research conducted by the researcher towards this thesis sell their services to other men from the confines of this particular park. Many of the sex acts between sex worker and client were performed in the park itself. This usually occurred after dark, although a few informants claimed that they have actually 'serviced' clients in the park during the lunch hour.

The park is well situated within easy reach of a few hotels within its immediate vicinity. This contributed to the convenience and popularity of using this particular park for procurement of clients by male sex workers. According to some of the researcher's informants many clients booked rooms in one of the hotels and then took the male sex worker of their choice to the hotel room for sex.

The reader is referred to *Annexure 7* for examples of how certain parks are advertised in the media to attract men who may have a specific interest in meeting other men in parks for same-sex activities.

### **1.3.7 Contact between male sex workers and their clients through *M2M\** services**

Some male sex workers advertise their services in the local press, often in the personal columns of newspapers, as *M2M\**. The term *M2M\** is a gay term which comes from 'male to male' indicating sexual activity between two males. The services offered by male sex workers under the umbrella term of *M2M\** is varied and will be discussed under more than one heading. Waldorf & Murphy (1990:112-113) also make mention of such services being advertised by male sex workers who advertise for possible new clients while serving their 'regular' customers.

#### **1.3.7.1 Contact between male sex workers and their clients through *M2M\** masseur services**

One form of *M2M\** service is provided under the disguise of a masseur service. When a prospective *John\** telephones a *M2M\** masseur for an appointment, he will be furnished with information regarding the type of service offered by the masseur. Some masseurs run a solo practice whilst some others run a service where more than one masseur is available. Some *Johns\** prefer to be involved in group sex activities and are prepared to pay the additional cost to have a second or sometimes even a third masseur involved. The service fee charged by *M2M\** practitioners varies according to what type of service is required and any additional request is charged as an 'extra'.

Palmer & Humphrey (1990:152-156, 182), in their study of male prostitutes mention massage services as one form of prostitution engaged in by male sex workers and also found that their fees were usually based on an add-on basis for 'extras'.

The reader is referred to *Annexure 8* for examples of advertisements placed by *M2M\** masseurs in the media.



The researcher made appointments with a number of *M2M\** masseurs so as to determine what transpires between a male sex worker and his client. *M2M\** masseurs informed the researcher that the services offered by them may include any or all of the following:

- Erotic body massage;
- Full body massage (which includes a pelvic massage);
- Oral sex (fellatio) which may be:
  - fellatio of the masseur
  - fellatio of the *John\**
  - mutual fellatio between masseur and *John\**; or
- Full body massage followed by:
  - receptive anal sex by the masseur
  - receptive anal sex by the *John\**
  - receptive anal sex by both masseur and *John\**.

According to information received by the researcher from interviewing *M2M\** masseurs, contact between client and masseur usually occurs by means of telephone appointment. *M2M* masseurs advertise their services under the personal columns (and other media) where prospective clients would see them. They mostly provide a cellular telephone number as contact number. Cellular telephones are very popular with male sex workers as the telephone is mobile and can be taken wherever the sex workers is - unlike a land line which needs to be disconnected and re-connected in the event of the sex worker moving to another venue.

### **1.3.7.2 Contact between male sex workers and their clients through male brothels**

Male brothels are very similar to brothels where female sex workers provide services under supervision of a *madam\** or *pimp\**. The existence of male brothels is documented fairly extensively in the literature (Coleman, 1989:133-135; Palmer & Humphrey, 1990:152-156, 182). The researcher visited some of the male brothels in Pretoria to determine how they operate. The reader is referred to *Annexure 9* for examples of advertisements of male brothels which appeared in the media.

#### **1.4 STATEMENT OF THE PROBLEM**

Male sex work is a reality (Steen & Price, 1977:238). It is a known fact that wherever indiscriminate sexual activities take place, the risk of transmission of various conditions are greater. Male sex workers and their clients are exposed to many diseases that have been identified in the literature (Holmberg & Curran, 1990:345; Ostrow & Obermaier, 1983:14-16; and Quinn & Stamm, 1990:663).

The study of prostitution throughout history brings out the fact that the elimination of prostitution is practically impossible, or if achieved, could only be accomplished by the gross denial of basic human rights (Steen & Price, 1977:237).

The research problem, therefore, is to determine what transpires between male sex workers and their clients, what risks they and their clients are exposed to, and what knowledge they require to protect their own health as well as the health of their clients.

#### **1.5 RESEARCH QUESTIONS**

Obviously, not all gay and bisexual male adolescents and young adult males of Pretoria, and elsewhere in the world, engage in sex work. However, for those who do, this activity surely creates certain social problems and health risks (Coleman, 1989:132).

Based on what has been stated above, many questions remained unanswered in the mind of the researcher. These unanswered questions formed the basis of this research and resulted in the following research questions that also formed the central questions which the researcher posed to the informants to this study:

##### **1.5.1 *Biographical information of male sex workers in Pretoria***

The researcher needed to obtain biographical details of each informant in order to determine common life traits or characteristics that could be common to certain groups of sex workers in an effort to better understand the world of male sex work.

Question: Tell me about you, your family and your background.

### **1.5.2 *The early sexual experiences of male sex workers in Pretoria***

In an effort to obtain a clearer picture of each informant the researcher will ask a specific question with regard to the early sexual experience or experiences of each informant.

Question: Please tell me about your first sexual experiences.

### **1.5.3 *The reasons why male sex workers in Pretoria became involved in sex work***

It was important for the researcher to obtain the reason or reasons why a particular informant became involved in sex work so as to better understand the motivation behind the informant's involvement in sex work and whether there was any desire from the side of the informant to rather do something else with his life.

Question: Please tell me what caused you to become involved in the work you currently do.

### **1.5.4 *Obtaining information on what keeps male sex workers in Pretoria involved in sex work***

Apart from knowing why a specific informant became involved in sex work or what caused a particular informant to become involved in sex work, the researcher needed to know what keeps a particular informant in sex work.

Question: Please tell me what keeps you involved in the work you are currently doing.

### **1.5.5 *The sexual activities and other practices of male sex workers in Pretoria***

In order to prepare safer sex guidelines for male sex workers, the researcher needed to establish what sexual activities and other practices South African male sex workers in Pretoria were involved in with their clients.

Question: What sexual activities or other services do your clients pay you for?



### **1.5.6 *Knowledge regarding health among male sex workers in Pretoria***

It was important for the researcher to determine the level of knowledge of the informants to this study regarding possible health risks that they and their clients were possibly exposed to so that the researcher could be in a better position to prepare safer sex guidelines for male sex workers.

Question: Do you think that your health or the health of any of your clients may be at risk because of the sexual activities or other services you provide to your clients?

### **1.5.7 *The incidence of sexually transmitted infections among male sex workers in Pretoria***

Apart from determining the knowledge of informants regarding issues of general health, the researcher wanted to know the level of knowledge of the informants regarding sexually transmitted infections including HIV/AIDS.

Question: Please tell me which sexually transmitted infections you know about and whether you have had any of them.

### **1.5.8 *Safer sex practices of male sex workers in Pretoria***

To know how much safer sex information the informants already possessed and whether they always implemented this knowledge was important to the researcher in preparing a booklet on safer sex practices for male sex workers.

Question: Please tell me how you ensure that you always practice safer sex in such a way that both you and your clients are not exposed to any harm or illness.

### **1.5.9 *The health status of male sex workers in Pretoria***

The researcher wanted to determine whether the health status of any of the informants had changed since they became involved in sex work. It was important to the researcher to determine whether there was any evidence of a possible link between the sexual activities and other practices of male sex workers and their health status.

Question: Please tell me of how healthy you are now and whether your health has

changed in any way since you became involved in the work you are currently doing.

#### **1.5.10 *Perception of self among male sex workers in Pretoria***

Not all male sex workers may necessarily perceive themselves to be *gay\**. To determine whether any of the male sex workers in Pretoria possibly had other perceptions regarding their sexuality the researcher specifically questioned each of the informants in this regard.

Question: Do you see yourself as *gay\** or *straight\**?

#### **1.5.11 *Involvement of male sex workers in Pretoria in alcohol and drug abuse***

The indiscriminate use of alcohol and other illicit drugs could possibly affect the health status of individuals. It could also influence the safer sex practices of individuals. Should someone be under the influence of alcohol or other illicit drugs they may neglect to take certain precautions or may become involved in certain activities which they would normally not become involved in if they were sober.

Question: Please tell me whether you take alcohol or any other substances that may alter your mood.

#### **1.5.12 *Knowledge of, and involvement in, violence by male sex workers in Pretoria***

Marginalised groups such as sex workers are often at the receiving end of verbal or physical abuse perpetrated against them. Some sex workers work on deserted streets very late at night where chances of exposure to violence are greater. Some sex workers may themselves be perpetrators of violence.

Question: Please tell me of your experiences regarding violence in the work you do.

#### **1.5.13 *What the future holds for male sex workers in Pretoria***

It would be difficult, if not impossible, for any individual to continue to be directly

involved in sex work for the rest of his or her life. Most individuals have dreams or expectations for the future and the researcher wanted to determine the expectations and dreams of male sex workers in Pretoria.

Question: What do you see yourself doing for the rest of your life?

## **1.6 SIGNIFICANCE OF THE STUDY FOR HEALTH PRACTITIONERS**

Male sex workers do not wear tags around their necks. Neither do they walk around informing everyone that they are sex workers. Male sex workers cannot be identified by the average individual by merely looking at them. They come from a variety of backgrounds and professions (Allen, 1980:399-426). Some of them are professional people; some are full-time employed and are involved in sex work on a part-time basis only - often for the 'excitement' of it all - or because they have heard from others that a quick few bucks can be made in this manner; most are masculine in appearance and most are not homosexual (Snell, 1995:7).

Some of the men involved in sex work in Pretoria are full-time sex workers. Some of them can be more easily identified because they frequent certain spots where male sex workers are known to be active. Many health workers will, however, not easily recognise that a particular client of their's may be a casual, part-time, or full-time sex worker.

Many men in Pretoria are involved in prostitution. A visit to any of the venues listed in this chapter as well as paying a visit to some of the public toilets in Pretoria will provide evidence of how many men may possibly be involved in prostitution. It would be difficult to put a total to the number of men in Pretoria who are involved in prostitution, either as clients or as sex workers.

Sex with strangers is always dangerous. There are many health risks involved of which Acquired Immune Deficiency Syndrome (AIDS) is but one of the most serious (Cabaj, 1992:853). The other sexually transmitted infections are also serious in their ramifications.



Most individuals do not have the medical or health knowledge to identify the more obvious (and not so obvious) signs of illness in others. As a result, such individuals could find themselves involved in sexual activities with strangers who may have one or other communicable infection or condition without knowing it. In this manner they could possibly expose themselves to possible serious health problems.

The activities that take place between the male sex worker and his client(s) determine the health problems that they and their clients may be possibly exposed to. According to Young (1995:113) the health problems of *gays*\* used to be no different from those of heterosexual people. But in the last few years a major change occurred. The change, according to him, resulted from America's response to the challenge of *gay*\* liberation and its promotion of the commercial *gay*\* lifestyle. The large number of anonymous contacts in *gay*\* bathhouses and other places where these men meet increases health risk. As all male sex workers in this study are involved in various sex acts with men, the health problems associated with a precocious *gay*\* lifestyle can be applied to them.

Societal relevancy of this study lies in the fact that very little information is available on male sex work in South Africa and by providing an explorative description of the occurrence of male sex work in Pretoria the researcher will generate and establish some insight into the world of male sex work in a South African city which will be of value to Government, other health organisations, other applicable role players as well as occupational health practitioners.

An overview of sexual practices and activities of male sex workers provide insight into the vast array of health problems they are possibly exposed to. Resulting from the specific sexual practices they are involved in, male sex workers and their clients are exposed to the many diseases listed below. Men who have sex with men may acquire sexually transmitted infections and other infections through the following activities as identified by Ostrow & Obermaier (1983:14-16). These specific sexual practices and activities are listed in *Table 1* together with their associated disease problems.

**Table 1: Specific sexual practices and activities and associated disease problems  
(According to Ostrow & Obermaier, 1983:14-16)**

Sexual Practice or Activity (With street terms and sample question)	Disease Problem / Organisms (Listed in approximate order of frequency)
Close body contact	Pediculosis pubis Scabies Fungal infections
Masturbation (alone or with someone else) (Do you jack off / beat off?)	Physical abrasions
Use of douches and lubricants	Allergic reactions Rectal fatty tumors
Use of amyl or butyl nitrite (Do you use "poppers"?)	Amyl and butyl nitrite burns Contact dermatitis
Fellatio, active (Do you suck your partner's penis?)	Physical abrasions Oral gonorrhoea Herpes progenitalis I & II Non-gonococcal pharyngitis ( <i>Chlamydia</i> and others) Oral condyloma acuminatum Syphilis Hepatitis B Enteric diseases Lymphogranuloma venereum Granuloma inguinale Chancroid
Fellatio, passive (Does your partner suck your penis?)	Physical abrasions Bites Scrapes flu Virus Herpes type I & II Non-gonococcal urethritis ( <i>Chlamydia</i> and others) Gonorrhoea <i>Neisseria meningitidis</i>
Anal intercourse, active (Do you put your penis into your partner's rectum?)	Non-gonococcal urethritis <i>Escherichia coli</i> Gonorrhoea Hepatitis A, B, non-A/non-B Herpes Warts - molluscum and condyloma Syphilis Trichomoniasis Epididymitis / prostatitis Fungal infections Lymphogranuloma venereum Granuloma inguinale Chancroid Cytomegalovirus



**Table 1: (Continued)**

<p align="center"><b>Sexual Practice or Activity</b> (With street terms and sample question)</p>	<p align="center"><b>Disease Problem / Organisms</b> (Listed in approximate order of frequency)</p>
<p>Anal intercourse, passive (Does your partner put his penis into your rectum?)</p>	<p>Physical proctitis Rectal gonorrhoea Warts - condyloma and molluscum (rare) Non-specific proctitis (Chlamydia and others) Herpes Syphilis Hepatitis B Trichomoniasis <i>Corynebacterium</i> <i>Lymphogranuloma venereum</i> Granuloma inguinale Chancroid Cytomegalovirus Candidiasis</p>
<p>Anilingus, active (Do you rim or do scat?)</p>	<p>Enteric diseases     Shigellosis     <i>Escherichia coli</i>     Hepatitis A, B, non-A/non-B     Amebiasis     Gardiasis     salmonellosis     Helminthic parasites Oral warts Oral gonorrhoea Syphilis <i>Lymphogranuloma venereum</i> Granuloma inguinale Chancroid</p>
<p>Anilingus, passive (Do you get rimmed?)</p>	<p>Rectal herpes Syphilis</p>
<p>Fist/finger insertion, passive (Have you been fist-fucked?)</p>	<p>Internal scrapes Anal sphincter tears Perforations of the colon Acute abdomen</p>
<p>Fist/finger insertion, active (Do you fist-fuck?)</p>	<p>Shigellosis <i>Escherichia coli</i> Salmonellosis Enteric diseases</p>

**Table 1: (continued)**

<b>Sexual Practice or Activity</b> (With street terms and sample question)	<b>Disease Problem / Organisms</b> (Listed in approximate order of frequency)
Use of toys / apparatus (Do you use any of the following: cock rings, dildoes, leather, tit clamps, etc.?)	Allergic reactions to metal, plastic, rubber, or leather Friction dermatitis Physical torsions Varicoceles Peyronie's disease Fungal infections Lost rectal objects Testicular strangulation
S&M, piercing, or bondage (Are you into S&M, piercing, or bondage?)	Lacerations Cutaneous infections Trauma
Group sex	Any of the above disease problems or organisms depending on what activity is involved

According to Quinn & Stamm (1990:663) other sexually transmitted conditions that may occur in men who have sex with men include infections of the gastro-intestinal tract. They found that:

“Anorectal infections with syphilis, gonorrhoea, condyloma acuminatum, lymphogranuloma venereum (LGV), and granuloma inguinale (donovanosis) have been recognized for many years, but only recently have other common STD pathogens, such as herpes simplex virus (HSV) and non-LGV strains of *Chlamydia trachomatis*, been recognized as causing anorectal infection. In addition, infections with pathogens that have traditionally been associated with food- or waterborne acquisition or with foreign travel (e.g. *Giardia lamblia*, *Entamoeba histolytica*, Campylobacter, shigella, and hepatitis A) are now known to occur via sexual transmission in homosexual men.”

A list drawn up by Quinn & Stamm (*ibid.*, 664) of sexually transmissible causes of intestinal or anal infections in homosexual men is provided in **Table 2**.

**Table 2: Sexually Transmissible causes of intestinal or anal infections in homosexual men (According to Quinn & Stamm, 1990:664)**

Type of Pathogen	Organism
Bacteria pathogens	<i>Neisseria gonorrhoea</i> <i>Neisseria meningitidis</i> <i>Chlamydia trachomatis</i> <i>Haemophilus ducreyi</i> <i>Calymmatobacterium granulomatis</i> <i>Treponema pallidum</i>
Enteric bacterial pathogens	<i>Shigella</i> spp. <i>Salmonella</i> spp. <i>Campylobacter</i> sp.
Fungus	<i>Candida</i> spp.*
Protozoa	<i>Giardia lamblia</i> <i>Entamoeba histolytica</i> <i>Dientamoeba fragilis</i> <i>Cryptosporidium</i> sp.* <i>Isospora belli</i> * 'Nonpathogenic' protozoans
Helminths	<i>Enterobius vermicularis</i> <i>Strongyloides stercoralis</i>
Viruses	Herpes simplex virus Cytomegalovirus* Human papilloma virus Human immunodeficiency virus & Acquired Immune Deficiency Syndrome Hepatitis A and B viruses

\* Most commonly seen in HIV-infected men (not necessarily sexually transmitted)

Another important sexually transmitted infection already listed above is acquired immunodeficiency syndrome (AIDS) which is caused by the human immunodeficiency virus (HIV). According to Holmberg & Curran (1990:345) AIDS is a real threat amongst men who have sex with men and can never be over emphasised.

With knowledge of the existence of the health risks associated with sexual activities between men, and the activities that some male sex workers are involved in, health practitioners will be in a better position to ask the correct leading questions to enable them to establish the possible involvement of clients with male sex work and/or prostitution (Sandholzer, 1983:5,6). This will further assist in creating opportunities to counsel and advise clients more effectively regarding



their lifestyles.

Ostrow & Obermaier (1983:16) says that there is a question that is most commonly asked regarding sexually transmitted infections and other health problems in men who have sex with men and that is: "How do I know when someone is homosexually oriented so that I can ask the right questions?" They then answer the question as follows:

"The answer to that question is that you cannot possibly know whether a patient is homosexual or heterosexual, and that simply asking a person about their sexual orientation can often; lead to embarrassment and misleading information. It is not the sexual orientation per se, but the specific sexual activities and practices engaged in by homosexual, heterosexual, or bisexual individuals that are important."

The reader is referred to *Annexure 10* for a description of each of the disease problems listed above.

## **1.7 SCOPE AND LIMITATIONS OF THE STUDY**

The scope and limitations of this study is discussed below.

### **1.7.1 Scope of this Study**

Although this study was conducted primarily on the occupational health aspects of male sex workers in Pretoria, the health of all sex workers, females included, and their clients are aspects of importance to all health practitioners. Also, even though the study was limited to male sex workers in the Pretoria area only, it will contribute to a better understanding and clarification of male sex work in general as well as the possible health implications thereof. Furthermore, it provides valuable resource information on safer sex practices for all male sex workers as well as other *gay*\* (homosexual) men.

Research on male sex work and male sex workers is scarce in comparison to that of female sex work and female sex workers. The same is true of literature on male sex work and male sex workers (Altman, 1999:xiii; Herrman, 1987:523-25).

### **1.7.2 Limitations of this Study**

The main limitation of the study lies in the fact that the research was conducted amongst male sex workers in Pretoria. However, when one considers what appears in the personal columns of newspapers and some magazines like *Rush* (ISSN 1609-1205) and *Fluid* (ISSN 1468-5050), it becomes obvious that male sex work and male prostitution occurs in all cities and major towns. Male sex work, whether it occurs in Pretoria or in New York, is the same. The activities are the same, the possible health risks are the same and the implications are comparable.

Another limiting factor is the exclusion of male sex workers under the age of nineteen (19) years. Researcher was aware of a vast number of younger men who were involved in male prostitution, but because of the fact that young men under the age of nineteen cannot give informed consent to being interviewed regarding their sexuality, it became inevitable that they had to be excluded from the study. Serious legal ramifications could result from interviewing such young men including possible complaints of seduction and paedophilia against the researcher. On advice of senior officers of the South African Police Service in Pretoria, only young men who had reached the age of nineteen or who were older were included in this study.

Lloyd (1976:63,64) says that the history of boy prostitution goes as far back as any researcher cares to trace. In his discussion of the history of boy prostitution he writes:

“There’s abundant evidence of its existence in early literature, plays, poems, murals, and other works or art. Generally, its heyday is associated with the Greco-Roman Empires, when slavery was so common it provided ideal conditions for homosexual practice. It seems that the Greeks’ general approval of homosexuality influenced the Persians and was then transmitted into the Roman Empire, where boy prostitution became quite common.”

Lloyd (*ibid.*, 1976:63,64) continues by saying that it became quite fashionable for wealthy Roman families to provide their sons with young male slaves to use as sex partners until such time as the sons got married. The Roman's use of boys was interlocked with slavery, male brothels, and street hustling.

Open and explicit male sex work in South Africa is relatively new. It existed previously but was not so obvious (Freed, 1949:15). It was only following the adoption of the new Constitution of South Africa in 1996, that male sex work really became more visible. Very little research, if any, has been done on this phenomenon in South Africa. Because of this very little South African literature on this topic is available.

The findings and recommendations of this study may possibly not apply to all male sex workers in South Africa as each Province, Region or city could present with a different picture. This study can, however, provide a basis for other researchers to conduct similar studies in other areas and cities to provide a complete picture of male sex work and male prostitution in South Africa.

## **1.8 OPERATIONAL DEFINITIONS**

Only a few operational definitions are supplied in this section of Chapter 1. For all other relevant definitions, in particular those of words, expressions, terms, and phrases of a sexual nature or as used by sex workers, the reader is referred to Chapter 3 of this thesis. The chapter is titled: "Language Usage by Male Sex Workers and Gays".

In this study the following words, expressions, or terms shall have the meaning ascribed to them unless the context determines otherwise.

### ***Gay:***

According to Altman (1982:10) the word 'gay' is a generic, and widely used, term used to describe a male homosexual individual as most homosexual women prefer to refer to themselves as lesbians.



***Heterosexism:***

Heterosexism, according to Blumenfeld & Raymond (1988:226), Gartner (1999:93), and Ochs (1996:236) comprises a set of beliefs, attitudes and practices which presents and promotes heterosexual relationships and life-styles as the norm. It sees such relationships and life-styles as being superior to any others and, in extreme cases, considers such alternatives as unacceptable and unnatural. It is the social and ideological system which privileges heterosexual sex as normal, natural, and good, and which treats sex between two people of the same gender as being sick, unhealthy, evil, and immoral.

***Homophobia:***

According to Bohan & Russell, 1999a: 51, 204, 205) homophobia is the fear or hatred of homosexuals or *gay\** individuals.

***Informant:***

An informant (De Vos, 1998:388; Schurink, 1999:285; Parse, Coyne & Smith, 1985:72) is defined as any person who is knowledgeable of what the researcher is researching and who is willing to talk to the researcher.

***Male sex worker:***

A male sex worker is any promiscuous male person who is involved in one or other form of sexual activity with another male person with whom he is not in a permanent relationship, not necessarily for exchange of benefit (Garner, 1995:708). For the purpose of this research the person must also be nineteen years of age or older.

***Prostitution:***

According to Chambers Twentieth Century Dictionary (1981), Saunders (1989:158), and Stroud's Judicial Dictionary of Words and Phrases (1986) prostitution is indulgence in any promiscuous sexual activity, usually in exchange for reward, but also includes sexual relations between individuals, (male or female) who are not in a permanent relationship, whether these relations take place for payment or not.

*Safer sex:*

For purposes of this research 'safer sex' is a term used to refer to adopted sexual behaviours as recommended by health educators to reduce the risk of transmission of HIV and other sexually transmitted infections. It is mainly based on abstinence from sex, being faithful to one partner and the use of condoms so as to avoid (direct) contact with and avoiding the exchange of body fluids.

*Sex work:*

For purposes of this thesis 'sex work' shall mean the involvement in promiscuous sexual activity by one man with another man with whom the sex worker does not have a permanent relationship. Sex work may involve the provision of sex in exchange for reward or not.

**1.9 OUTLINE OF THIS STUDY**

This study is outlined as follows:

<b>CHAPTER 1</b>	<b>INTRODUCTION AND OVERVIEW OF THE STUDY</b>
<b>CHAPTER 2</b>	<b>RESEARCH DESIGN AND RESEARCH METHODOLOGY</b>
<b>CHAPTER 3</b>	<b>LANGUAGE USAGE BY MALE SEX WORKERS AND GAYS</b>
<b>CHAPTER 4</b>	<b>PRESENTATION AND DISCUSSION OF DATA, THEMES AND CATEGORIES</b>
<b>CHAPTER 5</b>	<b>SUMMARY OF FINDINGS, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS</b>

**BIBLIOGRAPHY**

**ANNEXURES**

## **1.10 CONCLUSION**

In Chapter 1 the researcher provided background information to the phenomenon of male sex work and male sex workers and how the phenomenon presents itself in Pretoria and elsewhere in the world. The researcher discussed the research problem including the research questions that were used in this study. The importance of this study to health practitioners was emphasised and in conclusion the scope and limitations of the study was discussed, operational definitions provided and the study was outlined.

In Chapter 2 the researcher will present the research design and the research methodology as applied to this study.



## CHAPTER 2

### RESEARCH DESIGN AND RESEARCH METHODOLOGY

The purpose of qualitative research  
is to discover meaning,  
not to measure  
the distribution of attributes within a population.  
Field & Morse, 1991:59

#### 2.1 INTRODUCTION

In Chapter 1 the researcher provided an overview of the research as well as an orientation to the phenomenon of male sex work in Pretoria and elsewhere throughout the world. The research questions that the researcher intends to answer were also included in Chapter 1. The purpose of this chapter is to describe and discuss the research design and research methodology that will be employed in this study.

In this, and other chapters, the reader will come across many unfamiliar words, terms, and expressions. These words, terms, and expressions may be unfamiliar to the reader because they form part of the *slang* used by male sex workers and *gays*\*. The reader may also experience some of the words, terms, and expressions to be very explicit and crude. The world of sex workers is unfortunately a world where decent language usage is not always a priority. The reality is that explicit and crude language usage has become so much part of their everyday living that many of them find it difficult to communicate without using crude and indecent language. It is, however, important to include these words, terms, and expressions in a thesis of this nature so that the reader can obtain a complete and realistic view of the world of sex work and sex workers. Exposure of the reader to crude language usage can unfortunately not be avoided. When confronted with this type of language usage, the reader must place it in its correct context, namely the context of the typical sex worker talking to someone whom they consider to be one of them.

Wherever any of these unfamiliar or crude and indecent words, terms and expressions appear in this thesis they will be printed in italics followed by an asterisk (e.g. *cruise*\*). This is an

indication that the reader should refer to Chapter 3 of this thesis to obtain the correct meaning of each of these words, terms, or expressions. The applicable chapter is entitled: *“Language Usage by Male Sex Workers and Gays”*.

## **2.2 RATIONALE OF THIS STUDY**

On grounds of information furnished in Chapter 1, it can be stated that most, if not all, sex workers and their clients are exposed to health risks as a direct consequence of the sexual activities they engage in. In this study a phenomenological approach with semi-structured in-depth interviews including participant observation techniques will be employed to collect data regarding the phenomenon of male sex work and male sex workers in Pretoria. This will be pursued in an endeavour to find out more about male sex work and male sex workers in the Pretoria area. In pursuit of obtaining information regarding male sex work and male sex workers several central questions will be employed by the researcher. These central questions will cover the following topics:

- biographical information of the informant and his family;
- the early sexual experiences of the informant;
- what motivated the informant into sex work;
- what keeps the informant in sex work;
- what activities the informant engages in with his clients;
- the level of knowledge of the informant regarding the possible health risks he and his clients are possibly exposed to;
- the level of knowledge of the informant regarding sexually transmitted infections including HIV/AIDS;
- the level of knowledge of the informants regarding safer sex practices and their adherence to those safer sex practices;
- the current health status of the informant in comparison to what it was prior to his entry into sex work;
- how the informant perceives himself;
- the involvement of the informants in alcohol and drug abuse;

- the knowledge of, and involvement of the informants in violence; and
- where the informant sees himself in the future.

### **2.3 THE PURPOSE OF THIS STUDY**

The purpose of this explorative study is to gather information pertaining to male sex work and male sex workers in Pretoria with a view to identify the activities the male sex workers are engaged in with their clients that may negatively impact on their own health as well as the health of their clients. From the knowledge and insight gained from this study the researcher will compile a health information booklet which will be made available to each of the male sex workers who participated in this study. This will be done in an effort to empower them to better safeguard their own health against any possible health risk that may result from their occupation as well as to safeguard the health of their clients. This study will be conducted within the broader field of community health with the specific recognition of sex work as an occupational activity that carries possible occupational health risks for both the sex worker and his clients.

### **2.4 THE RESEARCH DESIGN**

The study, which will be explorative in nature, will follow a qualitative research design to collect the necessary information for this study. To reach the aims of this research the following qualitative research strategies, as identified by Denzin and Lincoln (1994:202-208), will be employed, namely: description; ethnography; phenomenology; and the biographic method of qualitative research. This study will also be contextual in nature as described by Poggenpoel (1998:349).

#### **2.4.1 Descriptive**

The study will be descriptive (Hollway & Jefferson, 2000:31-32) as the lived experiences of male sex workers in Pretoria will be obtained. Some of it will be written down verbatim where it will assist in highlighting specific issues. Other portions of the data will be written down in the form of notes and field notes. The purpose will be to describe the lived experience of the male sex workers in such a manner that it will contribute to a better understanding of the phenomena of



male sex work and male sex workers.

#### **2.4.2 Qualitative**

The main purpose of qualitative research is to make human actions and behaviour meaningful (Schurink, 1998a:240). This study will comprise a qualitative research methodology as the purpose of this research will be to use a multiperspective approach utilising different qualitative techniques, strategies and data collection methods to describe, make sense of, and interpret information regarding male sex work and male sex workers so that it can be better understood.

The purpose of this study will not be to quantify any of the aspects of the phenomena under study but will be to obtain insight and a better understanding of male sex work and male sex workers. The purpose also includes the empowerment of male sex workers so that they will be in a better position to take care of their own health as well as the health of their clients.

By conducting this research the researcher intends to make a meaningful contribution towards the better understanding of male sex work and of male sex workers in Pretoria. This will be done by documenting their lived experiences and relating this to their daily living in an effort to understand what brings meaning to the lives of male sex workers.

#### **2.4.3 Ethnographical**

The study will be ethnographical in that the researcher will make use of participant (and non-participant) observation of some of the activities and the behaviour of the sex workers. The data analysis will, therefore, be mainly interpretive, involving description of the phenomena of sex work and sex workers. The main aim will be to provide objective accounts of the lived experiences of the male sex workers of Pretoria (De Vos & Fouché, 1998:80).

#### **2.4.4 Phenomenological**

The study will be phenomenological in nature according to Merleau-Ponty (1956:59-70 and Boyd (1993:99-132). The aim of employing this qualitative research strategy will be to understand and interpret the meaning that male sex workers in Pretoria give to their everyday lives. Towards this aim in-depth personal interviews and participant observation will be

employed as methods of data collection. The phenomenological data will be systematically collected and analysed within the context of the lived experiences of the male sex workers.

#### **2.4.5 Biographical**

This study will also make use of the biographical method of qualitative research where the life stories of males sex workers will be documented and reported on (De Vos & Fouché, 1998:80). The informants will be allowed to tell their own stories in their own words. Certain portions of the biographical data will be recorded verbatim whilst others will be recorded as general field notes.

#### **2.4.6 Contextual**

This study will be contextual in that generalisation to the general population or other similar populations will not be the main purpose of this research (Poggenpoel, 1998:349). The lived experiences of male sex workers in Pretoria will be researched within its own context, namely within the broader context of community health with emphasis on sex work as an occupational activity that carries possible health risks for both the sex worker and his clients.

### **2.5 SCIENTIFIC BELIEFS OF THE RESEARCHER**

The researcher has a firm belief in the rights of every individual as enshrined in the Bill of Rights in the Constitution of the Republic of South Africa, 1996 (Act No 108 of 1996) which clearly states that:

“... this Bill is a cornerstone of democracy in South Africa. It enshrines the rights of all people in our country and affirms the democratic values of human dignity, equality and freedom.”

The researcher further believes that no person may unfairly discriminate directly or indirectly against anyone, which includes male and female sex workers, on one or more grounds, including: race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.

## **2.6 THE RESEARCH METHODOLOGY**

In planning the research for this thesis the methodological and theoretical framework which was found to be appropriate for this research is a qualitative design. The following qualitative research strategies, as identified by Denzin and Lincoln (1994:202-208) will be employed, namely: description; ethnography; phenomenology; and the biographic method of qualitative research.

The data collection instruments that will be used include semi-structured, in-depth qualitative interviews and participant observation.

### **2.6.1 The steps that will be followed in this research**

The following steps will be followed in this research.

#### **2.6.1.1 *Notification of the South African Police Services of the intended research***

On 8 May 1998, in the Johannesburg High Court, Judge Jonathan Heher struck down as unconstitutional the common law crimes of sodomy, unnatural sexual offences and Section 20A of the Sexual Offences Act (National Coalition for Gay and Lesbian Equality, 1998). Being aware of this, the researcher decided to orally notify the South African Police Services in Pretoria of his intended research. The researcher was informed that there were no restrictions on conducting research amongst male sex workers in Pretoria provided that no research would be conducted amongst male sex workers who were younger than nineteen (19) years of age.

In South Africa the legal age of consent for heterosexual sex is sixteen (16) years. However, in the case of same-sex sexual contact, the legal age for both boys and girls is nineteen (19) years (International Lesbian and Gay Association: 2, 3). The implications are that, should the researcher ignore the legal age of consent and interview individuals under the age of nineteen (19) with regard to same-sex sexual activities, he may be liable to prosecution under South African legislation. This means that the researcher would only be able to conduct research among male sex workers who were nineteen (19) years of age or older.



### **2.6.1.2      *The use of purposeful and theoretical sampling***

Purposeful sampling (selective sampling) will be used to obtain initial informants for this research (Lincoln & Guba, 1985:316). Once a particular respondent had volunteered all the information he had, such information was validated, and the researcher was satisfied that saturation was reached with that particular informant, the researcher will then make use of the technique of 'snowballing' to obtain further respondents. The technique of 'snowballing' entails asking each respondent who was interviewed to suggest another male sex workers who might agree to be interviewed (Snell, 1995:35,36). This same technique is also referred to as the 'chain referral method of obtaining information' from informants (Waldorf & Murphy, 1990:113,114).

Theoretical sampling will also be employed in order to saturate the different themes and categories which may emerge from the data. According to Strauss & Corbin (1990:190) theoretical sampling is the process of data collection to generate theory. The researcher will jointly collect, record, code and analyse data and will constantly decide what data are to be collected next and where the data should be collected in order to develop the themes and categories as they emerge.

Data will be systematically collected and analysed until the themes have been theoretically saturated. This means that no new or relevant data emerges and the relationship between categories will have been well established and validated.

To ensure that sufficient valid information is obtained for this research, the researcher will ensure that sufficient numbers of all categories of male sex workers as identified in paragraph 1.3 in Chapter 1 of this thesis are included in the study.

### **2.6.1.3      *Data collection***

Data collection will be done by means of phenomenological semi-structured in-depth interviews with informants. De Vos & Fouche (1998:80) and Kvale (1983:174) explain that qualitative research interviews are not highly structured discussions; they are unstructured or semi-structured at most with a focus on specific themes.

A narrative approach will be followed. This entails allowing and encouraging the informants to tell their own story in their own words. This research strategy is described by Hollway & Jefferson (2000:31). In collecting the data the researcher will not interrupt the informants but allow and encourage them to tell their own stories, in their own words, and in their own time.

The researcher will introduce himself to each of the informants and will explain to them in detail the purpose of the research. A copy of the researcher's UNISA business card will be handed over to each prospective informant.

Accurate field notes will be kept of all data gathered during phenomenologically unstructured in-depth interviews with informants. The minimum amount of writing will be done during actual interviews so as not to make informants feel that their every word is being recorded and to allow for a natural flow in the conversation between researcher and informant. However, when an informant makes a statement which is interpreted as crucial by the researcher, the researcher will endeavour to accurately record such a statement verbatim. The verbatim will be reflected to the informant to ensure that it was recorded accurately by the researcher.

The researcher will make use of certain applicable verbatim quotations referred to above within the text of this thesis wherever they may be applicable and where they will assist in highlighting certain issues or where they may add value. This will be done in an endeavour to assist in a better understanding of the world of male sex work, male sex workers and *gays\** and also to serve as illustration of their specific language usage. Wherever any Afrikaans verbatim, or Afrikaans quotation, appears in this thesis, an English translation will be included. Such English translation will not necessarily be a word-for-word translation but will accurately reflect the spirit and character of the original Afrikaans text.

Field notes will be enhanced by writing up additional notes immediately following each interview. All notes and field notes will be scrutinised by two coders according to Tesch's method (1994:152). Information gained in this manner will then be compared to available literature.



Not all informants will be used equally. This view is supported by Parse, Coyne & Smith, (1985:72). They are of the opinion that it is often easier to start data collection with a few more extrovert informants. The informants are divided into two main groups, namely: key informants and general informants. An informant may be any person who is knowledgeable of the topic under research and who is willing to talk to the researcher.

The researcher will make use of a few more extrovert individuals who may be prepared to share information and will then, through the 'snowballing technique', request such informants to identify some other possible informants which the researcher could then also interview.

The advantage of personal interviews with informants, according to Hyde (1990:264,265), is that the interviewer can establish rapport with the respondent and in the process, it is hoped, convince the person of the research's worth and of the necessity of being honest. She concludes by stating that an interviewer can also vary the sequence of central questions depending on the response of the respondent.

Clamp & Gough (1999:187) believes that an in-depth interview is an unstructured interview in which the aim is to probe deeply and obtain an exhaustive account of the informant's views and experiences. A single interview, however, is insufficient to gather exhaustive information. The advice of Frey & Fontana (1993:368) is that numerous sessions with the same interviewee should be conducted so that all the information possible could be collected.

Interviews can be very exhausting to both the researcher as well as the interviewee. Field & Morse (1985:67) suggests that interviews should be conducted in such a manner that it never extends beyond an hour. They contend that several short interviews are far more effective than one or two long ones.

When conducting interviews on sensitive topics informants can experience a researcher's continuous writing while he is busy providing information, very disruptive and threatening. He may feel that his every word is being recorded and may fear that his privacy and confidentiality may be threatened. In this vein Schurink & Schurink (1988:93) and Pontin (2000:289-299)



provide guidelines to researchers on how to overcome these problems. They say that the content of the researcher's written description of the situation under study should be as full as possible. The recording of speech should be as close to verbatim as the researcher can manage, while non-verbal behaviour needs to be recorded as well, including context of interactions, in terms of where and when they took place. They continue by stating that interviews should be written up immediately after the interview while the encounter with the subject is still fresh in the memory of the researcher.

A similar approach of not making complete field notes immediately was followed by Schurink & Schurink (1988:93) in researching a *gay\** club in Pretoria. Concerning the writing of field notes in their research they write:

“Notes made on the premises were cryptic and consisted of keyword, expressions and verbatim accounts which then served as the basis for more comprehensive notes made at home or in the office the following morning.”

Accurate field notes including more elaborate notes will be kept of each interview. Some compact notes will be made during interviews. The more descriptive accounts will be written up by the researcher in an objective manner immediately following an interview making sure that whatever occurred in the setting will be accurately reflected in the records. This methodology is supported by McNamara (1994:4,5) and was employed by him in collecting data from male sex workers in Times Square, New York, United States of America.

Additional data will be gathered by the researcher by means of participant observation sessions. Participant observation sessions will be conducted in various settings to gather data on what transpires at the various settings from which male sex workers operate or are suspected to operate. The following settings will be visited by the researcher as a participant observer:

- Gay clubs;
- Gay bars;
- Steam baths;

- Pornographic cinemas;
- male brothels;
- male massage parlours;
- solo practices of male sex workers;
- parks known for male sex work activities; and
- identified public toilets.

Accurate notes and field notes will be written up of observations made at each of the abovementioned settings. The data obtained will be used to further understand the world of male sex workers and male sex work in Pretoria. The data obtained through participant observation sessions will be compared to available literature in order to determine similarities of findings and verification of information.

The researcher will also conduct in-depth interviews with the owner of a male brothel in Pretoria in order to obtain data of how male brothels operate in Pretoria as well as what activities take place between the male sex workers and their clients.

#### **2.6.1.4        *The posing of central questions***

Central questions will be posed to informants. The following is an example of a question that will be posed to each informant:

“Please tell me about your first sexual experiences.”

Central questions, covering the following topics, will be asked of each informant as posed in paragraph 1.5 in Chapter 1:

- biographical details of informant including a family history;
- early sexual experiences of the informant;
- what motivated the informant into sex work;
- what keeps the informant in sex work;

- what activities the informant engages in with his clients;
- the level of knowledge of the informant regarding the possible health risks he and his clients are possibly exposed to;
- the level of knowledge of the informant regarding sexually transmitted infections including HIV/AIDS;
- the level of knowledge of the informants regarding safer sex practices;
- adherence by the informant to those safer sex practices of which he is aware;
- the current health status of the informant in comparison to what it was prior to his entry into sex work;
- how the informant perceives himself;
- the possible involvement of the informants in alcohol and drug abuse; and
- where the informant sees himself in the future.

Apart from central questions, informants will be encouraged to continue talking using the techniques of interviewing as described by Burns en Grové (1993:365). The following communication techniques, as described by Okun (1987:76-77) will also be used:

- Posing of a central question or questions as described above.
- Encouraging the informant by non-verbal techniques such as a nod of the head or making eye contact.
- Minimal verbal response such as “Yes” and “Uh-huh”.
- Paraphrasing or by repeating a statement which is synonymous with what the informant said.
- Investigation or the use of open-ended statements to obtain additional information such as “What...?” or “Tell me about that...”.
- Reflection by making a statement such as “Am I understanding you correctly...?”
- Summarising the most important cognitive and affective themes at the end of the interview.



During the course of the in-depth interviews essential field notes will be made. Immediately following on the interviews complete and elaborate notes will be added. Woods & Catanzaro (1988:283) describes field notes as essential short notes of the informant's behaviour including information around the "who", "what", "where", and "how" of the situation.

Within the process of this research, the role of the researcher, as described by Kvale (1993:174-178), Mouton & Marais (1990:176-177) and Uys & Basson (1991:66-70) will be as follows:

- The researcher will arrange a time and place for each interview.
- The researcher will introduce himself, the organisation he represents as well as the purpose of the interview(s).
- The researcher will try his utmost to put the informant at ease as far as confidentiality is concerned.
- The researcher will emphasise that there are no correct or incorrect answers or responses, but that the thoughts and feelings of the researcher is what is of importance.
- The researcher will maintain a neutral attitude throughout in order to exclude any bias.
- The researcher will also attempt to create an informal atmosphere to make the informant feel comfortable and at ease.

In addition to this the researcher will always be considerate towards all informants and will be respectful towards their own specific needs. He will make each informant feel important and will pay undivided attention to each informant throughout each interview. The researcher will use the language of the informants so that they will not experience his language usage as too different from theirs. A scientific approach will be followed and the researcher will listen attentively and analytically so that any possible vagueness may be cleared immediately. Indirect questioning will be used to break down any possible defences of informants. Informants who may possibly take over the role of the interviewer will be handled in a sensitive manner and any incongruence will be settled in a very tactful manner.

The manner in which informants are approached can have a significant influence on whether they agree or refuse to participate. A quiet, polite, unhurried and assertive approach is often the most successful. Sufficient time must also be set aside to ensure that the potential informant has adequate opportunity to ask questions. Impatience or tactlessness will result in informants declining to participate (Benton & Cormack, 2000:136).

The identity of the researcher may affect acceptance and may be an important aspect in gaining entry into a group or research setting. McHaffie (2000:56,57) says that it can sometimes seem important to conceal the identity of the researcher. He says that examples of such disguise can be found in the literature and include researchers pretending to be criminals, police, homosexuals and nursing auxiliaries. He is of the opinion that extremely rich data could be obtained in some circumstances where respondents see the incomer as 'one of them' and believes that some data might be unobtainable in any other way,

“...but serious attention must be given to the rights of those people who disclose information unwittingly for research purposes.”

The researcher provided each potential informant with his UNISA business card indicating all his personal and contact details. Informants were also informed that they could contact the researcher at any time. They were also informed that an answering machine was attached to the researcher's UNISA telephone and that they could leave a message if they wanted to.

In their study of a gay\* club in Pretoria, Schurink & Schurink (1988:85) describe how the researcher also provided each participant a copy of his official business card. In addition to this they write:

“... he invited them [the participants] to visit him in office and at home.”

Schurink (1998b:305-308) mentions five basic principles of importance when conducting unstructured in-depth interviews of a sensitive nature that must always be borne in mind. They are:

- respect and courtesy;
- acceptance and understanding;
- confidentiality;
- integrity; and
- individualisation.

Respect and courtesy, as well as some of the other basic principles mentioned above will be enhanced by following the advice of Savin-Williams & Lenhart (1990:90) who specifically refers to research into sexual behaviour. They state:

“Assessment of sexual and current sexual practices should be in terms free of judgmental language. One of the most important features of communicating an objective, caring attitude is using language devoid of common misconceptions preconceived assumptions, and discriminatory stereotypes. Questions should invite openness and acceptance regarding all forms of sexual behaviour and sexual orientation.”

Another important aspect that must be borne in mind in conducting sensitive research, including research of sexual behaviour, is to remember that people report more sexual feelings to an interviewer of their own gender. Respondents are also most open with interviewers who are of their own gender (Hyde, 1990:265). In the case of this research the researcher, a male, researched male sex workers and found informants to be very cooperative and willing to share their lived experiences.

In conducting the personal in-depths interviews for this research, the researcher concentrated on keeping an open mind, without any preconceived ideas and being accommodating and accepting of all informants. The researcher also had no hypotheses or theories to test. In conducting similar research McNamara (1994:11) writes:

“While I tried to understand the boys and their world, I made no attempt to fit an explanatory structure into the culture. I had no stated hypotheses, no theories



to test. Rather, I ventured into the field to learn something of the street scene and the people who make their living there.”

With a similar approach the researcher found the informants who participated in this study to be very cooperative and very willing to share their experiences. This experience is shared by Babst (2001:92) who conducted similar research and also found the informants in his study to be forthcoming with their descriptions and information.

The researcher will not provide informants with immediate information. Neither will the researcher admonish or reprimand any of the informants in any way should unsafe sex practices on their part become apparent. Any re-lived experience that may be too emotional to the informant at any given time, will be avoided by changing the topic. Such emotional experiences will be returned to later.

Wherever possible several in-depth interviews will be conducted with all informants. Prior to a second or subsequent interview the researcher will study the notes and field notes of the previous interview(s) to be guided in the follow-up interview so as to substantiate previous information that was obtained as well as to possibly obtain additional information as described under the use of purposeful and theoretical sampling in paragraph 2.5.1.2 above.

Interviews will be concluded with a tactful word of thanks from the researcher and the date and time of a next interview will be determined. At the conclusion of the final in-depth interview of the last informant and when saturation has been reached, the researcher will make an additional appointment with each informant who participated in this study to hand him a copy of the booklet: “Safer Sex for Men Who Have Sex with Men”. The reader is referred to *Annexure II* of this thesis for a copy of the booklet.

#### **2.6.1.5      *Constant use of comparative data analysis***

The analysis of the data will be done by means of constant comparative data analysis. Because the researcher cannot be sure as to what each of the research settings may eventually be like,

or how the informants may be involved, the researcher will often not be in a position to describe the sample nor the specific questions that may be asked. The same applies to data collection procedures (Field & Morse, 1985:33).

#### **2.6.1.6      *Analysis of the data***

Data will be dealt with by means of descriptive analysis as described by Tesch (1994:155) for qualitative data. An overview of the data will be obtained by reading through all the field notes and additional notes that were written up following each in-depth interview. Important aspects will be highlighted.

The notes and field notes of a specific informant will be selected to determine the contents of the interviews that were conducted. Thought provoking issues will be underlined and important notes will be made in the margin. This process will be repeated with notes and field notes of all the interviews conducted with all the informants. Recurrent themes will then be identified. These recurrent themes will be written up in different columns under the following headings: main themes, unique themes and other themes. Each theme will be provided with a code and the specific code will be written in on all notes and field notes next to where each theme appears. Categories and any possible sub-categories will then be determined and indicated. An independent individual will be requested to check the completed coding documentation to ensure that the coding was done correctly and that the correct themes, categories and sub-categories were determined.

#### **2.6.1.7      *Literature control***

A literature control will be commenced with immediately upon completion of the data gathering process in an effort to prevent that the information obtained from the literature will taint the research findings. The researcher will also study other available studies covering male sex work, male sex workers and their health in order to determine whether any similar or adversative information exists as may be found in this study (Burns & Grové, 1993:142-144).



#### 2.6.1.8 *Provision of health information to informants by the researcher*

Permission will be sought from the Registrar (Academic), University of South Africa, to publish a booklet "Safer Sex for Men who Have Sex with Men" containing information on safer sex for men who have sex with men. Permission will be sought from the Registrar (Academic) to publish the booklet as the booklet will be a part of the thesis.

It is intended to publish and distribute the booklet prior to the completion of the thesis based on this research study. The content of the booklet will, in part, be based on information which comes from this research study.

The reader is referred to *Annexure 12* for a copy of the letter of request, dated 30 May 2001, addressed to the Registrar (Academic), University of South Africa, for permission to publish a booklet based on information which comes from this research. The reader is furthermore referred too *Annexure 13* for a copy of the response received from the Registrar (Academic), University of South Africa, where permission to publish the booklet based on information obtained from this research was granted.

The booklet referred to above will be distributed to all informants who participated in this study. It will be supplied to each of the sex workers as a source of information so that they will be better equipped to care for their own health as well as the health of their clients. One copy of the booklet will be provided to each informant upon conclusion of the final interview with the last informant. The reader is referred to *Annexure 11* for a copy of the booklet: "Safer Sex for Men Who Have Sex with Men".

Some of the photographs that appear in the booklet referred to above are explicit in nature and may offend sensitive readers. The pictures were selected specifically to illustrate a point and carry across a particular message. However, wherever possible, certain of the pictures were censored by the researcher in such a manner that the real message which the pictures were supposed to convey remain clear. Any unnecessary explicit nudity or intimate sexual activities were censored by the researcher. None of the pictures showing faces of individuals are pictures of informants to this study. The pictures were obtained from a free download website for *gays\**.



The booklet will only be handed over to each participant at the conclusion of the final interview with the last informant in order:

- not to corrupt information still to be obtained from the informant. Should the booklet be provided before the conclusion of the last interview, the informant may feel obliged to provide information to the researcher based on the content of the booklet; and
- not to corrupt information still to be obtained from other informants. The researcher made use of the “snowballing effect” in an effort to obtain additional informants and chances could be that, should additional copies be provided to a particular informant, he could possibly pass on the booklet to his friends who may be informants to this study.

#### **2.6.1.7 *Protecting the identity, privacy and safety of informants***

In order to protect the identify, privacy and safety of informants, each informant will be provided the opportunity to select a name of his choice to be his specific pseudonym. All field notes and any other relevant information will be made as entries under the pseudonym of each participant. This chosen name (pseudonym) of each informant will be the only form of identity which the researcher will have of each informant. In his study of male sex workers Rosser (1991:15) also provided his informants the opportunity to each choose a false name for purposes of the research interviews if they preferred to do so.

#### **2.6.1.8 *Protecting the safety of the researcher***

The safety of the researcher is something that cannot be guaranteed. Entering the world of male sex workers may be fraught with danger. This was clearly illustrated following the arrest, conviction, and sentencing of two eighteen year old male sex workers from Pretoria for having murdered one of their clients. Michael van Heerden and Quintin Herbst, both eighteen and self-confessed prostitutes, were sentenced to effective eighteen year jail sentences for the brutal murder of one of their male clients whom they also robbed (Venter, 2002:6).

In an effort to assist in ensuring the safety of the researcher the researcher will do the following:

- The researcher will inform the South African Police Services in Pretoria of his involvement in the research of male sex work. The reader is referred to 2.5.1.1 above in this regard.
- The researcher will attempt to conduct as many of the in-depth interviews with informants during the day as is possible.
- Interviews during the late afternoon and during night time will be kept to a minimum.
- The researcher will NEVER move outside the pre-determined research zone agreed upon with the individual who is on standby without the explicit knowledge of such a change in plans by the individual who is on standby.
- The researcher will pre-programme his cell phone with the cell phone number of the specific individual who will be on constant standby during the times when the researcher is out in the field conducting interviews.
- The person on standby will be in a position to respond immediately when an emergency telephone call is received from the researcher.
- Such an emergency telephone call will consist of the making a call to the cell phone of the individual on standby whereby the cell phone of the individual on standby will be allowed to continue to ring until it is answered.
- In the event of the person on standby receiving an emergency call from the researcher without the researcher making voice contact, the pre-determined 'emergency plan' will automatically be put into motion.
- The 'emergency plan' will consist of the following:
  - The individual on standby will immediately respond by telephoning 10111, the emergency telephone number of the mobile police unit and inform them of where the researcher is conducting interviews.
  - The individual on standby will also immediately drive to the pre-determined research zone in an effort to locate and make contact with the researcher.
  - Upon arrival at the pre-determined research zone the individual will also be on the lookout for the emergency mobile police unit for liaison and exchange of information.

- The researcher will make a 'missed call' on the cell phone of the individual who will be on standby.
  - Such a 'missed call' will be made every thirty (30) minutes as an indication to the standby individual that the researcher is safe.
  - A 'missed call' will be a telephone call whereby the cell phone of the individual on standby will be allowed to ring only two times before the cancel button will be pressed.
- The researcher will make a voice contact telephone call to the cell phone of the individual on standby upon completion of his last interview and will inform the individual on standby that he is returning home.
- Upon making the voice contact telephone call to the person on standby, the researcher will IMMEDIATELY leave the research zone and go STRAIGHT home.

### **2.6.2 Trustworthiness**

Trustworthiness will be ensured by making use of Guba's Model (Lincoln & Guba, 1985:300-317). The four criteria that will be used include reliability, applicability, consistency and neutrality.

A general question often levelled at qualitative research is regarding adequacy and generalisability which contributes to trustworthiness. Chenitz & Swanson (1986:10-14) puts it that internal validity is always threatened by events which occurred before the data collection, subject maturation as a result of the relationship between the investigator and the researcher, subject bias or the difference between those people studied and those not studied, subject mortality, reactive effects of the researcher on the informants, and changes in the observer or the extent to which the observer is affected by the research.

In this study no informants were lost through mortality. No informants were also lost due to withdrawal from the research. The presence and scope of any of the other problems are not known and probably not knowable, though they are acknowledged by the researcher.



According to LeCompte & Goetz (1982:32) external validity rests on generalisability of the observations to the general population and addresses the degree to which such representations may be compared legitimately across groups. Of importance here is the fact that the informants are all from a specific and well defined sub-culture within the Pretoria area. Furthermore, only male sex workers who were willing to participate in the study were included. This may itself pose a problem regarding bias although only one informant originally refused to participate in the study. He, however, approached the researcher the next day and volunteered to participate.

One question, however, remains and that is whether the results of the research could have been different had additional informants also been included. The researcher is convinced that if additional informants were included the results of the research would not have been different as total saturation was reached with the information received from those informants who did participate in the study.

There is also the possibility of the existence of peer group pressure. Some respondents knew some of the other respondents as some of them were referred to the researcher through the 'snowballing' technique that was employed. There is, therefore, the possibility that informants could have contaminated one another before all the interview sessions were conducted with all of the informants. The manner in which the researcher conducted the interviews, the probing and in-depth questioning of informants, the process of follow-up interviews to verify information, the continuation with interviews until saturation was reached, and the manner in which notes and field notes were kept and continually referred to by the researcher all worked together and contributed to lessen the possible chances of contamination of information.

Informants may also have provided information they thought the researcher expected of them. This, however, should not be such a serious problem since what is 'real' is real to the individual and any discrepancies would have been eliminated during follow-up in-depth interviews. The researcher continually consulted and referred to his notes and field notes prior to conducting a follow-up interview specifically with the view of confirming information and determining what is 'real'.

Another issue which is closely related to generalisability is saturation. The concept of saturation can also be referred to as a myth. It is difficult to categorically state that saturation has really been reached. The main reality is that the research must be discontinued at one or other stage. A decision in this regard must then be taken. A problem that could arise from this is premature closure.

Saturation, completeness, clarity, and the like are dependent on the researcher's analytical abilities. To reach saturation, quality, uninterrupted, and extended periods of time involved in the research is an absolute necessity. Without this much frustration and a demoralising feeling may become a reality for the researcher.

Several semantic problems were encountered in the course of this study. The first was that of polysemy, the possible multiple meanings a word has in natural language. Rawnsley (1990:43) warns that although words may be potentially polysemic at the lexical or dictionary level,

“it is only by a specific contextual action of shifting that they realize, in a given sentence, a part of their potential semantics and acquire what we call determinate meaning.”

A further problem of semantics was the widespread use of *slang* by the male sex workers who are potentially mostly *gay*\* in their sexual orientation. In order to eliminate this problem, the researcher engaged in extensive research on listing the *slang* words, terms, and expressions used by male sex workers and *gays*\* as well as their meaning within specific contexts. This appears as part of Chapter 3 of this thesis. The chapter is entitled: Language Usage by Male Sex Workers and Gays.

Bias is a further potential issue when considering trustworthiness of research. Bias is any influence that produces a distortion in the results of a study. It represents a major consideration at many stages in any research project. If this is not taken into account then the results may be distorted (Clamp & Gough, 1999:100).



A further important issue regarding bias that relates specifically to research around sex and sexuality is the fact that most researchers have to make use of purposeful sampling. Hyde (1990:263) says that a thorny problem is getting the people identified for the sample to participate in sex research. She says that generally in sex research rather large numbers of people may refuse to participate: this she refers to as 'problem of refusal'. As a result, the researcher is essentially studying volunteers and this is called 'volunteer bias'. In discussing the problem of 'volunteer bias' she continues by stating that evidence suggests that volunteers who participate in sex research, compared with those who do not participate, hold more permissive attitudes about sexuality and are more sexually experienced - for example, they masturbate more frequently and have had more sexual partners. In conclusion, she says that 'volunteer bias' may be a potentially serious problem when one tries to reach conclusions based on sex research where 'volunteer bias' is present.

In this research study the researcher was very fortunate in that only one individual originally refused to participate in the study. The same individual, however, telephoned the researcher the next day and expressed his willingness to participate in the research. Volunteer bias, therefore, poses no real problem to any of the conclusions that may arise from this research.

#### **2.6.2.1 Reliability**

Qualitative research can only be seen as reliable once the researcher has a total understanding of the phenomenon (Krefting, 1991:217). The researcher must, therefore, understand the world view of male sex workers and understand why they do what they are doing.

Reliability is further ensured through involvement by the researcher over a period of time so that an understanding of the phenomenon can be ensured. The researcher will, therefore, ensure that he spends sufficient time with various informants so that excellent rapport with informants can be established and that informants would feel comfortable to share their most intimate experiences with the researcher.



The process of purposeful sampling will be used. The researcher will ensure that all informants fulfill the criteria for participation (Lincoln & Guba, 1985:316).

Accurate field notes will be compiled following each interview. Use will be made of the strategy of triangulation consisting of interviews, field notes and literature control to gather data. Data will be evaluated by two independent coders (*ibid.*, 1985:308).

Guba's model, as reported by Lincoln & Guba (1985) to ensure validity and reliability in qualitative research also includes the aspect of credibility (also known as truth value). This concept asks whether the researcher has established confidence in the truth of the findings for the subjects and the context in which the research was undertaken. Truth value is ensured by the strategy of credibility (Krefting, 1990:214-215). In qualitative research, credibility or truth value is usually obtained from the discovery of human experiences as they are lived and perceived by informants. Truth value is subject oriented, not defined *a priori* by the researcher (Poggenpoel, 1998:349).

The researcher will ensure credibility (truth value) by testing the findings of the research with various key informants. The study can be considered credible when it presents such accurate descriptions or interpretations of human experience that people who also share that experience would immediately recognise the description (Sandelowski, 1986:27-37).

#### **2.6.2.2      *Applicability***

The purpose of qualitative research is not to generalise, but transferability can be established through accurate description of the phenomenon under study. In qualitative research the focus is on quality of information within a unique situation. Descriptive data must, therefore, provide grounds for transferability (Krefting, 1991:216; Lincoln & Guba, 1985:316).

The researcher will ensure that the population will be representative of all types of male sex workers in Pretoria and that as wide a range of age groups are included in the study as is possible. Methodology, literature control and transcription of interviews will be done as

accurately and completely as possible (Lincoln & Guba, 1985:313).

## 2.7 ETHICAL CONSIDERATIONS

Many individuals use the word 'ethics' without any real appreciation of its meaning. The word 'ethic' means a principle of right or good conduct, or a body of such principles (Herbst, 2000:87). It [ethics] is derived from Middle English *et(h)ik* - the science of ethics, from Old French *ethique*, from Late Latin *thica* and Latin *thic*, from Greek *thik* - from *ethikos* - ethical, from *thos* - moral custom. The word 'ethics' can, therefore, be defined as the study of the general nature of morals and of the specific moral choices to be made by the individual in his/her relationship with others.

### 2.7.1 *The origin of ethics as a science*

According to Mellish (1988:104-105) the origin of ethics goes back as far as the time when man was first able to ask "Why?" When confronted with alternative ways of responding to a situation he must have tried out many different ways of responding until he found what seemed to him the best way of carrying out an action. This would appear to be relatively easy when you have to decide which is the right or wrong way to move a stone, but the moment that human relationships are involved, the right and wrong way of acting is not so easy to decide.

There are three kinds of judgement applied to human conduct. These are acts that:

- a human being *should* perform;
- a human being *should not* perform; and
- allow the human being *a choice* of either performing or not performing them.

But it is not as simple as that! There is no black and white. There is no absolute wrong and right. In human relationships there are many 'grey' areas - a variety of factors that could cloud an issue. Legal aspects also come into consideration, and civil law requirements and moral

judgement do not always coincide. Obviously there are legal restrictions to consider as well as the added question of whether specific conduct is reasonable or can reasonably be expected from a human being.

Ethics in research, according to Strydom (1998:24), is a set of moral principles which is suggested by an individual or by groups, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students. According to him a researcher is ethically obliged to change the nature of his research rather than expose his respondents to the faintest possibility of physical and/or emotional harm of which he/she may be aware.

### **2.7.2 Some Ethical Concepts of Importance in Understanding Ethics**

There are four (4) important ethical concepts that need consideration in fully understanding ethics (Council for International Organisations of Medical Science / World Health Organization, 1993; Department of Health, 2000:1; Herbst, 2000:88,89). Each of these concepts will be described briefly.

- **Non-maleficence:** The principle of non-maleficence requires individuals not to harm others intentionally, through lack of knowledge or by negligence. It also requires that individuals should protect others who are unable to protect themselves. The word comes from *maleficence* which means evil or harm, mischief, or evildoing. It is derived from Latin *maleficentia*, from *maleficus*, from *male* - ill, from *malus* - bad.
- **Beneficence:** By this is meant that in our relationships with others we should always act and behave in such a way that possible harm is prevented or removed, and that the good in others is always promoted. The word comes from Latin *beneficentia*, from *beneficus* - beneficent or generous and *bene* - well + *facere* - to do. It can be defined as the quality of charity or kindness.
- **Justice:** Justice refers to fair treatment of others and the avoidance of discrimination and exploitation. The word comes from Middle English, from



Old French, from Latin *justicia*, from *justus* - just. It can be defined as moral rightness, equity, honour, and fairness.

- **Veracity:** Veracity requires practitioners to be truthful with others and maintain confidentiality. It also implies that one must be truthful in all of one's dealings. The word comes from Medieval Latin *veracitas* - truth. It can be defined as habitual adherence to the truth, conformity to truth or fact, accuracy, and precision.

It is the responsibility of everyone involved in research and all other actions that flow from research to always remember and maintain the principles of non-maleficence, beneficence, justice and veracity and to remember that they are the cornerstones that guide human relationships.

There are three (3) ethical principles in research which should underlie all research on patients or healthy volunteers. They are, according to Smith (1999:6,7) and The Department of Health (2000:1) :

- **Respect for persons:** which implies a respect for autonomy, or the right of people to make their own decisions. In accordance with this principle, they [respondents] should be provided with all the necessary information to help them make their decisions;
- **Beneficence:** which refers to the ethical obligations to improve people's well-being and to do them no harm; and
- **Justice:** which refers to the obligation to treat everyone in accordance with what is 'right and proper', and to give each person what he or she is due.

### 2.7.3 Ethical consideration pertaining to this research

Ethical considerations in a study of this kind have a wide scope. The ethical considerations important to this study centre around:

- Informed consent;
- Anonymity;
- Age of consent; and
- Publication of the findings.

### 2.7.3.1 *Informed consent*

Informed consent can be defined as:

“...obtaining the knowing consent of an individual or his legally authorised representative, so situated as to be able to exercise free power of choice without undue inducement or any element of force, fraud, deceit, duress or other forms of constraint or coercion.” (Annas, Glants & Katz, 1977:20-36).

Informed consent depends on the extent to which prospective participants or informants are aware of the exact nature of the research and their right to agree or decline to participate without fear of loss or reprisal (Clamp & Gough, 1999:73). There are specific components that need to be present before informed consent can be said to have been provided. This includes (Field & Morse, 1985:42-44):

- an explanation of the purpose of the research and the procedures to be followed;
- a description of the risks inherent in the research and of any benefits that may be obtained from participating;
- the opportunity for the prospective participant to ask any questions regarding the research, and a statement stating that these questions have been satisfactorily answered; and
- the information that the participant is free to withdraw at any time or may refuse to answer any questions without penalty.

The World Medical Association (1996) and Field & Morse (1985:44,46) concur that consent is initially obtained verbally, followed by the formal consent, that is, preferably in writing. Each

potential subject must be adequately informed of the aims, methods, anticipated benefits and potential hazards of the study and the discomfort it may entail. The researcher must, however, recognise that consent may be revoked at any time by the participant.

According to the World Health Organization guidelines (CIOMS/WHO, 1993:9.3) and Green (1978:8-13) informed consent can be taken to be valid once the researcher has satisfied all requirements stated in the guidelines. The World Health Organization states that the researcher has the duty to:

- communicate to the prospective subject all the information necessary for adequate informed consent;
- give the prospective subject full opportunity and encouragement to ask questions;
- exclude the possibility of unjustified deception, undue influence and intimidation;
- seek consent only after the prospective subject has adequate knowledge of the relevant facts and of the consequences of participation, and has had sufficient opportunity to consider whether to participate; and
- obtain, if possible, from each prospective subject a signed form as evidence of informed consent.

For purposes of this research obtaining signed consent from informants was not possible to negotiate. Informants felt that their safety, privacy and anonymity could not be guaranteed in the process. One of the prospective informants in this study said:

*“Nooit! Ek kan nie my naam op papier sit nie. My Ma en Pa weet nie eens wat ek doen nie. Hoe kan ek sommer my naam op papier sit vir ‘n vreemdeling? Sê nou net iemand sien dit en erken my? ”*

[“Never! I cannot place my hand on paper. My Mother and Father do not even know what I am doing. How can I then place my name on paper at the request of a stranger? What if someone sees it and recognises me?”]



It was also for this very reason that each informant was provided the opportunity to choose an own pseudonym by which he will be known to the researcher. The real names of informants who participated in this study are, therefore, not known to the researcher. All notes and field notes were written up under the chosen name of each informant. Obtaining a signature in the form of a pseudonym would not have made any document valid proof of informed consent.

In a study of a *gay*\* club in Pretoria Schurink & Schurink (1988:86) also found that obtaining the written consent of participants in the research would not contribute to the anonymity, privacy, and safety of the participants. They write:

“No formal contract was drawn up, but even so, an implicit research agreement existed between Andries and Fred on the one hand and us on the other hand.”

Lee & Renzetti (1993:6) say that matters of a sexual nature remain shielded from the eyes of non-intimates and is always ‘sensitive’ and must always be regarded as having a sensitive character and should always be respected as such. They continue by stating that experience suggests that there are a number of areas in which research is more likely to be threatening than in others. These include:

- where research intrudes into the private sphere or delves into some deeply personal experience;
- where the study is concerned with deviance and social control;
- where it impinges on the vested interests of powerful persons or the exercise of coercion or domination; and
- where it deals with things sacred to those being studied that they do not wish profaned.

Research of sexual behaviour is a sensitive topic which addresses some of society’s most pressing social issues and policy questions. Ignoring the ethical issues in sensitive issues is not a responsible approach to science, and shying away from controversial topics, simply because they are controversial, is also an avoidance of responsibility (Sieber & Stanley, 1988:49-55). Added to this Helm (1991:vi) says that if sexuality in general has been difficult to study,

homosexuality has been even more so, yet this should not stand in the way of studying it.

In their study of homosexual behaviour, as a sensitive topic, Martin & Dean (1993:83) say that homosexuality and drug use involve not only private behaviours but behaviours that are widely condemned and frequently carry serious social and legal ramifications, research in such cases is particularly sensitive and problematic and may cause prospective informants not to be willing to expose themselves. Not only is the relevant information delicate in nature, but the target populations are hidden ones.

They continue that in the light of the complex nature of sexuality, which involves thoughts and feelings as well as behaviour, the development of a complete sampling frame of homosexual males is difficult to conceive with the added problem of signed consent in order to study it.

#### **2.7.3.2      *Anonymity***

Ensuring anonymity of informants is important when dealing with sensitive issues, especially so when informants are requested to part with information which may reveal private behaviours (Martin & Dean, 1993:83). Lee & Renzetti (1993:83) also identified homosexuality and sexual activities as sensitive topics to research and suggest that whenever deviant activities are studied they should be dealt with as very sensitive and protection from unnecessary exposure of informants should be guaranteed.

In conducting this research the researcher provided each informant the opportunity of choosing a pseudonym. Informants were never required to reveal their real names. All contact details, notes and field notes including anything else pertaining to each informant was always recorded under the chosen name of the informant.

#### **2.7.3.3      *Age of consent***

In the context of this study the age of consent refers to that age at which an individual may legally provide consent to sex. The purpose of this research was to obtain important information

from informants regarding male sex work and male sex workers and not to solicit sexual favours from informants. However, the legal age of consent must still be a consideration in making use of an informant. If an informant may not legally consent to sex, he or she may also not legally consent to involvement in providing detailed information of their sexuality and sexual activities.

In South Africa the legal age of consent for heterosexual sex is 16 years. However, in the case of same-sex sexual contact, the legal age of consent for both boys and girls is 19 years (International Lesbian and Gay Association: 2,3). Implications are that should the researcher ignore the legal age of consent and interview individuals under the age of nineteen with regard to same-sex activities, he may be liable to prosecution under South African law.

It was for this reason that the researcher set the lower age for all informants at nineteen years of age. The age of all informants could, however, not be guaranteed as the researcher provided informants total anonymity and did not require of them to produce an identity document or birth certificate as evidence of their real age. The researcher explained the importance of age of consent to all informants and depended on their honesty as far as their real age was concerned. In cases where the researcher had serious doubt concerning the real age of a particular informant, such informant was excluded from the study.

#### **2.7.3.4      *Publication of findings***

In the publication of findings emanating from this research, the researcher will conform to all legal and ethical implications and will ensure that no real names or any other information that may specifically identify any informant to this study will appear in the text or pictures contained in this thesis. This will be done in an effort to protect the safety and security of all the informants who participated in this study. The anonymity of all informants will also be guaranteed in this way.



## 2.8 CONCLUSION

In Chapter 2 the researcher provided the rationale and purpose of the study. The research design and research methodology employed in this research was also discussed in detail. Ethical considerations in general, and ethical considerations specific to this type of sensitive research was also dealt with in.

In Chapter 3 the language usage of male sex workers and *gays\** will be discussed. A glossary of words, terms, and expressions will be included in an effort to assist the reader in understanding the various words, terms and expressions as used by male sex workers and *gays\** as many of these words, terms and expressions have been included in this thesis.

**CHAPTER 3**  
**LANGUAGE USAGE BY MALE SEX WORKERS AND GAYS**

*For the friend I love lay sleeping by my side  
In the stillness his face was inclined towards me ...  
And his arm lay lightly over my breast  
And that night I was happy*

Walt Whitman  
From: Leaves of Grass

**3.1 INTRODUCTION**

Most, if not all, individuals would agree that language is probably the most extensively used symbol system in social behaviour. It is also, of all symbol systems, the most subject to interpretation through various factors such as context, intonation, gestures, metaphor, and colloquiality. Language, as it acts within the network of these variables, is the communicative mode *par excellence*. Slang, on the other hand, as the privatisation and personalisation of meaning, which mediates between conformity and deviation at the level of language, is of interest as an example of how acceptable deviance affects even the most basic levels of sociability (Harman, 1990:71).

This chapter deals with the distinctive speech (slang) of male sex workers and gays. It has no axe to grind, but merely seeks to record, as a matter of interest and not without linguistic and scientific importance, how the English (and Afrikaans) language has been handled (or mishandled) by a group of individuals belonging to one of the minority sub-cultures in Pretoria.

### **3.2 SOURCE OF INFORMATION OF WORDS, TERMS, AND EXPRESSIONS FOUND IN THE GLOSSARY**

The words, terms, and expressions found in the glossary of this chapter was picked up by the researcher from reading the literature as well as during in-depth interviews with the informants who participated in this research. The researcher also listened, over a long period of time, to a wide range of people talking in bars, gay bars, gay clubs, meetings, and social gatherings, as well as to the voices of informants, friends and other individuals. These people and the literature which the researcher studied were the informants to what appear in the glossary contained in this chapter.

A good deal of special enquiry was, however, necessary to determine as accurately as possible the correct meaning and usage of the different words, terms, and expressions recorded in the glossary which appears in this chapter. Special thanks are due to the many informants and others who themselves found the researcher's many questions and enquires pertaining to the meaning and correct usage of words, terms and expressions very amusing at times.

Every self-contained community or homogenous group of persons tends to develop a peculiar speech, a language, or jargon of its own. It is well known that different trades and professions, different cultural or social groups, even different families, have their own distinctive vocabularies, for the most part unintelligible or unfamiliar to outsiders, and among other things tending to hold the group together by emphasising its individuality, just as the use of a common tongue is one of the most powerful factors in binding national communities together. In some cases such a distinctive vocabulary is a necessity. Thieves, gangsters, racketeers and others engaged in illicit occupations and activities must have a secret language to survive and to protect their own interests. Each of the trades and professions likewise have a slang of their own, as well as technical jargon covering their particular activities - even the Church, the Law and Politics are no exception - and the players and supporters of different games and sports make use of a special terminology in order to describe phenomena specific to them.

Even where there is no strong necessity for a different type of speech, community of interest will tend to produce one. Examples of such communities of interest include various social



groups - fashionable, artistic, high-brow or the like - which feel themselves different from others. The same is true of male sex workers and *gays\** - who feel themselves very different from others.

### 3.3 WHAT IS SLANG?

Defining slang is not easy. Initially one may feel that it is simply 'not proper language' or just whatever is not to be found in a standard dictionary. Slang must, however, not be confused with jargon (Munro, 1989:3,4).

There are many dictionary definitions of slang. Of all the available definitions, the one found in The Oxford English Dictionary (1989) is most probably the most descriptive of what appears in the glossary of this chapter, where slang is defined as: "The special vocabulary used by any set of persons of a low or disreputable character; language of a low and vulgar type." It could be safely stated that most people see *gays\** in general, and sex workers in particular, as 'persons of a low or disreputable character' and that their language, as reflected in the glossary of words, terms and expressions, is 'language of a low and vulgar type'.

The definition quoted above seems rather puritanical and insensitive towards the users of slang, especially in terms of slang as used by male sex workers and *gays\**. They represent a minority group who may not be unfairly discriminated against for who or what they are in terms of South African legislation. In terms of Section 9(3)&(4) of The Constitution of the Republic of South Africa, 1996 (Act No 108 of 1996) no person may unfairly discriminate directly or indirectly against anyone on one or more of the following grounds: race, gender, *sex*, pregnancy, marital status, ethnic or social origin, colour, *sexual orientation*, age, disability, religion, conscience, belief, *culture*, language and birth (italics mine).

Other definitions of slang include that of Barrère & Leland (1967:vi) who state that slang is a conventional tongue with many dialects, which are as a rule, unintelligible to outsiders. Munro (1989:8), on the other hand, adds another dimension in his definition where he defines slang as:

“...a language whose use serves to mark the user as part of a distinct social group.”

### **3.3.1 Defining ‘slang’**

In this study slang is broadly defined as: unconventional, non-standard, colloquial speech used by a distinct social group. In his discussion of the language of gays, Hayes (1981b:45, 54-57) calls the language spoken by *gays*\* ‘Gayspeak’. According to him ‘Gayspeak’ has some unique aspects which make it especially interesting to study. He states that:

“...it [Gayspeak] is always acquired as a second dialect or register, yet its features are not generally known to the mainstream community. It is not ever used by all gays, although they are normally exposed to it in late adolescent or early adult life. While most bidialectals learn the dominant culture’s language at least by their early school years, gays learn to acquire the special dialect (Gayspeak) well after learning the normative one, usually at the time of entry into the gay community. Within that community, there is much debate about the value of Gayspeak. For some it is a source of pride and self-affirmation and for others it is an embarrassment or a threat.”

Not all gays use Gayspeak. Of those gays who do use Gayspeak, not all use it all the time. The gay who is in a covert setting (still closeted) may refuse to use any Gayspeak or only as much as is necessary for making social contacts. Even in a gay social group or alone with a friend the secret gay may refuse to refer to his subcultural life in any but the mildest euphemisms (Darsey, 1981:62).

### **3.3.2 The derivation of slang**

Slang works at the level of creating a private language as an effective means of making clear to everyone the in-group/out-group distinction. It differentiates between old-fashioned and fashionable and within the group it provides a mechanism for establishing membership.

With this in mind the researcher will indicate where slang comes from. According to Harman (1990:71,72) there must be a continuous process of introduction of new slang terms within the particular group. The actor responsible for the introduction of a new slang term must be innovative, risk-taking, and even outrageous. Individuals aspiring to reconfirm their membership may express mixed delight in encountering the newly introduced term. They may be both awed at the outrageous member for using the word, and reluctant to use it themselves until it has become more conventional in the vernacular. In addition, Harman says, there may also be some question as to what the word means. The introduction of a word, therefore, may be followed by a period of discomfort in the group, during which members try to adapt their symbol systems to the new usage; to assign a significance to the term, and begin to become comfortable with its use. This, he continues, is also the period during which the group chooses whether to adopt or to dismiss the new term. For it to be accepted, its meaning and overtones must correspond with the continuous culture of the group. This is determined early in the initiation period of the new word.

Once a few outrageous members have incorporated a new term into their vocabulary, it becomes increasingly important as a requirement for membership that others do so as well. This, then, is the point at which the slang expression becomes fashionable, and members outdo themselves to employ the term in their speech, thus demonstrating that they share a symbol system which is different.

### **3.3.3 Slang as a form of protection against exposure**

For gays in a secret setting, the development and maintenance of a code language form a protection against exposure. As certain words or phrases pass into general usage or become generally familiar, some gays must develop new phrases or employ more arcane synonyms, in order to maintain secrecy (Munro, 1989:8). They are always on stage and usually on guard. However, it must be remembered that the language habits in the secret setting are used by most gays whenever they perceive a threatening situation.



Hayes (1981a:48) says that:

“Words, then, function to separate outsiders from insiders, to account for ambiguous persons within sociable or sexual interaction, and to describe the primary, close, and unique relationships of insiders with one another. In the social setting people are not only typed by the usual distinctions (height, weight, race), but by sexual preference (*bottom boy*: anal receptor, *suck queen*: fellator), intimacy of relationship (*auntie*, *sister*, *husband*), rank within the subculture (*queen bee*: social arbiter, *nelly number*: effeminate and insignificant), and eccentricities within the norms of the subculture (*leather*: motorcycle crowd, *drag*: transvestites, *S/M*: sadomasochists). In general, a person’s occupation, status within the dominant culture, or family are not described in Gayspeak except as they have some bearing on events in the subculture.”

Once the slang ceases to serve its differentiating function, and once it has been adopted by other communities - then it no longer serves to distinguish members from non-members. At this point it will either become an established part of the conventional language, or it will fade away, perhaps becoming fashionable in other communities as it makes its way out (Harman, 1990:73).

### 3.4 WHY IT IS IMPORTANT TO RESEARCH SLANG

Many questions can be posed with regard to the importance of researching slang. Hayes (1981a, 28) poses the following questions with regard to gay slang:

“Why research [gay] slang? What questions would one try to determine? Is there anything to find out? “

He then continues to answer the questions posed by him:

“Thinking in terms of academic disciplines, I believe there are two principal reasons...:  
(1) to place the undeniable existence of a gay slang - an out-group dialect or register -

in its rightful place in all those disciplines that concern themselves with language and speech; and (2) to end the academic hegemony of white males. Almost all research in the areas of linguistics, speech, rhetoric, and communication is based on the assumption that white, heterosexual, male speech constitutes the norm for ... speakers of English. This will no longer do. To dismiss the language and language behavior of out-groups as "deviant" from the artificial norm of men's speech can no longer be an honored practice among serious researchers, no more than it is possible today to speak of any country's system of language as primitive (as compared, say, with European languages)."

Language is not merely a *means* of interpersonal communication and influence. It is not merely a *carrier of content*, whether latent or manifest. Language itself *is* content, an *indicator* of social statuses and personal relationships, a *marker* of situations and topics as well as of the societal goals and the large-scale value-laden arenas of interactions that typify every speech community (Chesebro, 1981:88).

#### **3.4.1 The importance of communication within a cultural context**

In her 'Sunrise Model' to depict theory of cultural care diversity and universality, Leininger (1991b:5-68) indicates that, in the study of individuals or groups, language is of major importance as it has a major influence on culture, group experiences, and the way individuals and groups interpret their environmental contexts and ethnohistory. This, in turn, she says, also has a major influence on care expressions, patterns, and *practices* (italics mine).

In commenting on Leininger's Sunrise Model, George (1995:377-379) writes that:

"... the model may be viewed as a cognitive map that moves from the most abstract to the least abstract. The top of the model is the worldview and social system level, which directs the study of perceptions of the world outside of the culture - the suprasystem in general system terms. ... The microperspective studies individuals within a culture. ... The cultural care worldview flows into knowledge about individuals, families, groups,

communities, and institutions in diverse healthcare systems.”

She concludes by saying that the knowledge gained from following Leininger’s Sunrise Model, provides culturally specific meanings and expressions in relation to care and health.

The study and understanding of language of an individual or group, then, is essential to the full understanding of individuals, groups and communities so that appropriate support and care can be provided to them within their specific cultural context and needs.

### **3.5 WORDS, TERMS, AND PHRASES INCLUDED IN THE GLOSSARY**

In the following glossary of words, terms, and phrases, a wide variety of slang will be found. The reader will notice that the glossary does not contain only ‘Gayspeak’. For sake of ‘completeness’, even though it is not claimed that the glossary is exhaustive or complete, words, terms, and phrases of the following nature are included:

- **Gayspeak**

Gayspeak is included as many of the informants of this study come from the gay community. Some of those who do not see themselves as *gay\**, identify themselves as bisexual and do make use of ‘Gayspeak’, while those who identify themselves as being heterosexual, move within the *gay\** sub-culture and, as a result, have acquired and do use ‘Gayspeak’.

A very peculiar part of Gayspeak, identified by the researcher, is the extensive use of feminine names. It is not altogether clear why so many feminine names make up part of ‘Gayspeak’. Specific research in this regard is necessary but as ‘Gayspeak’ *per se* is not the main purpose of this research no further comment will be made in this regard.



- **Sex worker slang**  
As this study deals with a particular section of the *gay\** subculture, namely male sex workers, some words, terms, and phrases particular to this group are also included.
- **Drug user slang**  
There is a culture of drug abuse present both within the gay community as well as among male sex workers (Cabaj, 1992:852). It was, therefore, determined essential that those applicable words, terms, and expressions that have been identified, also be included.
- **General (applicable) slang**  
Many general slang words, terms, and phrases are also used within the gay community and within the circles of male sex workers. It is, at times, difficult to draw a line between Gayspeak and general slang as the latter is often encountered in Gayspeak. Those 'general' slang words, terms, and phrases identified during the course of this study that were identified as being used by gays and male sex workers, was also included in the glossary.
- **General terminology**  
There may be a few words, terms, and phrases that cannot be classified to fall within one of the above groups. They are also included in the glossary because without them, a full understanding of the communication of *gays\** and male sex workers will be more difficult.

'Gayspeak' and the slang used within the sex industry need to be examined in greater detail. It is very complex. The users of 'Gayspeak' come from all races, classes, and occupations. It exists in many countries and languages. Further research into the slang of *gays\** and male sex workers will provide further insight into what appears to be a complex symbol system which seems to influence their language usage and behaviour.

### 3.6 GLOSSARY OF WORDS, TERMS, AND EXPRESSIONS USED BY MALE SEX WORKERS AND GAYS\*

The following is an alphabetical list of words, terms, and expressions used by male sex workers and *gays*\*:

**AC-DC:** 1. A gay slang expression originally used to refer to a man who is *bisexual*. 2. It is today mainly used to describe closet cases who play straight in public, or straights who toy with the gay scene.

**ACT:** 1. A gay abbreviation for *active* with reference to playing an active role during sex. 2. Often used in advertisements, as in "ISO ACT GWM" (*In search of [an] active gay white male*). 3. See *butch*.

**active:** See *butch*.

**Ada:** 1. A gay term used to describe the *buttock area of a person*. 2. See *buns*.

**affair:** 1. A gay term used to refer to two people in a (homosexual) *relationship* as in "Did you notice that John and Peter has an affair going". 2. Also used to refer to a brief *period of courtship* between two (homosexual) persons, as in "I could have told you that their affair would not last".

**Agatha:** A gay term used to refer to *malicious gossip*, as in "No ways, man, he's just full of agatha!" (*No ways, man, he's just full of malicious gossip!*).

**Aggie:** A gay term used to refer to (gay) *gossip*.

**aggro:** 1. A gay slang term for *aggression*. 2. A gay term used to refer to an *aggressive person*, as in "He's really aggro today!" (*He's really very aggressive today!*).

**Aida:** 1. A gay term used to refer to someone with AIDS (Acquired Immunodeficiency Syndrome). 2. Also referred to as '*Big A*'.

**AIDS:** 1. An acronym for *Acquired Immune-deficiency Syndrome*. Rather than a specific disease, AIDS is a syndrome, or a set of different symptoms that may occur after progressive damage to the body's immune system at present believed to be caused by the HI virus. 2. This is one of the most serious occupational health risks that the male sex worker is exposed to.

**AIDS closet:** A term used to describe individuals who have received a diagnosis of being HIV+ or suffering from AIDS but are unable or unwilling (e.g. because they are public figures) to publicly declare their HIV status or illness.

**ALA:** A gay acronym used in advertisements for *all letters answered*, as in "ISO GWM ALA" (*In search of [a] gay white male. All letters [will be] answered*).

**ALAWP:** A gay acronym used in advertisements for *all letters answered with photo*, as in "ISO GWM ALAWP" (*In search of [a] gay white male. All letters [will be] answered with photo*).

**amy:** 1. Drug user slang for *amyl nitrite*. 2. See *poppers*.

**amyl nitrite:** See *poppers*.

**Annie:** A gay term used to refer to the *anus*, as in "John tells me that Peter had an operation on his annie" (*John tells me that Peter had an operation on his anus*).

**arse:** General slang (vulgar) for *anus*.

**arse bandit:** General derogatory slang for a *gay man*, especially one who is aggressive or predatory.



**aunt (auntie):** Gay slang for an *ageing gay man*. (Afrikaans: *antie* or *tante*).

**AYOR:** A gay acronym for *at your own risk* used in advertisements and general communication.

**AZT:** A brand name of the drug *azidothymidine* which was the first drug passed for use in the treatment of people with HIV/AIDS by western governments. It was first approved by the American Government in March 1987, after tests had indicated that it may be useful in retarding the replication inside cells of the HI virus. The drug was marketed by Burroughs-Wellcome.

**B&D:** A gay (and general) acronym for *bondage and discipline*. See *SM*.

**baby maker:** See *BM*.

**bag:** Drug user slang for a unit of heroin as sold on Pretoria streets. It is about the size of a R5 coin and is said to barely last for a few hours. According to information obtained by the researcher, a 'bag' of heroin costs anything from R50 in Pretoria (2002 price).

**ballas:** A general Afrikaans slang term for *testicles*.

**balls:** General slang term for *testicles*.

**bang (noun):** 1. General slang for the act of *sexual intercourse*. 2. A man who is considered as a *sexual partner*, as in "He's a good bang" (*He is a good sex partner*).

**bang (verb):** To *have sexual intercourse*, as in "He was banging John all night" (*He was having sex with John all night*).

**barbs:** Drug user slang for *barbiturates* (as a group of drugs).

**bareback riding:** 1. General slang for *having sexual intercourse without a condom*. 2. See *golden screw* and *do the deadly deed*.

**basket:** See *picnic basket*.

**BAV:** A gay acronym for *born again virgin* with reference to a man who has not had sex in a long time for whatever reason.

**beat the meat:** A general slang expression for *masturbate*.

**Bella:** A gay term which refers to the *act of assaulting* someone, as in "I feel so sorry for him - he was badly bella'd" (*I feel so sorry for him - he was badly assaulted*).

**Betty Bangles:** See *Priscilla*.

**Beulah:** 1. A gay expression used to refer to *an aesthetically beautiful man*. 2. See *Beulah*, *hunk*, *FSQ*, *Olive* and *PYT*.

**bi:** An abbreviation for *bisexual*.

**big A:** See *Aida*.

**big C:** Drug user, and general slang term for *cocaine*.

**big E:** See *ecstasy*.

**big F:** General abbreviation for *fuck*.

**big H:** Drug user, and general slang term for *heroin*.

**big M:** Drug user slang for *morphine*.

**big O:** 1. General slang term for *orgasm*. 2. Drug user slang for *opium*.

**bird song:** Slang expression (also often used by gays) for *cries or words uttered during an orgasm*, as in "Man, what a bird song! I have never heard such a connie!" (*Man, what a noise! I have never heard someone react like this when he reached orgasm!*).

**bitch:** 1. A general slang term used for a *person with a sharp tongue*. 2. A gay slang term used to refer to *a person who causes strife within a group*.

**bliss:** A gay slang term for a person or situation that arouses *physical, erotic, or social excitement*.

**blow (noun):** Drug user slang for *cocaine*.

**blow (verb):** 1. A slang term, meaning *to suck someone off* (perform oral sex or fellatio). Since the 1960's the term *blow job* has been used instead. 2. A number of derivatives come from *blow job*. 2a. A *hum job* is a blow job when the blower hums to create a stimulating vibration on the dick (penis). 2b. An *ice job* is a blow job performed with ice or ice cream in the mouth.

**blow job:** See *Sally*.

**blue balls:** 1. A general slang term for *aching testicles caused by unfulfilled sexual excitement*. 2. Also known as *lover's balls* or *lover's nuts*.

**BM:** 1. A gay acronym for *baby maker* used to refer a heterosexual person (one who makes babies). 2. Such a person may also be referred to as a *breeder*.



**BND:** A gay acronym used in advertisements for *boy next door*, as in “GWM ISO VWE GWM BND” (*Gay white male in search of [a] very well endowed gay white male [who must be like the] boy next door [meaning that he must not look or act obviously gay]*).

**bomb:** Drug user slang for *heroin*.

**bondage:** See *SM*.

**bondage and discipline:** 1. A phrase used to describe *erotic play in which the submissive partner is tied up and ‘disciplined’*. 2. It is related to sadomasochism (SM), though less intense. 3. The acronym for bondage and discipline is B&D.

**bone:** A general slang term used to refer to *the erect penis*.

**boner:** A general slang term used to refer to the *erection of the penis*, as in “Whow! When I saw that PYT I got a massive boner!” (*Whow! When I saw that pretty young thing [attractive young man] I got a massive erection!*).

**bottom:** 1. A gay term referring to *receptive anal sex*. 2. It is the opposite of *top*.

**breeder:** 1. A gay slang term used for *heterosexual*. It functions as an ironic commentary on the often declared argument that gay sex is somehow unnatural because it does not lead to conception and implies that, while gays provide the world with wit and creativity, the production of children is the only really useful role of heterosexuality. 2. See *BM* and *straight*.

**brown shower:** 1. A ‘gay’ term used to refer to *the act of defaecating on another person in order to provide sexual stimulation/gratification to that person*. 2. Scientifically known as *coprolagnia*. This activity usually requires a special area or room that can be easily cleaned. 3. See *scat*.

**bum boy:** A general derogatory slang term for *a boy or young man who is available for gay sex*.

**buns:** 1. A general term used to refer to the *buttocks* (usually) of a male. 2. See *Ada*.

**butch:** 1. A gay term used to refer to the *masculine qualities in a man* as opposed to feminine traits. 2. It is also used to refer to a so-called *active gay man*, usually with an underlying assumption that such a person prefers to play an active role in the sexual relationship (anal penetration). 3. It is the opposite of *femme*.

**butch button:** When an effeminate gay man is talking over the phone and he *tries not to sound effeminate*, he is said to have 'pushed the butch button'.

**butt-boy:** A derogatory slang term used to refer to a *gay boy or young man*.

**butt plug:** 1. An *artificial phallus for anal sex*. It is like a *dildo* but firmer and with a tapered end to ease insertion into and up the anus. There are a variety of shapes and sizes of butt plugs available. 2. Together with other such items it is also referred to as a *toy*.

**C:** 1. Drug user slang for *cocaine*. 2. See **big C**

**call boy:** A slang term used to refer to a *male sex worker* who contacts customers, or is contacted, by telephone.

**call house:** A slang term used to refer to *a brothel that employs call boys*.

**camp** (adjective): A gay term used to refer to *a man who dresses or behaves in a manner which 'advertises' his homosexuality*, as in "John is so camp today, he will never pass as the BND" (*John behaves so obviously gay today, he will never pass as the boy next door*).

**camp** (verb): 1. A gay term used to refer to *the particular way of gay courting* in order to attract the attention of males with the intention of sexual involvement. 2. It is also referred to as *cruise* or *cruising*. 3. Camping can go on anywhere, and with gay men it usually does, in bars, on trains and in cruising grounds, or the parks, toilets and other public places where gay men meet for sex.

**campy**: A gay slang expression used to describe *a man displaying conspicuously mannerisms associated with being gay*, as in "John is so campy today" (*John is behaving so obviously gay today*).

**Celia**: 1. A gay term used to refer to *the act of offering a cigarette to a man* (usually a passer-by) with the intention of *camping* him. 2. See *Cilla*.

**CFM**: A general slang acronym from *come fuck me*, as in "He looked at me invitingly with those cfm eyes and I just could not resist" (*He looked at me invitingly with those [please] come [and] fuck me eyes and I just could not resist*).

**Chinese white**: Drug user slang for *heroin*.

**chicken**: A gay term used to refer to *a young boy (teenager) who prostitutes himself*.

**chickenhawk**: A gay term used to refer to (older) *men who have sex with young boys or chickens*.

**chubby chaser**: A gay slang term used to refer to *a man who is physically attracted to obese men*.

**Cilla**: 1. A gay term used to refer to a *cigarette*. 2. See *Celia*.



**Cindy:** A gay term when used to refer to someone as still being a child like when *an older gay talks down to a young gay* and says “Cindy, my dear, and what are you doing here?” (*You’re still a child, my dear, so what are you doing here?*).

**clap:** A slang expression for *gonorrhoea*, as in “He’s got the clap” (*He has gonorrhoea*).

**clean:** 1. A word used in gay advertisements by someone who wants to indicate that he is *circumcised*. 2. See *cut*.

**clipped cock:** See *cut*.

**Clora:** 1. A gay term used to refer to *a man of colour who is gay*. 2. See *GCM*.

**closet:** The metaphorical (imaginary) space or construct into which gay men (and lesbians) are forced by the attitudes, legislation and behaviour of an unsympathetic society. It is occupied by those who are aware of their same-sex impulses, but who are unwilling to declare them to anyone else. Thus to be *in the closet* is to live one’s life ostensibly as a heterosexual, and to be *out of the closet* is to acknowledge one’s gay sexuality. Closeted individuals consequently present a heterosexual ‘front’ to and for the outside world.

**clutter fuck:** 1. A general slang term for *group sex*. 2. See *gang bang* and *daisy chain*.

**cock:** 1. A general slang term used to refer to the *male genitalia* (penis). It is also referred to as ‘*dick*’ or ‘*Willy*’. 2. It can also be used as a general term for *sex*, as in “He went out cruising to look for cock” (*He went out in search of finding a man to have sex with*).

**cock ring:** 1. *A ring or loop, made usually of metal, leather or elastic, which is fixed around the base of the cock (penis) and balls (scrotum), or just the cock*. Combination sets are also available with two (or more) rings and leather strapping. It is said to increase the ferocity and endurance of an erection. 2. Also sometimes referred to as a *napkin ring*.

**cock cheese:** A general slang term for the collection of sebaceous matter secreted by sebaceous glands which are to be found behind the corona of the penis. This sebaceous matter collects under the foreskin and may, if the foreskin is not regularly pulled back and the area washed, cause a smell.

**cock-tease:** A general slang term (also extensively used by gays) to refer to *the act of exciting sexually*, as in "He's a real cock-tease but never fucks" (*He only likes to excite others sexually without being willing to have sex*).

**coke:** Drug user slang for *cocaine*.

**combo:** A gay slang expression for *a bisexual guy*.

**come:** **1.** A term used to refer to *the ejaculation of semen*. **2.** A term used for *semen itself*. **3.** Also referred to as *cum*.

**come out:** **1.** An abbreviation for the phrase *to come out of the closet*, which is an expression to describe the process involved in coming to be open about one's gayness (homosexuality). **2.** See *closet*.

**COM/SHIP:** A gay abbreviation used in advertisements for *companionship*, as in "ISO GWM COM/SHIP" (*In search of [a] gay white male [with the view of] companionship*).

**condom:** **1.** A *latex device used for covering the penis during intercourse* to prevent contracting a sexually transmitted infection and also, for straights, to prevent conception. **2.** The reliance on condom usage to prevent HIV/AIDS ushered in what some have called the era of 'latex love'. **3.** Female condoms are now also available. **4.** See *FL* and *EL*.

**Connie:** A gay slang term used to refer to *the moment of orgasm*, as in "You should have heard him when he connie'd - what a sound track!" (*You should have heard him when he*

*reached orgasm - what a verbal display!).*

**Cora:** A gay slang term used to refer to someone who is common, meaning a person *without any style or class*, as in “She’s a real cora” (*She’s a woman without style or class*).

**cottage:** A gay slang term used to refer to *a public convenience* (e.g. lavatory or toilet) *frequented by men in order to ‘camp’ or ‘cruise’ other males.*

**cottaging:** A gay slang term used to refer to *the act of frequenting a public convenience* (e.g. lavatory or toilet) *in order to ‘camp’ or ‘cruise’ other males.*

**CP:** A *SM* term for *corporal punishment*. This is part of the *SM* scene.

**crabs:** 1. To have crabs is to *play host to an infestation of crab lice* (pediculosis cruris), the nasty little parasites that take over the pubic hair, chest hair and even the facial hair. They tend not to sit still. In the fast-moving world of gay casual sex, crabs may be ‘exchanged’ between guys faster than one can snap a claw. 2. Other slang terms include: *crotch crickets, love bugs, and social dandruff.*

**crack:** Drug user slang for *cocaine*.

**crotch crickets:** See *crabs*.

**crown jewels:** See *family jewels*.

**cruise (cruising):** See *camp* (verb).

**CSP:** A general slang acronym for *casual sex partner*, as in “After John had been here for three days in a row, we asked Steve whether he and John had an affair. Steve replied: ‘No, he’s just a csp.’” (*After John had been here fore three days in a row, we asked Steve whether he and*



*John were having an affair. Steve replied: 'No, he's just a casual sex partner'.*

**cut:** 1. A gay term used in advertisements to indicate *that he is circumcised*. 2. Informants who were 'cut' men announced that their way was more healthy, since reports suggest that having a foreskin can leave one more open to certain forms of cancer and that cuts to the foreskin during sex can lead to greater vulnerability to HIV transmission and other sexually transmitted infections. Further, they claimed, that it was more hygienic and olfactory pleasing, since foreskins can harbour nasty smells and *cock cheese\**. Uncut men interviewed by the researcher had some counter arguments that the foreskin preserves the sensitivity of their *jewel\**, and looked nicer, and, if washed properly, doesn't need to smell at all. 3. Slang terms for a cut dick include *clipped cock* and *a low neckline*. 4. Used to refer to the act of diluting drugs by mixing them with one or other inert substance, e.g. mixing cocaine with baby powder. 5. See *UC (U/C)*.

**dagga:** General slang term for *cannabis* (sativa).

**daisy chain:** 1. A slang expression used to refer to *a group of men and/or women engaged in simultaneous sexual activity*. 2. See *gang bang* and *clutter fuck*.

**dark room:** 1. A darkened room within a cruising area (usually a steam bath or gay cinema) where anonymous sexual activities take place. 2. Also referred to as *DR*.

**Debra:** A gay slang term used to refer to *a depressed person*, as in "John is so debra today" (*John is so depressed today*).

**deep throating:** 1. A slang term used to describe *oral sex with a bloke during which one goes down on the whole length of his dick (penis)* plunging his dick right down the throat. 2. Deep throating is done by experienced fellators as pushing the penis right down the throat could stimulate the vomiting reflex in the average person with embarrassing results.

**Delia:** 1. A gay slang term used to refer to *an excessively dramatic person*, as in “What a delia!” (*What an excessively dramatic person!*). 2. Also known as a *drama queen*.

**Dick:** 1. A slang term (originally American) for *penis*. 2. It is also used by gay men to refer to *sex itself*, as in “I’m going to get some dick tonight” (*I’m going to have sex tonight with another man*). 3. See *cock*.

**dildo:** 1. An *artificial phallus*. 2. Dildos have been used by mankind for a long time. History records that dildos were used by the Egyptians, Greeks and Chinese. They were originally fashioned from wood, leather, glass and ivory. With the advent of rubber, dildos have been made to look more like a real penis and come in different shapes, sizes and colours.

**dilly boys:** 1. In (originally British) gay slang, dilly boys are *rents* or *male sex workers*. 2. They are apparently so named because of the notoriety of Piccadilly Circus in London as a place where male sex workers could be picked up.

**discipline:** 1. Used as a slang word it means *beating each other as by spanking or using switches (whip-like instruments) to increase erotic sensation*. 2. It is part of the SM scene. 3. See *B&D* and *SM*.

**do a fruit salad:** 1. General slang expression used when a guy *indecently exposes himself*, as in “He did a fruit salad without blinking an eye” (*He indecently exposed himself without blinking an eye*). 2. See *flag waver*.

**do it (done it):** A general slang term for *sexual intercourse*, as in “Have you ever done it?” (*Have you ever had sexual intercourse?*).

**do the deadly deed:** 1. A general slang expression for *having sex without a condom*. It is a very apt expression if one thinks of the devastating result of contracting AIDS as a result of practising unsafe sex. 2. See *golden screw* and *bareback riding*.

**Dora:** 1. A gay slang term used to refer to *a drink*, as in “Do we have enough dora for tonight?” (*Do we have enough liquor for tonight?*) 2. Also used to indicate *to be drunk*, as in “He’s dora’d” (*He is drunk*). 3. Also used for *to drink*, as in “He dora’d all the booze” (*He drank all the liquor*).

**Doris:** A gay slang term used to refer to *an alcoholic drink*, as in “I paid very little for this doris. It was on special today” (*I paid very little for this liquor. It was on special today*).

**dose:** A general slang expression for *a sexually transmitted infection* (usually gonorrhoea or syphilis), as in “He’s got the dose” (*He has gonorrhoea [or syphilis]*).

**douche:** A douche is a prerequisite to ‘fisting’ or ‘fist fucking’. It refers to *the practice of taking a lengthy enema to thoroughly clean the rectum and colon before embarking on sex*. Valuable for aesthetic reasons, it is also useful from a health point of view since faecal matter can serve to transmit various diseases. It, however, also has the major disadvantage of increasing the risk of transmission of sexually transmitted infections (including HIV) by irritating the lining of the rectum and/or colon and possibly also making it more permeable to micro-organisms.

**downers:** Drug user slang for *barbiturates* (as a group of drugs).

**DR:** See *dark room*.

**draadtrek:** Afrikaans slang for *masturbate*.

**drag:** A general slang term used to refer to the *female attire worn by a male*, whether for fun, or because of transvestism.

**drag queen:** A general slang expression used to refer to *a male person who wears female attire*, whether for fun, or because of transvestism.



**drama queen:** 1. A gay slang term used to refer to *an excessively dramatic person*. 2. Also known as *Delia*.

**drip:** A general slang expression used for *gonorrhoea*, as in “He’s got the drip” (*He has gonorrhoea*).

**drive the bus:** A general slang expression used to refer to someone *vomiting into the toilet*, especially if as a result of consuming too much alcohol, as in “John was driving the bus all night. I warned him not to dora so much” (*John was vomiting in the toilet all night. I warned him not to drink so much*).

**dry sex:** 1. A slang term referring to any *penetration of the anus/rectum or vagina of a person without proper lubrication*.

**DTE:** A gay acronym used in advertisements for *down to earth*, as in “ISO DTE GWM” (*In search of [a] down to earth gay white male [meaning that he must not be obviously gay or campy]*).

**dunt:** 1. Combination of the words *dick* and *cunt*. 2. A gay slang expression used to refer to a guy who cannot make up his mind whether to act in a masculine or feminine manner, as in “Here we go, John is a real dunt again today” (*Here we go, John cannot make up his mind whether he wants to act like a guy or a girl today*).

**dust:** Drug user slang for *cocaine*.

**dynamite:** Drug user slang for *cocaine*.

**E:** See *ecstasy* and *big E*.

**eat:** 1. A gay and general slang expression used to refer to *oro-genital sex*, as in “Yes, eat my dick!” (*Yes, perform fellatio on me!*). 2. See *Sally* and *face-fucking*.

**E/Going:** A gay abbreviation used in advertisements for *easy going*, as in “ISO e/going GWM - no fems” (*In search of [an] easy going gay white male - no femmes [effeminate guys not wanted]*).

**ecstasy:** Also known simply as *E* or *big E*. A recreational drug which is found in powder, capsule, tablet, or crystal form and which provides a stimulant and hallucinogenic effect. According to information provided to the researcher “E” is quite freely available in South Africa especially at ‘raves’.

**EL:** 1. An acronym for *English Letter*, used by the French in retaliation of the acronym *FL* (French Letter) introduced by the English. 2. See *condom*.

**Esme:** 1. A gay term used when referring to *primping and preening*. 2. It is said to come from the Afrikaans “[Is] es my hare reg?” (*Is my hair OK?*).

**Ethyl:** A gay term used to refer (usually in derogatory manner) to *an elderly man*, as in “What an ethyl - what does he want with me anyway!” (*What an old guy - what does he want with me anyway!*).

**EXP:** A gay abbreviation used in advertisements for *experienced*, as in “ISO GWM EXP B&D” (*In search of [a] gay white male [he must be] experienced [in] bondage and discipline*).

**face-fucking:** 1. A gay slang term used to refer to *oral sex* (fellatio). 2. See *Sally*.

**fairy:** A general derogatory slang expression used to refer to *a gay man*, especially an extremely effeminate one.

**family:** 1. A gay slang term when used to refer to a gay person/persons, as in "He's family" (*He is gay*). 2. See *Mavis*.

**family jewels:** 1. A general slang term for *testicles*. 2. Sometimes referred to as *crown jewels*.

**fem:** See *femme*.

**femme:** 1. A gay term used to refer to the *feminine qualities in a man* as opposed to masculine traits. 2. It is also used to refer to a so-called 'passive' gay (male), usually with an underlying assumption that such a person *prefers to play a passive role in the sexual relationship* (anal penetration). 3. It is also used to refer to a person who is said to *prefer to have anal intercourse practised on him*. 4. It is the opposite of *butch*. 5. Sometimes used only as *fem*. 6. See *Monica*, *Nancy*, and *pansy*.

**finger** (finger-fuck(ing)): A gay slang term used to refer to the act of stimulating a man sexually by placing the finger(s) over the anus or by *inserting a finger or fingers into the anus*.

**Fiona:** 1. A gay slang term used to describe *to have intercourse with a man*, as in "Mark my words, he's going to fiona John tonight" (*Mark my words, he is going to have intercourse with John tonight*). 2. The act of *sexual intercourse*.

**fist-fuck(ing):** A gay term (especially in *SM* and *B&D* circles) used to refer to *the practice of insertion of the hand (and sometimes the forearm as well) into the anus and up the rectum* of another person as part of a sexual encounter.

**fisting:** See *fist-fuck(ing)*.

**FL:** 1. An acronym for *French Letter*, originally used by the English. 2. See *condom*.

**flag waver:** A general slang expression used to refer to *a male exhibitionist*.



**French culture:** A gay slang expression for *oral sex* (fellatio).

**fruit:** A general slang expression used to refer to *a gay person*, as in “Don’t let him fool you - he’s a fruit - I’ll put my head on it” (*Don’t let him fool you - he is gay - I’ll put my head on it*).

**FSQ:** 1. A gay acronym for *film star quality* when referring to a physically beautiful man, as in “He’s absolute FSQ!” (*He is an absolutely physically beautiful man! He looks like the most beautiful filmstar*). 2. See *Beulah, hunk, Olive* and *PYT*.

**FT:** A gay acronym used in advertisements for *fun times*, as in “ISO GWM FT” (*In search of [a] gay white male [for] fun times*).

**fuck(ing):** 1. A general slang term used to refer to *sexual intercourse*. 2. It is used as a gay term to refer to *anal intercourse*. 3. Also sometimes referred to as *screw(ing)*.

**fuckstrated:** A general slang term used to refer to someone who is *sexually frustrated*, as in “Poor John, he’s not only a BAV but is fuckstrated at the same time” (*Poor John, he’s not only in a position where he has not had sex for a long time but he is also sexually frustrated*).

**Gail:** A gay term used (specifically by South African gays) to refer to the *act of chatting*, as in “I was just having a gail, nothing serious, when he accused me of camping him!” (*I was just making general conversation, nothing serious, when he accused me of trying to sexually seduce him*).

**gang bang:** 1. A general slang expression but when used as gay slang refers to a group of males who take turns at having sexual intercourse with one guy. 2. See *daisy chain* and *clutter fuck*.

**gat:** A vulgar Afrikaans word for *anus*.

**gay:** 1. A generic, and widely used, term to describe *a male homosexual individual*. 2. It previously also referred to homosexual women who nowadays prefer to be known as *lesbians*. 3. See *lesbian*.

**GBC:** A gay acronym used in advertisements for *gay black couple*, as in "ISO GBC F/SHIP" (*In search of [a] gay black couple [for] friendship*).

**GBM:** A gay acronym used in advertisements for *gay black male* as in "ISO VWE GBM" (*In search of [a] very well endowed gay black male*).

**GCC:** A gay acronym used in advertisements for *gay coloured couple*, as in "ISO GCC F/SHIP" (*In search of [a] gay coloured couple [for] friendship*).

**GCM:** A gay acronym used in advertisements for *gay coloured male*, as in "ISO N/S GCM" (*In search of [a] gay coloured male [who must be a] non-smoker*).

**GD/LKG:** A gay abbreviation used in advertisements for *good looking*, as in "ISO GD/LKG GWM" (*In search of [a] good looking gay white male*).

**GIC:** A gay acronym used in advertisements for *gay Indian couple*, as in "ISO GIC F/SHIP" (*In search of [a] gay Indian couple [for] friendship*).

**GIM:** A gay acronym used in advertisements for *gay Indian male* as in "ISO GIM GSOH" (*In search of [a] gay Indian male [with a] good sense of humour*).

**glory hole:** 1. A gay slang term used to describe *a hole made through the wall or partition* between two toilets, (usually) large enough so that one can peep through it, but preferably large enough so that someone can stick his penis through it thus enabling the other person to either fellate or masturbate him - alternatively (if the glory hole is large enough) a hand is pushed through to masturbate the person in the other toilet or to fondle his body. 2. Certain commercial gay venues have special cubicles with glory holes (simulating glory holes in toilets) through

which fellatio or masturbation is performed. **3.** A *suck factory* is a gay slang term for a public toilet or other venue with more than one glory hole.

**go down (on):** A general slang expression used to describe the *act of performing fellatio* on a man.

**gold dust:** Drug user slang for *cocaine*.

**Golda:** A gay term used to refer to *a Jewish man who is gay*.

**golden screw:** **1.** A 'gay' slang term used to refer to *anal sex (without a condom)* where the person who inserts his penis into the anus of the other person also urinates in his rectum.

**golden shower:** **1.** A 'gay' term used to refer to the *act of urinating on another person in order to provide sexual stimulation/gratification* to that person. **2.** Also sometimes referred to as *water sports*. **3.** This term must not be confused with the term *Penelope*. **4.** See *golden screw*.

**go off:** **1.** A general slang expression to describe having an ejaculation or *experiencing an orgasm*. **2.** See *Connie*.

**grass:** Drug user slang for *cannabis* (sativa).

**Greek culture:** A gay slang expression for *anal intercourse*.

**GSOH:** A gay acronym used in advertisements for *good sense of humour*, as in "ISO GWM GSOH" (*In search of [a] gay white male [with a] good sense of humour*).

**guppy:** A gay slang term used to refer to a *gay yuppy* or 'gay upwardly mobile professional'.



**GWC:** A gay acronym used in advertisements for *gay white couple*, as in “ISO GWC F/SHIP”  
(*In search of [a] gay white couple [for] friendship*).

**GWM:** A gay acronym used in advertisements for *gay white male*, as in “ISO SA/SL GWM”  
(*In search of [a] straight acting [and] straight looking gay white male*).

**H:** 1. Drug user slang expression for *heroin*. 2. See *big H*.

**H&C:** Drug user slang expression for *heroin and cocaine taken together*.

**hand job:** 1. A general slang expression for *masturbation*. 2. Also referred to as *wank*, *toss*, *jack off*, or *Tilly*.

**hard-on:** A general slang expression for *an erection* (of the penis).

**hemp:** Drug user slang for *cannabis* (sativa).

**heterosexism:** 1. A set of beliefs, attitudes and practices which presents and promotes heterosexual relationships and life-style as the norm. It, therefore, sees such relationships and life-style as being superior to any others and, in extreme cases, considers any alternatives as unacceptable and unnatural. 2. Heterosexism is often defined by homosexual individuals as the social and ideological system which privileges heterosexual sex as normal, natural, and good, and which treats sex between two people of the same gender as being sick, unhealthy, evil and immoral.

**Hettie:** A gay slang term used in reference to a heterosexual person.

**high camp:** A gay expression used to refer to *a man who is obviously gay in his behaviour*, especially in his dress and body movements.

**Hilda:** A gay term used to refer to *a physically plain an unattractive or unpleasant person*, as in “He’s so hilda, I hardly noticed him” (*He is such a physically plain and unattractive person, I hardly noticed him*).

**homegrown:** Drug user slang for *cannabis* (sativa).

**homo:** 1. A general slang term (often used in a derogatory manner) for *a gay man*. 2. It is derived from the word ‘homosexual’.

**homophobia:** 1. It is defined as the *fear or hatred of homosexuals* (gay individuals). 2. It is colloquially used as a word for beliefs which explicitly or implicitly denigrate gays.

**horizontal dance:** A general term used by sex workers to refer to *sexual intercourse* when performed in a lying down manner.

**horny:** A general slang expression for *sexually aroused* or *sexually excited*.

**hot pants:** A gay slang expression when used for *a male who is constantly seeking sexual intercourse*.

**hum job:** See *Sally*.

**hung:** 1. A term used to describe someone ‘lucky enough’ to have *a large penis*. 2. Also referred to as *well-hung*. 3. A term often used by individuals when advertising themselves when the acronym *VWE* (very well endowed) is used.

**hunk:** 1. A general slang term for a physically *attractive boy* or *young man*. 2. See *Beulah*, *Olive*, *FSQ*, and *PYT*.

**hustle:** 1. A general slang expression for *soliciting customers for paid sex*. 2. Mostly used by the Americans and Canadians but as an expression it is becoming more popular in South Africa with the recent wide distribution of American pornographic material locally.

**hustler:** 1. An American and Canadian slang term used for a (homosexual) *male sex worker*. The term is being used more often in South Africa following the recent wide distribution of American pornographic material locally. 2. See *rent*.

**ice job:** See *Sally*.

**Indira:** 1. A gay term used to refer to an *Indian man who is gay*. 2. Also referred to as *Iris* and *Spice Boy*. 3. See *GIM*.

**INTELL:** A gay abbreviation used in advertisements for *intelligent*, as in "ISO INTELL GIM" (*In search of [an] intelligent gay Indian male*).

**intrafemoral sex:** 1. Sex where the penis is pushed *between someone's thighs*, often used as a safe sex alternative to anal penetration where no condom is available. 2. Also known as the *Princeton rub*.

**Iris:** See *Indira*, *Spice Boy*, and *GIM*.

**ISO:** A gay acronym used in advertisements for *in search of*, as in "ISO GWM COM/SHIP" (*In search of [a] gay white male [for] companionship*).

**JO (J/O):** 1. A gay acronym used in advertisements for *jack(ing) off*, as in "ISO GWM J/O" (*In search of [a] gay white male [for] jacking off only*). 2. See *masturbate*.

**jack(ing) off:** See *masturbate*.



**jag house:** A general slang expression for a *brothel for male sex workers* that caters to male clients.

**jags:** Afrikaans slang for *being sexually aroused*.

**jerk(ing) off:** See *masturbate*.

**Jessica:** 1. A gay term used which means *to be jealous*, as in "He is so jessica because John came to visit me (*He is so jealous because John came to visit me*). 2. Sometimes referred to just as *Jessie*.

**Jessie:** 1. General slang term for *an effeminate man*, as in "He's too jessie for my liking - you know that I only go for a real butch" (*He's too effeminate for my liking - you know that I am only attracted to real masculine guys*). 2. A gay term which means *to be jealous*, as in "He's just jessie because I was the only one who was called forward" (*He's just jealous because I was the only one who was called forward*). 3. See *Jessica*.

**jock itch:** 1. A *dermatosis affecting the genital region* in a male caused by a fungus. 2. Also referred to as *tinea cruris*, *dhobe itch*, and *jockstrap itch*.

**John:** 1. A slang term for a *male customer of a sex worker*. 2. A *public toilet* for males. 3. An older *gay man who keeps a young gay man* as a companion.

**John Thomas:** A general slang term for *penis*.

**joint:** Drug user slang for *cannabis* (sativa).

**joy house:** A general slang term for *a brothel*.

**junk:** Drug user slang for *heroin*.

**kak:** Vulgar Afrikaans slang for *defaecate* or *faeces*.

**kinky:** A slang expression related to unusual, 'abnormal', deviant, or *perverted sexual practices*.

**Kinsey Six:** **1.** A slang term for *someone who is exclusively gay* (homosexual). **2.** It derives from the pioneering sex research of Alfred Kinsey and his associates Dr Pomeroy and Martin (1948), who used a scale of zero to six to measure the sexual orientation of his subjects. Those who were exclusively heterosexual earned a zero, while those with any degree of homosexual leaning scored a mark along the scale up to six, for those who were exclusively homosexual.

**knaters:** A general Afrikaans slang term for *testicles*.

**kom** (noun): Afrikaans slang for *semen*.

**kom** (verb): Afrikaans slang for *ejaculating*.

**knob:** A general slang expression for *penis*.

**latex love:** **1.** A term used for *safer sex*. That is, having sex using a (latex) condom to act as a barrier to prevent sexually transmitted infections. **2.** Latex love includes the use of latex gloves during 'fist-fucking'.

**Laura:** A gay term used when referring to a *lover* or *love*, as in "John is the best laura I have ever had!" (*John is the best lover I have ever had!*).

**leather:** **1.** The wearing of black leather clothing is particularly associated with men (and women) who take part in sadomasochistic sex. **2.** See *SM*.

**left handed:** A slang expression used to refer to *a man who is gay*, as in “He’s left handed” (*He is gay*).

**leg opener:** 1. A slang expression for a *strong alcoholic drink* given to a man in the hope that it will make him a willing (or unresistant) sexual partner. 2. See *TBHD*.

**lesbian:** 1. A term used to refer to *a homosexual woman*. 2. The word refers to the Greek island Lesbos, not far from the coast of Turkey, which was the location for the poet Sappho’s educational establishment for girls. 3. A lesbian is also referred to as a *Lettie*.

**Lettie:** See *lesbian*.

**LGBT:** A gay and lesbian acronym for *lesbian, gay, bisexual & transgender* as in “LGBT well-being” when referring to the well-being of lesbians, gays, bisexuals and transgender individuals as a group.

**Lily:** 1. A gay term used to refer to *the law* or *police*. 2. Also referred to as *Priscilla* and *Betty Bangles*. 3. A slang term for an *effeminate male* or gay man.

**little death:** A general slang expression for *passing out* or losing consciousness *during an orgasm*.

**little noises of delight:** See *love music*.

**love bugs:** See *crabs*.

**love juice:** 1. A general slang expression for *semen*. 2. See *come* (cum).

**love music:** 1. A slang expression for the sounds that accompany an orgasm. 2. Also referred to as *little noises of delight*.



**lover's balls:** See *blue balls*.

**lover's nuts:** See *blue balls*.

**low neckline:** See *cut*.

**lunch:** **1.** A gay term used to refer to *the male genitalia* as in "Did you see his lunch! Man, what a dick!" (*Did you see the way his penis is defined within his pants! Man, what a penis!*). **2.** It is said to have developed because it would be something a gay man would want to get his mouth round when hungry for dick!

**M:** **1.** Drug user slang for *morphine*. **2.** See *big M*.

**MA:** A gay acronym used in advertisements for *mixed ages* meaning that gay men of all ages can be found there.

**manicure:** **1.** Very similar to the ordinary use of the word 'manicure'. **2.** It is a necessary part of '*fist-fucking*' scenes. The fister's *nails are cut very short and then filed down* to make them entirely smooth to prevent any possible injury to the rectal or colonic tissue during 'fisting'. **3.** Health educators nowadays advise that latex gloves should be worn as well for protection against the HI virus as well as other sexually transmitted infections.

**M2M:** **1.** A gay term which comes from *male to male* indicating sexual activity between two males. **2.** This abbreviation is often used by male sex workers when advertising their services. It is also used by gays when advertising for friends. **3.** Sometimes referred to as 'men who have sex with men'.

**madam:** **1.** A general slang expression for *a person who runs the activities of a few sex workers*. The split of fees for a madam is often 50/50 or 60/40 (favouring the madam). **2.** See *pimp*.

**male sex worker:** Refers to any promiscuous male person involved in one or other form of sexual activity with another male with whom he does not have a permanent relationship whether for exchange of benefit (usually, but not exclusively, money) or not.

**Marie:** A gay term used to refer to a *mad* or *eccentric person*, as in "He's marie today - nobody can handle him when he's like this" (*He is mad today - nobody can handle him when he is like this*).

**Mary:** A gay slang expression for *a passive gay man*, as in "I've known him to be mary all his life" (*I've known him to be a passive gay guy all his life*).

**Mary Jane:** Drug user slang for *cannabis* (sativa).

**masochist:** 1. A masochist is a person who *achieves sexual gratification by experiencing pain before or during the sex act*. 2. The term is derived from the name of a 19<sup>th</sup>-century Austrian novelist, Leopold von Sacher-Masoch (1836-1895), who depicted this form of sexual pleasure in his works "Venus in Furs" and "The Legacy of Cain".

**masturbate:** 1. A term used to describe the act of *satisfying oneself sexually*, usually with the hand, but also with sex toys. 2. It is most probably a combination of the Latin 'mazdo' meaning penis and 'turba' meaning agitation. 3. Also referred to as *tos, jacking off, wanking, and Tilly*.

**Maureen:** A gay term which refers to *murder* or *murdered*, as in "O, my God, did you hear John was maureenened!" (*O, my God, did you hear John was murdered!*).

**Mavis:** 1. A gay term used to refer to *another gay person*, as in "Don't worry, he's a mavis" (Don't worry, he is gay). 2. See *family*.

**MBA:** A gay acronym used in advertisements for *mutually beneficial arrangement*, as in "ISO S/M GWM MBA" (*In search of [a] sadomasochistic gay white male [for] mutually beneficial*

*arrangement*).

**meat:** A general slang term for *penis*.

**meat rack:** A term used to refer to *a place where males (who are cruising for sex) hang out*.

**microdots:** Drug user slang for *morphine*.

**MG:** A gay term used in advertisements for *middle aged gay men* (usually from 30 - 40 years).

**Miss Emma:** Drug user slang for *morphine*.

**MJ:** Drug user slang for *cannabis* (sativa).

**moffie:** An Afrikaans slang word for referring to *a gay boy or man*.

**Monica:** **1.** A gay term used to refer to a *femme man*, as in "John is the best example I know of being monica" (*John is the best example I know of being an effeminate man*). **2.** See *femme*, *pansy*, and *Nancy*.

**morphy:** Drug user slang for *morphine*.

**MSM:** A gay acronym for *men who have sex with men*.

**naai:** **1.** Afrikaans slang (vulgar) for the *act of sexual intercourse*. **2.** It is the equivalent of the English word *fuck*.

**Nancy:** **1.** A gay term used to refer to *a male person who is very effeminate*, as in "He's a real nancy" (*He's a real effeminate man*). **2.** When used by Cape Town gays it means *nothing*, as in "Nay, man, it was nancy. I didn't mind doing it" (*Nay, man, it was nothing. I didn't mind*



doing it). **3.** A derogatory slang term for *a gay boy or young man*. **4.** See *femme, pansy, and Monica*.

**napkin ring:** See *cock ring*.

**Natalie:** **1.** A gay term used to refer to *a black person who is gay*. **2.** See *GBM*.

**NOCD:** A gay acronym for *not our class, dear* when referring to someone else of alleged lower class, status, or intellectual ability, as in "I have only one comment, and that is NOCD" (*I have only one comment, and that is [that he/she] is not our class, dear*).

**Nora:** A gay term used to refer to *a person who is intellectually challenged*, as in "He's nora man, don't waste your time on him" (*He's stupid man, don't waste your time on him*).

**nose candy:** Drug user slang for *cocaine*.

**NS (N/S):** A gay acronym used in advertisements for *non-smoker*, as in "ISO DTE N/S GWM COM/SHIP" (*In search of [a] down to earth non-smoking gay white male [for] companionship*).

**NTBH:** **1.** A gay acronym for *not to be had*. **2.** It refers to a (heterosexual) male person who, it is believed, *cannot be seduced into a homosexual act*. **3.** It is the opposite of *TBH*.

**number:** **1.** A gay slang expression used when *referring to a man to whom one is attracted*. **2.** A gay slang expression used to refer to *a man one is sexually involved with*.

**nuts:** A general slang expression for *testicles*.

**O:** **1.** Drug user slang for *opium*. **2.** Also known as *big O*.

**OG:** Gay expression used in advertisements for *older gay men* (usually older than 40 years) as in “Safe cruising mostly OG” ([A] safe [place to pick up other men but] mostly [older gay men cruise there]).

**Olga:** A gay term used to refer to *an organised person*, as in “He’s as olga as usual” (*He’s as organised as usual*).

**Olive: 1.** A gay term used to refer to *a beautiful man*, as in “He’s an olive, what more do you want?” (*He’s a gorgeous man, what more do you want?*). **2.** See *Beulah, FSQ, hunk, and PYT*.

**organ:** A general slang expression for *penis*.

**pansy:** A term used to refer to *a gay man*, especially an effeminate one.

**PASS:** A gay abbreviation used in advertisements for *passive*, as in “ISO PASS SL GWM” (*In search of [a] passive straight looking gay white male*).

**passive:** See *femme*.

**Patsy:** A gay term used to refer to *a party*, as in “Are you going to John’s patsy on Friday?” (*Are you going to John’s party on Friday?*).

**pearls:** Drug user slang for *amyl nitrite*.

**pecker:** A general (originally American) slang term for *penis*.

**pellets:** Drug user slang for *opium*.

**Penelope:** 1. A gay term used which means *to urinate*, as in “I was only having a penelope - now he accuses me of trying to wave a flag” (*I was only urinating - now he accuses me of indectly exposing myself*). 2. This term must not be confused with *golden shower*.

**pep pills:** Drug user slang for *amphetamines* (as a group of drugs).

**Peter:** A general slang term for *penis*.

**picnic basket:** 1. A gay term used to refer to the *male genitalia* (shape and size of penis and testicles) as outlined within his trousers, underwear, or swimming trunks. 2. Also sometimes referred to only as *basket*.

**piece:** A gay term used to refer to *a (sexual) partner*, as in “I had a lovely piece last night!” (*I had a wonderful sexual partner last night!*).

**piel:** 1. General Afrikaans slang for *penis*. 2. It is the equivalent of *cock* (in English) or *dick* (American).

**pillow-biter:** A derogatory slang term for *a gay man*.

**pimp:** 1. A general slang term for someone who *makes sex workers available to clients*. They (successful pimps) are said to be experts at providing exactly what a client wants. 2. A pimp usually takes all the money earned by his sex workers in exchange for: only enough to keep the sex worker in clothes • a place to sleep • meals, and • protection. 3. See *madam*.

**pin feather:** 1. A term used to refer to a (male) *sex worker who is very young* - sometimes as young as six. 2. This is the area of interest of paedophiles. 3. See *chicken*.

**pink triangle:** 1. The most well-known *symbol for homosexuality*. 2. It dates from the Nazi holocaust, when thousands of gay men were shipped off to concentration camps for their



sexuality. To be identified for what they were they were required by the Nazis to wear a badge in the form of an inverted pink triangle.

**pis:** Vulgar Afrikaans slang for *urinate*.

**piss:** Vulgar English for *urine* or *urinate*.

**playing the bagpipes:** A gay slang expression (originating in the United Kingdom) to describe the practice of *rubbing the penis in another male's armpit* for sexual gratification.

**PLS:** A gay abbreviation used in advertisements for *please*, as in "ISO GWM, no fems PLS" (*In search of gay white male, no feminine [guys] please*).

**pomp:** 1. An Afrikaans slang expression for the act of *having sexual intercourse*. 2. It is the English equivalent of *pump*.

**poofter:** 1. A general slang expression used to refer (usually in a derogatory manner) to *a gay man*. 2. It is a variant of *woofter*.

**poppers:** 1. This refers to the drug *amyl nitrite*, a stimulant which raises the heartbeat and creates a powerful, if rather short-lived, sense of euphoria. 2. It is often sniffed by some males during sex (or while masturbating) as it is said to provide an artificial kick to their sexual excitement. 3. Amyl nitrite, as recreational drug, is known as 'poppers' or 'snappers' because they first became available as a prescription drug in a crushable glass ampule encased in a cloth webbing containing 0,3ml of the compound. The nickname originated from the popping sound characteristic of crushing the ampule of amyl nitrite. 4. Also known as *snappers*, *pearls* and *amy*.

**poppy:** Drug user slang for *opium*.

**POSS:** A gay abbreviation used in advertisements for *possible*, as in “ISO VWE GWM POSS F/SHIP” (*In search of [a] very well endowed gay white male [for] possible friendship*).

**pot:** Drug user slang for *cannabis* (sativa).

**prick:** A general slang term for *penis*.

**Princeton rub:** See *intrafemoral sex*.

**Priscilla:** 1. A gay term used to refer to a *police officer/officers* or *the law*. 2. See *Betty Bangles*.

**priss:** A gay term used to refer to *a conservative individual*, as in “John is so priss, one can’t even tell a sexy joke in front of him without him reacting” (*John is so conservative, one can’t even tell a sexy joke in front of him without him reacting*).

**prossie:** A slang abbreviation for *prostitute* (male or female).

**prostitute:** See *male sex worker*.

**prostitution:** 1. Promiscuous sexual relations between individuals, (male and female) who are not in a permanent relationship, whether these relations take place for payment or not.

**providing a soundtrack:** 1. Slang for someone who *talks dirty during sex*. 2. See *soundtrack*.

**PYT:** 1. A gay acronym derived from *pretty young thing* when used to refer to an aesthetically beautiful young man. 2. See *Beulah*, *FSQ*, *hunk*, and *Olive*.

**queen:** 1. A term used to refer to *a male homosexual person who is very effeminate* and shows many feminine characteristics in his behaviour and speech. 2. See *femme*.

**queer** (adjective): A term used to refer to someone as *being homosexual*.

**queer** (noun): A term used to refer to *a homosexual person*.

**quickie**: A slang term used to refer to a *short, rapid act of sexual intercourse*.

**R**: Gay 'term' used in advertisements for *frequented by male prostitutes* (hustlers) as in: "Safe to cruise - R!" (Safe to pick up other men - cruising area frequented by hustlers).

**raise the dead**: A slang expression used to describe the inducement of a new erection in a male who has just had an orgasm, as in "John is so skilled, he can raise the dead" (*John is so skilled, he can induce an erection in someone who has just reached orgasm*).

**Reeva**: A gay term which means *revolting*, as in "He's such a reeva. Just thinking of him wants to make me vomit" (*He is such a revolting person. Just thinking of him wants to make me vomit*).

**REG**: A gay abbreviation used in advertisements for *regular*, as in "ISO W/Blt REG BND GWM" (*In search of [a] well built gay white male [who must look like the] regular boy next door*).

**rent**: 1. A gay term used to refer to any male sex worker or other homosexual/bisexual male who *requests compensation (usually money or drugs) in return for sex*. 2. Also sometimes referred to as *rent boy*.

**rim**(ming): A gay term used to refer to the *practice of licking or sucking the anus* and/or inserting the tongue into the anus of another man so as to sexually stimulate him.

**Rita number**: 1. A gay slang expression for *a man who charges for sex*, usually with older men, as in "He's a rita number - no ways will he have sex for free" (He's always charged for



sex with older men - no ways will he have sex for free). **2.** See *rent*.

**rock:** Drug user slang for *cocaine*.

**rocks:** A general slang term for *testicles*.

**rod:** A general slang term for *penis*.

**Roman culture:** A slang expression for *orgy*.

**R/SHIP:** A gay abbreviation used in advertisements for *relationship*, as in "ISO VWE GWM POSS R/SHIP" (*In search of [a] very well endowed gay white male [for] possible relationship*).

**SA (S/A):** **1.** A gay acronym used in advertisements for *straight acting*, as in "ISO S/A GWM F/SHIP" (*In search of [a] straight acting gay white male [for] friendship*). **2.** Straight acting refers to not being seen to be overtly gay or effeminate. **3.** A gay term used in advertisements to indicate a *dry sauna*.

**SB:** A gay terms used in advertisements to indicate a *steam bath*.

**sadist:** **1.** A sadist refers to *a person who inflicts harm and/or pain on another person* in order to gain sexual and/or psychological satisfaction. **2.** The word originates from the name of the Marquis de Sade (1740-1814), who was known for the cruelty and brutality he inflicted (especially on women). **3.** See *SM*.

**safer sex:** **1.** A term used to refer to adopted recommended sexual behaviours to reduce the risk of transmission of HIV and other sexually transmitted infections. **2.** It is mainly based on avoiding direct contact with and avoiding the exchange of body fluids.

**safety:** A slang term for *condom*.

**safe word:** A word agreed on by both partners in an SM scene, which, when used by the submissive partner, will immediately terminate play. The pleadings of the submissive partner is part of the SM scene and provides sexual satisfaction/gratification to the active partner and no amount of pleadings will stop the activity - only the 'safe word' will end the session.

**Sally:** 1. A gay term used to refer to the act of performing **fellatio** (sucking of another man's penis). 2. It is also referred to as *blow job* or *suck(ing) off*. 3. See *blow* (verb).

**sativa:** Drug user slang for *cannabis* (sativa).

**scat:** 1. A gay term used to refer to *involvement with human excreta* (faeces) as part of sexual behaviour/gratification. 2. See *brown shower* and *coprophilia*.

**scene:** A gay slang term used to refer to the *gay sub-culture*, as in "He's part of the scene, man" (*He's gay, man*).

**score:** A slang expression used to refer to *sexual intercourse*, as in "When last did you score?" (*When last did you have sexual intercourse?*).

**screamer:** A general slang term for *a gay man*, as in "He's a real screamer" (*He's so obviously homosexual*).

**screw(ing):** See *fuck(ing)*.

**SD (S/D):** A gay acronym used in advertisements for *social drinker* as in "ISO VWE GWM S/D N/S" (*In search of [a] very well endowed gay white male [he may be a] social drinker [but must be a] non-smoker*).

**sex toys:** See *toys*.

**sex work:** Is one of the activities comprising the broader concept 'prostitution' and refers to promiscuous involvement in one or other form of sexual activity for exchange of benefit (usually, but not exclusively, money).

**sex worker:** See *male sex worker*.

**shaft:** A slang expression for *penis*.

**shit:** A vulgar word for *faeces*.

**shoot (one's) load:** 1. General slang for *ejaculate*. 2. See *come* (cum).

**shoot off:** A slang expression for *ejaculation*.

**siff:** 1. A slang expression for *syphilis*. 2. See *syph*.

**six pack:** 1. A general term used to refer to the well developed, *prominent abdominal muscles* (*rectus abdominis*) of a man. 2. It is often used by male sex workers when advertising themselves as 'has six pack'.

**sixty-nine:** 1. A *sexual position* where both partners perform oral sex on one another simultaneously. 2. The term is derived from the similarity of the position to the figures 69.

**skattie:** Afrikaans gay slang *term of endearment* as in "Skattie, jy's pragtig!" (*Darling, you're gorgeous!*).

**SL (S/L):** A gay acronym used in advertisements for *straight looking*, as in "ISO S/L S/AGWM" (*In search of straight looking gay white male [must also be] straight acting*).



**sling room:** A *SM* term for a room containing the necessary apparatus consisting of chains and leather belts used to suspend someone in such a manner that it facilitates various forms of sexual and *SM* activities.

**SM:** 1. A term derived from *sadomasochism* or *slave/master* and refers to individuals who are involved in leather fetish and painful sexual activities. 2. Also referred to as *leather* or *bondage*. 3. A sadist refers to a person who inflicts harm and/or pain on another person in order to gain sexual and/or psychological satisfaction. 4. The word originates from the name of the Marquis de Sade (1740-1814), who was known for the cruelty and brutality he inflicted, especially on women. 5. A masochist achieves sexual gratification by experiencing pain before or during the sex act. 6. The term masochist derives from the name of a 19<sup>th</sup>-century Austrian novelist, Leopold von Sacher-Masoch (circa 1895).

**snake:** A general slang expression for *penis*.

**snappers:** 1. Drug user slang for *amyl nitrite*. 2. See *poppers*.

**snow:** Drug user slang for *cocaine* and *heroin*.

**SNU:** A gay term used in advertisements for a *strip show*.

**social dandruff:** See *crabs*.

**sound track:** A gay slang expression referring to *sexually stimulating language during sex*.

**speed:** Drug user slang for *amphetamines* (as a group of drugs).

**speedball:** Drug user slang for *cocaine*.

**spend a penny:** A general slang expression used to refer to when someone *urinates involuntarily when sexually aroused* or when having an orgasm.

**spice boy:** 1. A gay term for a *Gay Indian*. 2. See *Indira* and *Iris*.

**star dust:** Drug user slang for *cocaine*.

**Stella:** 1. A gay slang expression which means *to steal*, as in "Someone stella'd John's purse" (*Someone stole John's purse*). 2. It also refers to *a thief*, as in "John is a stella, I saw him taking Peter's purse" (*John is a thief, I saw him taking Peter's purse*).

**straight:** 1. Within gay slang it means to be *heterosexual*. 2. See *BM* and *Breeder*.

**streetwalker:** Sex worker slang for a sex worker who sells his/her services on the streets as opposed to sex workers working from a specific room or premises.

**stud:** A slang expression used to refer to a *butch guy* or a *male sex worker*.

**STV:** A gay expression used to refer to a *drag show*.

**suck factory:** See *glory hole*.

**suck(ing) off:** See *Sally*.

**suig:** Afrikaans slang for *suck* or *sucking off*.

**swinger:** General slang referring to one of a group composed of couples who engages in indiscriminate sexual relations with others of the group.

**swish(y):** A slang expression (originally American) used to refer to *an effeminate gay man*.

**syph:** 1. A slang expression used to refer to *syphilis*. 2. See *siff*.

**talking dirty:** See *coprolalia*.

**tar:** Drug user slang for *opium*.

**TBH:** 1. A gay acronym derived from *to be had* and refers to a (heterosexual) man who is believed to have the potential to be homosexually seduced. 2. It is the opposite of *NTBH*.

**TBHID:** 1. A gay acronym similar to TBH and stands for *to be had in drink* meaning that the particular (heterosexual) man referred to could be homosexually seduced once he has been 'loosened up' with alcohol, as in "Ask me, I know, He's TBHID. We had a gorgeous time together!" (*Ask me, I know, He's willing to have gay sex once he has had a drink. We had a gorgeous time together!*). 2. See *leg-opener*.

**TDF:** A gay acronym for *to die for*, especially when referring to a beautiful man, as in "He's TDF, I'll give anything to have him!" (*He is something to die for, I'll give anything to have sex with him!*).

**TDS:** A gay expression when referring to someone as *tedious* or *boring*, as in "John's so TDS, I wonder what's up with him." (*John is so boring today, I wonder what is wrong with him*).

**tearoom:** 1. An (American) gay slang word for a *public facility* (public toilets, parks, parking lots) where men meet to engage in largely anonymous homosexual activities, often at the risk of discovery by others or even arrest. 2. See *cottage*.

**thing:** A general slang expression for *penis*.

**threesome:** 1. The *involvement of three individuals in sexual activity simultaneously* with each other. 2. See *group sex*.



**Tilly:** 1. A gay term meaning *to masturbate* (alone or mutually), as in “He’s old enough, man. I’ll teach him how to tilly” (*He is old enough, man. I will teach him how to masturbate*). 2. Also referred to (among others) as *wank, toss, hand job, or jack off*.

**tom cat:** A slang term for *a man who goes whoring with other men* (or women).

**tool:** A general slang expression for *penis*.

**top:** 1. A gay term referring to *active penetrative anal sex*. 2. It is the opposite of *bottom*.

**TOQ:** A gay acronym for *tatty old queen* used when referring to an older, lecherous gay man.

**toss:** See *masturbate*.

**toy-boy:** A general slang expression for *an older man’s (woman’s) young male lover*.

**toys:** 1. A general term used to refer to *any object inserted into the anus or up the rectum* for sexual stimulation. 2. Examples of toys include vibrators, butt plugs, beads, rubber replica of a penis (dildo), etcetera.

**trade:** A gay slang term for a *casual, transitory sexual experience*, as in a conversation between two sex workers “How was trade today?” (*How many sexual contacts did you have today?*)

**trassie:** 1. An Afrikaans word which originally refers to a *hermaphrodite*. 2. Used as an Afrikaans slang word to refer, in a derogatory manner, to a *homosexual man*.

**travel:** 1. A slang term when used to refer to the availability of a male sex worker to deliver a service at a place indicated by his client (meaning *he is mobile*). 2. A higher fee is usually charged for travel as part of the service of the sex worker.

**trick:** 1. A slang expression for *a partner in a homosexual encounter*. 2. Refers to the act of *sexual intercourse*.

**tril:** An Afrikaans slang term for *penis*.

**TS:** A gay term used in advertisements for *transsexual* as in "ISO TS GWM" (*In search of [a] transsexual gay white male*).

**TT:** 1. A gay acronym for *tit torture* used in advertisements as in "Into rimming, sucking, bondage, and TT. ISO someone with similar interests" (*[I am] into rimming, sucking, bondage, and tit torture. In search of someone with similar interests*). Tit torture includes piercing of the nipple and rough handling (pinching, etc) of the nipple and pierced nipple as part of sexual gratification. This is part of the *SM* scene. 2. See *SM*.

**turn on:** 1. A slang expression used to refer to *stimulate* or *excite sexually*. 2. It is also used to refer to *being sexually appealing*, as in "He's a real turn on" (*He stimulates me sexually*).

**TV:** A gay term used in advertisements for *transvestite* as in "ISO GWM TV COM/SHIP" (*In search of [a] gay white male [who is a] transvestite [for] companionship*).

**twink:** 1. A term originally used to refer to a *good-looking straight man*. 2. It has since been used to also mean *a young gay man*.

**UC (U/C):** A term used in advertisements and in general talk for *uncut* (meaning to be uncircumcised), as in "GWM U/C. Six pack. For the time of your life" (*[I am a] gay white male [who is] uncircumcised. [I have a] six pack (prominent abdominal muscles). [Contact me] for the time of your life*).

**uncut:** See *UC*.

**uppers:** Drug user slang for *amphetamines* (as a group of drugs).

**ups:** Drug user slang for *amphetamines* (as a group of drugs).

**Ursula:** A gay term used to refer to *a sympathetic heterosexual person*, as in “John tells me that Peter is ursula” (*John tells me that even though Peter is heterosexual, he is sympathetic towards gays*).

**vamp:** A gay slang expression when used to refer to the *seduction of another man* through the use of sex appeal, as in “I vamped John last night!” (*I seduced John sexually last night!*).

**Vera:** A gay term which means *to vomit*, as in “He drank until he vera’d” (*He drank until he vomited*).

**voël:** Afrikaans slang for *penis*.

**VWE:** A gay acronym used in advertisements for *very well endowed*, as in “ISO VWE GWM POSS R/SHIP” (*In search of [a] very well endowed gay white male [for] possible relationship*).

**wada:** **1.** A gay slang term meaning *to point out an attractive man*, as in “Wada that olive!” (*Look at that beautiful man!*). **2.** A gay slang expression used to refer to the act of staring at an attractive man.

**wake-ups:** Drug user slang for *amphetamines* (as a group of drugs).

**wank:** See *masturbate*.

**wapen:** Afrikaans slang expression for *penis*, as in “Daai man het ‘n wapen wat skrik vir niks!” (*That guy has a penis of enormous size!*).



**water sports:** See *golden shower*.

**watch queen:** A gay slang expression used to refer to a *male who stands guard in a public convenience* (toilet or lavatory) to warn other men inside the convenience who are busy with homosexual activities that possible 'danger' is approaching.

**W/Blt:** A gay abbreviation used in advertisements for *well built*, as in "ISO W/Blt GWM" (*In search of [a] well built gay white man*).

**weed:** Drug user slang for *cannabis* (sativa).

**well-hung:** See *hung* and *VWE*.

**Wendy:** A gay term used to refer to *a white person who is gay*.

**wet dream:** A general slang expression for *nocturnal emission*.

**whack off:** A slang expression for *masturbate*.

**white:** Drug user slang for *cocaine*.

**Willy:** A general slang expression for *penis*.

**wire:** A slang expression for *penis* as in *pulling one's wire* meaning to *masturbate*.

**WLTM:** A gay acronym used in advertisements for *would like to meet*, as in "WLTM ACT VWE GWM POSS R/SHIP" (*[I] would like to meet [an] active, very well endowed gay white male [for] possible relationship*).

**woofter:** 1. A general derogatory slang expression for *a gay man*. 2. It is a variant of *poofter*.  
3. Afrikaans equivalent of *poefter*.

**YG:** Gay expression used in advertisements for *younger gay men* (usually 18-30 years) as in “Excellent cruising YG” (Excellent [place to pick up younger gay men]).

**Zelda:** A gay term used to refer to *a Zulu person who is gay*.

### 3.7 CONCLUSION

Most of the slang words, terms, and expressions in the above glossary may be offensive to sensitive individuals and readers. Their inclusion here is not intended to upset readers or to corrupt them. However, the listing here of these words, terms, and expressions is essential in understanding the world and world view of male sex workers and *gays\**.

It is advisable that most of the words, terms, and expressions found in this glossary be seen to be potentially offensive. They should, therefore, generally be used with discretion especially in conversation with people one does not know well.

Finally, the above glossary must be seen as a tool to assist in better understanding male sex workers and *gays\**, the world they live in, their world view, and the lives they live.

In Chapter 4 the data, themes, and categories will be presented and discussed.

## CHAPTER 4 PRESENTATION OF DATA, THEMES, AND CATEGORIES

“All men are homosexual,  
some turn straight.  
It must be very odd to be a straight man  
because your sexuality is hopelessly defensive.  
Its like an ideal of racial purity.”

Derek Jarman, 1992.  
(Thomsett & Thomsett, 1995:96)

### 4.1 INTRODUCTION

In the first two chapters of this thesis the researcher provided an overview and orientation to this research study. The research design and research method were also discussed. Chapter 3 provided a discussion on the language usage of male sex workers and *gays*\*. A glossary of words, terms and expressions were included in Chapter 3 to assist the reader in understanding the words, terms and expressions used by male sex workers and *gays*\*.

In this Chapter the data obtained through in-depth interviews with male sex workers in Pretoria and a male *madam*\*, owner of a male brothel in Pretoria, will be presented and discussed. The observations made by the researcher during participant observation sessions at various research settings will also be presented and discussed.

The researcher will make use of verbatim quotations from statements made by various informants within the text of this thesis wherever they may be applicable. This will be done in an endeavour to assist in a better understanding of the world of male sex workers and *gays*\* and also to serve as illustration of their specific language usage. In addition, it will be used to assist in answering the research questions that were posed in Chapter 1 of this thesis.

Wherever any Afrikaans verbatim, or Afrikaans quotations, appear in this thesis, English translations will be included. These English translations will not necessarily be a word-for-word translation but will accurately reflect the spirit and character of the original Afrikaans text.



The literature review which was done for this research study will be integrated in this chapter and the relevance thereof will be discussed. This will be done in order to obtain as complete a picture as is possible of the phenomena of male sex work, male sex workers, and the occupational health risks involved in their activities . The researcher will indicate where the literature review confirms data obtained in this research study. The researcher will also point out and discuss the relevance and importance where the literature review may contradict data obtained in this study or where it may not fully support the data. The literature review will also serve as test of the trustworthiness of this research study.

#### **4.2 PROFILES OF INDIVIDUAL INFORMANTS**

A total of fifty-eight (58) informants were interviewed for purposes of obtaining information for this research. Each of the fifty-eight informants were interviewed at least once. Each interview lasted approximately twenty to thirty minutes (20-30 minutes). The time span devoted to each interview was well within the limits as proposed by Field & Morse (1985:67) where they suggest that no interview should last longer than one hour. The same authors also suggest that several shorter interviews would usually be far more effective in obtaining information than one long interview.

Careful field notes were kept of all interviews. Some parts of the interviews were written up in the form of notes during the interview. Writing was, however, kept to a minimum in order not to deter the informants from telling their life stories to the researcher. Detailed field notes were written up immediately upon completion of each interview (Schurink & Schurink, 1988:93).

Because the researcher maintained an interview time of approximately twenty to thirty minutes with each interview, it was not possible, in a single interview, to verify all the information provided by the informant. Follow-up interviews were scheduled with each informant with the purpose of verifying information previously supplied by the informant as well as to obtain new information.

Before each follow-up interview the researcher carefully studied the detailed notes and field notes of the previous interview(s) and based his questioning and probing on information already furnished by the informant. This was done in an effort to verify and validate information previously provided by the informant (Clamp & Gough, 1999:187). Follow-up interviews really became in-depth interviews as the researcher concentrated on previous information and was then in a better position to ascertain whether the informant had provided all the information he had. The researcher then directed those leading questions to the informant which were not previously covered. This assisted in categorising information (Frey & Fontana, 1993:369). Once previous information was verified and validated, the researcher continued to try and obtain additional, and new, information by asking the remaining central questions.

Information obtained from a number of informants could not be corroborated, neither could the researcher satisfy himself that all the information obtained up to that point from those particular informants were valid and correct. This resulted from some informants discontinuing their interview appointments with the researcher. There were various reasons for this discontinuation of interviews.

Some of the reasons for discontinuance of interviews included:

***The informant had left the area where he was previously contacted***

In going to the venue where the researcher had scheduled a meeting with a particular informant, the researcher would be informed by other sex workers in the area where the informant could usually be contacted, that the particular informant had left that area to go and solicit prospective clients elsewhere. Most of the times the other sex workers in the area would not say where the particular informant had moved to. The researcher could not be sure as to whether they would not tell because they were most probably hopeful of gaining another client for themselves. Other sex workers in the area were also most probably unaware of the fact that the researcher was not a real client of the person in question as the researcher never shared this information with anyone else. Quite a few informants were 'lost' in this manner.

***The informant had left Pretoria***

At other instances the researcher was informed by other sex workers that a particular informant had left Pretoria to go and work elsewhere, for example:

“*He’s gone to Durbs,*” meaning the informant had left for Durban.

The researcher’s experience was that male sex workers very seldom stayed in one city or town for too long. It was found that most of them, especially those who lived on their own, moved on to various towns and changed to warmer areas during the cold highveld winters. Several informants were lost from the study as a result of them having moved to other towns and cities.

***The informant was unavailable because of illness***

On a few occasions the researcher was informed by other sex workers that a particular informant said that he was ill and had not been seen since by his co-workers. Because the researcher did not know the real name of each informant, it was difficult to trace them by trying to go to the various hospitals in Pretoria in search for them. The attrition rate from this cause was quite substantial, especially among those informants who were *streetwalkers\**.

***The informant was unavailable because he was hospitalised following an assault***

On two separate occasions the researcher learnt that a particular informant was badly assaulted and was admitted to hospital. Two informants were lost in this manner. The researcher could not always determine in which hospital a particular informant was admitted, because the researcher did not know the real name of a particular informant for reasons of privacy, safety and security of informants as described elsewhere in this thesis. It was, therefore, not possible for the researcher to go to the various hospitals and search for the informant.



*The informant was unavailable for no apparent reason*

In quite a number of instances some informants just seemed to have disappeared. No apparent reason could be found for their disappearance. Several informants were lost in this manner.

Only information obtained from informants that could be verified through follow-up in-depth interviews were included in this thesis. In all other instances where the researcher could not satisfactorily convince himself that all relevant information that was obtained from a particular informant was verified or corroborated, the informant was scrapped from the research and information obtained from such an informant was discarded.

All information obtained from informants with whom the researcher had sufficient follow-up in-depth interviews were written up as notes during the interviews and as additional field notes immediately following each interview. The information contained in the notes and field notes formed the basis of the various categories and themes of this thesis. A profile of each of the remaining thirty-one informants is included in *Annexure 14* of this thesis. The profiles of informants appear in alphabetical order of the chosen name (pseudonym) of each informant, under the following headings:

- Chosen name of informant;
- Biographical and family details of informant;
- Sexual experiences of the informant;
- Age of entry into sex work by informant;
- What motivated the informant into sex work;
- What keeps the informant in sex work;
- How the informant perceives himself;
- Sexual preferences of the informant;
- Health history of the informant;
- Experiences of the informant regarding drug and alcohol abuse;
- Experiences of the informant regarding violence;
- Knowledge of sexually transmitted infections by the informant;

- Knowledge of safer sex by the informant;
- Where the informant sees himself in the future; and
- Any other relevant information.

#### **4.3 DISCUSSION OF PARTICIPANT OBSERVATION VISITS MADE BY THE RESEARCHER TO PORNOGRAPHIC CINEMAS IN PRETORIA**

The researcher visited three pornographic cinemas in Pretoria as a participant observer with the view of determining what transpired in the pornographic cinemase and whether sex work (prostitution) occurred there. The observations that were made at the various pornographic cinemas are reported on in *Annexure 15*.

From the observations made by the researcher during his visits to the various pornographic cinemas, it became evident to the researcher that most of the men who visited the pornographic cinemas, went there knowing that they would be in a position to meet someone there for one or other form of sexual activity. The fact that only men were allowed into the pornographic cinemas was perceived by the researcher as evidence that those men who visited the pornographic cinemas were aware of the fact that they would only meet other men there and that the only sexual outlets available to them would be of a homosexual nature.

During the observation visits to the pornographic cinemas in Pretoria the researcher observed a variety of sexual activities taking place between men inside the cinemas. These activities included mutual masturbation, fellatio, and anal penetration. Some men were observed masturbating themselves. Some of the men were either joined by one or more of the other men inside the cinema or themselves joined another man or men in masturbation. The researcher observed that the masturbation often ended in other forms of sexual activity and sex play like fellatio and anal intercourse.

The researcher also observed some men leaving the cinema area to go out into the *cruising\** area of the cinema complex. The *cruising\** areas are usually semi-darkened areas. The researcher observed that in these semi-darkened *cruising\** areas some of the visitors actively sought out other men for one or other form of sexual activity. Sexual activities in the *cruising\** areas occurred in full view of whoever where present in the *cruising\** area.

The researcher observed other visitors to the pornographic cinema visiting the *glory hole\** section of the cinema complex. In this section of the cinema complex special cubicles were constructed where both active and passive anonymous fellatio took place.

Most of the sex which the researcher observed between men on the premises of the pornographic cinema complexes took place without any obvious exchange of reward, although some male sex workers were observed trying to pick up paying clients. The sex activities which the researcher observed and the manner in which they occurred are within the definition of 'prostitution' which is referred to below.

The researcher found that indulgence in promiscuous sexual activity (prostitution) was a regular occurrence in the pornographic cinemas in Pretoria. Sexual activities took place in the cinema area, *cruising\** area and *glory hole\** section of the cinema complex. The definitions of prostitution as found in Chambers Twentieth Century Dictionary (1981), Saunders (1989:159), and Stroud's Judicial Dictionary of Words and Phrases (1986), clearly state that prostitution is the indulgence in any promiscuous sexual activity, usually in exchange for reward, but also includes sexual relations between individuals (male or female), who are not in a permanent relationship *whether these relations take place for payment or not* (italics mine).

Condoms were not available in all the pornographic cinemas. In cinemas where condoms were available free of charge, the researcher observed unprotected sex taking place. During some of the observation sessions, the researcher overheard conversations between some of the men in which the use of condoms were specifically ruled out. The researcher concluded that there was a real possibility of some of the men who visited the pornographic cinemas in Pretoria and who were involved in the sexual activities described above, were possible candidates to contract one



or other of the sexually transmitted infections listed in Chapter 1 of this thesis. The possibility of some of the men contracting a sexually transmitted infection was strengthened in the mind of the researcher because the researcher observed many of the men involved in unprotected sex.

The international literature supports that sexual activities take place in pornographic cinemas throughout the world. In conducting a study of the literature the researcher found evidence of the existence of pornographic cinemas in other parts of the world. This information was mostly in the form of advertisements (Claffey, 2001:38; Gmünder, 2002:438, 441, 667, & 911; Hudson, 2001:35). The reader is referred to *Annexure 3* of this thesis for examples of advertisements of pornographic cinemas in South Africa and elsewhere where *gay\** pornographic films are displayed. There is evidence that sexual activities take place within these pornographic cinemas. Many of the advertisements contain some of the following words and terms: 'private cubicles', '*cruising\** areas', 'cabins', *glory holes\**, and 'your every desire becomes reality'.

#### **4.4 DISCUSSION OF PARTICIPANT OBSERVATION VISIT MADE BY THE RESEARCHER TO A STEAM BATH IN PRETORIA**

For a report on the participant observation visits conducted by the researcher, the reader is referred to *Annexure 16* of this thesis.

During the participant observation visits to the steam bath in Pretoria it was clear to the researcher that only men were allowed to visit the steam bath. The researcher visited the steam bath during the week as well as over a weekend and at no stage were any female visitors observed. The facilities inside the steam bath only catered for men. No toilet facilities or change room facilities were available for females visitors. Only male *gay\** pornographic films were displayed in the two viewing areas.

Nakedness was encouraged within the steam bath area. Certain nights were put aside as "NTN" ('no towel night') which meant that visitors were issued with a towel but no one was allowed to be inside the steam bath area with any clothes on - neither were any of the visitors allowed

to wrap a towel around their wastes. Visitors were allowed to drape the towel around their necks. The researcher observed that any person who was found to be contravening this 'rule' had his towel removed by the other visitors to the steam bath.

The researcher identified various sections within the steam bath complex, namely *dark rooms\**, jacuzzi, dry sauna, steam room, *cruising\** areas, and two pornographic viewing areas. Free condoms were provided at various strategic places throughout the steam bath complex.

Various sexual activities between men were observed by the researcher during the participant observation visits. The sexual activities took place in the *dark rooms\**, jacuzzi, dry sauna, steam room, cubicles, *cruising\** areas, and pornographic film viewing areas. Sexual activities which the researcher observed included, masturbation, mutual masturbation between two or more men, anal sex, oral sex, and group sex. Group sex was mostly observed in the *dark rooms\**. The light intensity inside the *dark rooms\** are not so dark that the researcher could not make accurate observations.

The researcher observed that anal sex mostly took place inside the cubicles. Each cubicle had a door but some couples or groups of men did not close the door to the cubicle in which they were having sex. This provided other visitors to the steam bath the opportunity of observing the couple or group inside a particular cubicle engaging in sexual activity. The researcher observed some men entering a cubicle to join the couple or group of men who were already involved in sexual activities inside a cubicle. The researcher did not observe a single occasion where a person who was not originally part of a group inside a cubicle, was declined the chance of joining a group of men who were involved in sex. It appeared to the researcher that whenever a door to a cubicle was left open, this was specifically done as an invitation to other men to enter the cubicle and to join in the sexual activities.

The researcher could not verify condom usage by all visitors to the steam bath. There was evidence that some of the sexual activities that took place inside the steam bath area took place with the use of condoms. The researcher found used condoms left lying inside some of the cubicles. The researcher also observed several empty condom wrappers inside cubicles. The



same observations were made by the researcher in some of the *cruising\** areas of the steam bath complex.

The researcher further observed that condoms were, however, not always used as the researcher recorded several occasions of oral sex between some of the men without the use of a condom.

Within the definition of 'prostitution', as discussed in Chapter 1 of this thesis, the researcher was satisfied that prostitution occurred on the premises of the steam bath in Pretoria. The researcher, however, never observed the exchange of reward between men following sexual involvement.

Because condoms were not always used, the researcher concluded that chances were good that some of the men involved in *MSM\** activities inside the steam bath complex in Pretoria ran the risk of acquiring a sexually transmitted infection.

No evidence of the presence of male sex workers could be established by the researcher. In talking to some of the visitors to the steam bath the researcher could not establish the presence of male sex workers inside the steam bath complex.

According to the literature some steam baths, also known as bathhouses, elsewhere in the world are unique in what they offer to clients. Altman (1982:83) says that *gay\** bathhouses have been in existence in the United States of America since the beginning of the 20<sup>th</sup> century. Of one of the bathhouses in Chicago he writes:

"Most striking is a large disco floor on the top story, surrounded by enormous soft pillows, where men dance clad only in towels. In the basement there is a small swimming pool, showers, and steamrooms; the main floor is largely occupied by a maize of small rooms that people hire for 8 hours at a time; there is always a door or two open, with men, all-but-naked, lying inside in wait for a temporary partner. The place is strangely quiet, disturbed only by the background noise of disco music from the upstairs and the constant, muted



plodding of bare feet. Men in bathhouses rarely talk much, and it is quite common for sex to take place without words, let alone names, being exchanged. Yet even the most transitory encounters are part of a heightened eroticism that pervades the buildings; there is a certain sexual democracy, even camaraderie, that makes the sauna attractive. There is a willingness to have sex immediately, promiscuously, with people about whom one knows nothing and from whom one demands only physical contact. It is a part of a much broader trend in western societies, of a growing acceptance of recreational sex.”

#### **4.5 DISCUSSION OF PARTICIPANT OBSERVATION VISITS MADE BY THE RESEARCHER TO GAY\* CLUBS IN PRETORIA**

The researcher visited two *gay\** clubs in Pretoria with a view of establishing what transpired there. The observations that were made by the researcher at the two *gay\** clubs are reported on in *Annexure 17* of this thesis.

Mixed groups visited both *gay\** clubs. The researcher visited both of the two clubs on more than one occasion, sometimes during the week and sometimes over weekends. No evidence of the presence of male sex workers could be established. The researcher also never observed any sexual activities taking place on the premises of the *gay\** clubs. Male couples or groups of males were observed arriving at and leaving the two clubs. The researcher could not establish whether the couples or groups who left the clubs met for the first time at the club or were leaving the club to go and have sex elsewhere. In talking to some of the visitors to the club, the researcher was informed that some men do come to the club in order to meet someone else to go home with them.

As far as could be established only one previous scientific study was conducted on a *gay\** club in South Africa. That study was conducted in 1978 and 1979 by Schurink & Schurink (1988:82) at the Mykonos club in Pretoria. Of this groundbreaking research they write:

“As far as could be established, no scientific research had previously been conducted on *gay* clubs in South Africa, and people’s knowledge of such clubs was based purely on speculation. The study would therefore at the same time try to fill this gap by making scientific information on local *gay* clubs available with a view to further research.”

#### **4.6 DISCUSSION OF PARTICIPANT OBSERVATION VISITS MADE BY THE RESEARCHER TO *GAY\** BARS IN PRETORIA**

The researcher visited five *gay\** bars in Pretoria with a view of establishing what transpired there and whether sex work (prostitution) occurred there. The observations that were made by the researcher at the five *gay\** bars in Pretoria are contained in *Annexure 18* of this thesis.

Three of the *gay\** bars in Pretoria which were visited by the researcher were mostly frequented by men even though toilet facilities were available for female customers as well. The other two *gay\** bars had mixed crowds. No evidence of male sex workers could be established. Informant Moses, however, told the researcher of how he was picked up by a man in a *gay\** bar. He said:

*“I was still mostly ignorant of *gay\** life when I visited *gay\** bar... I was sitting there at one of the tables. It was still quite early. It was about seven o’clock in the evening. A white guy walked past my table and asked whether I had a match for him to light his cigarette. I replied that I did not smoke. He then started chatting to me and soon sat down. He ordered each of us a beer. It was not long afterwards when he started asking me about who I was and whether I knew that it was a *gay\** bar. When I acknowledged that I knew it was a *gay\** bar, he asked whether we could go to his flat after we had our beers. I agreed. We went to his flat which was nearby. ... I did not know it was that easy to be picked up by a guy. ... We had lovely sex afterwards.”*

The researcher could not find any evidence of the presence of male sex workers trying to procure possible clients in any of the *gay\** bars visited by him. The evidence provided by Informant Moses, however, was sufficient to convince the researcher that men do meet in *gay\** bars for sex.

Sofer (1992:106) writes about a Muslim man who went on holiday to Europe and who, during a visit to Amsterdam, decided to visit a *gay\** bar. He provides the following verbatim of the experiences of this young man in an Amsterdam *gay\** bar as well as his views of European *gays\**:

“I had been looking forward to this trip for several years, and I had worked hard to save money. I had heard from many people about the wonderful possibilities for sex in cities like Paris and Berlin. I started in Amsterdam. During the day I was approached by several men on the street. Although some of them looked very masculine, they all had something soft, something feminine about them, so I did not go with them. On the first night I went to a bar. There were hundreds of men. It was exciting, since I had never seen so many; homosexuals in one place. But I was very confused, because I could not distinguish ‘men’ from ‘women’ (meaning ‘fuckers’ and ‘fucked’). Again, there were men who were tall and looked very masculine, but they all had something non-manly, something soft. No one was like the men I used to go with in Israel. The second night I went to the same place. I saw a man whom I knew from the cruising part of Marat-Gan. For five years he had lived in Amsterdam. Since I felt helpless, I asked him how he distinguished men from women. He started laughing and said it did not matter so much here. He said that most of them did both fuck and get fucked. For the next three nights I went back alone to my hotel room. The fourth night I settled for someone, who looked masculine. He didn’t fuck me at once: we kissed and played for a long time. Although it was new to me, I liked it; in Israel most men did not do such things. He fucked me along time without having an orgasm. He came while masturbating. In Europe I have seen many things, and I have learned many things. There is one thing you don’t find there:



There are no real men!”

#### **4.7 DISCUSSION OF INFORMATION OBTAINED BY THE RESEARCHER FOLLOWING IN-DEPTH INTERVIEWS WITH A MALE MADAM\* IN A MALE BROTHEL IN PRETORIA**

The researcher visited a male brothel in Pretoria with a view of establishing what transpired there and whether sex work (prostitution) occurred there. The information gathered by the researcher from the male *madam\**, and owner of the male brothel, is reported on in *Annexure 19* of this thesis. The reader will also find information on the way in which a typical male brothel functions by reading *Annexure 19*.

Upon interviewing Chris, the male *madam\**, who owns, what he refers to as a *M2M\** service house, the researcher became convinced that the *M2M\** service house could be classified as a male brothel. Several young men were always available on the premises to male customers upon payment of an agreed upon fee. Some of the young men were available during the night as well.

Evidence was obtained by the researcher that sex occurred between the male clients and the *M2M\** service persons who worked at the *M2M\** service house. Evidence was also obtained by the researcher that the young men received monetary reward from the male clients who visited the male brothel.

According to da Silva (1999:44) *pimping\**, practically present all over the world, is unknown in male sex work in France. He does not state why this is so and no additional information regarding this could be obtained from other literature sources. The researcher could also not find any evidence of the existence of *pimps\** in Pretoria. There was sufficient evidence of the existence of male *madams\** in Pretoria. The main difference between a *pimp\** and a *madam\** is that the *pimp\** takes all the money of his sex workers and in return provides them with pocket money, food, clothes, shelter, and protection whereas a *madam\** takes a portion of the earnings

of a sex worker and only provides the sex worker with a venue where he can receive and entertain his clients.

In discussing the functions of the *pimp*\*, Campagna (1985:90,91) states that the *pimp*\* is in the business of providing sexual services to a relatively discreet audience. According to him, some *pimps*\* even sell themselves to make money, especially those who cater to homosexual customers. In return the *hustlers*\* who work for the *pimp*\* have their basic needs attended to in the form of food, clothing, transient shelter, drugs, and entertainment. He concludes that male *pimps*\* do not care much for the young men who work for them. He refers to a statement by one such *pimp*\*:

“How do I know these kids are worth money? ‘Cause I’ve been living off them for years, that’s how. All kinds of people will buy them. You wouldn’t believe it. What do I care if they want to throw away a couple of hundred dollars to screw some stupid 13-year-old? I could care less, so long as they give me their money.”

David Pittman (as reported by Aggleton, 1987:61,62) made a study of organised homosexual prostitution within a male brothel in a large American city and identified, what he refers to as the “Deviant Career Path” of a male sex worker who works in a male brothel. He identified the following steps:

- “1. *The recruitment*. This is usually achieved by advertisements for ‘young, well-built and good-looking men’ needed to pose for photographers.
2. *The physical examination*. This involves measurement of the young man’s vital statistics and eliciting information about his preferred forms of sexual activity.
3. *Socialization*. This involves learning the ‘rules’ and ‘codes’ of prostitution such as the importance of not becoming emotionally involved with clients and the expectation that all clients will be accepted.
4. *The first calls*. This involves learning to ask clients about their sexual preferences, learning to avoid ‘taboo’ topics of conversation, such as personal and business

affairs, and learning to receive money for sexual services.

5. *Progression in the career.* This normally involves the prostitute accepting that he will not involve himself out of work in non fee-earning sexual activities.
6. *Disenchantment.* By their mid to late twenties, most homosexual prostitutes become disenchanted with the constraints that prostitution imposes upon their own social lives.”

From information obtained by the researcher, it is at the stage that Pittman refers to as ‘disenchantment’ that most male sex workers become very concerned over their own futures. They become worried about what they are going to do to earn a living once they leave sex work. The sex workers usually come to the realisation that they have acquired no new skills during their period of involvement in sex work that can be applied outside the realm of sex work.

Moolman, one of the informants in this study, confirmed some of the steps described by Pittman above. He told the researcher that he could recall what happened to him once he accepted a job at a male brothel in Pretoria. He told the researcher the following:

*“Teen hierdie tyd was ek baie hard-up vir ‘n job. Ek was bereid om enigiets te doen. Toe vra die eenaar vir my of ek my klere sal uittrek. Ek het dit toe gedoen. Hy het my van alle kante bekyk en bevat en toe gevra hoe lank my piel\* is as hy styf is. Ek sê toe dat ek nie seker is nie. Hy vra my toe om my piel\* styf te maak sodat hy dit kan meet. Nou weet ek ook hoe lank my piel\* is . Hy wou ook weet wat ek bereid is om met Johns\* te doen.”*

[“By that time I was hard-up for a job. I was prepared to do anything. Then the owner asked me whether I would take off my clothes. I then obliged. He looked at me from all sides and then asked me how long my penis (*cock\**) was when it was stiff. I said that I was not sure. He then requested me to make it (my *cock\**) stiff so that he could measure it. Now I also know how long my penis (*cock\**) is when it is stiff. He also wanted to know what I would be prepared to do with the *Johns\**.”].



Before he was allowed to be paraded in front of a prospective client for the first time, Moolman recalled how he was taught the 'tricks of the trade'. He informed the researcher that:

*“Daar was baie om te leer. Ek moes leer hoe om met die Johns\* te praat - wat om te sê en wat om nie te sê nie. Ek moes leer hoe om die ou gemaklik te laat voel en hoe ek moes uitvind wat die ou wil hê en waarvan hy nie hou nie. Ek het dit alles by die eienaar geleer. Hy was my eerste John\* en ek het niks daarvoor gekry nie!”*

[“There was a lot to learn. I had to learn how to chat to the *Johns\** - what to say and what not to say. I had to learn how to make the guy comfortable and how to determine what he wanted and what he disliked. The owner taught me all this. He was my first *John\** and I got no money for it!”].

#### **4.8 MALE SEX WORK THROUGHOUT THE WORLD AND IN PRETORIA**

Male sex work (prostitution) has a long history. According to Benjamin & Masters (1965:39-45, 386-287) the use of [young] male prostitutes can be traced as far back as the use of young female prostitutes and as far back to the temple settings in ancient times, especially in Greece, India, China and Japan. They say that the practice was also quite prevalent in ancient Rome. Lloyd (1979:66,67) adds to this when he states that the first evidence of what he refers to as boy prostitution, appears in Roman history and at least as far back as the current definition of the word 'prostitute' applies. He says that most Roman cities had houses of boy prostitutes to provide for the needs of the average Roman. Boys taken up into these houses were specially trained and their sole function was to provide sexual enjoyment to adult males who had the money, and inclination, to pay for their services. Male prostitution has been around for a long time and is just as old as any other form of prostitution - just as homosexuality is as old as heterosexuality (McMullen, 1990:41,42).

The existence of male sex work and male prostitution is a fact. Evidence of male sex work can be traced back to the time when male Sumerians and Greeks sold sex to other men (Dover, 1978:21). Goodich (1979:14) reports that as long ago as 1496 Filippo Basro, a member of the Grimani family from Venice, reportedly paid 130 ducats for the services of a young male sex worker who was named as Pathicus Rabia.

Among the earlier records of male sex work in the United States of America, Katz (1992:44,45) reports on a court case in New York. He writes about a witness, John R Wood who testified on 1 June 1899 to the New York State Committee and said:

“Last night I was at 392 Bowery ... that is a place where fancy gentlemen go; it is near Fifth Street. It is ... a place where male prostitutes resort.”

According to Murphy (1988:12,13) during World War I there were several instances of male sex work in the United States Navy. In reporting on this scandal he writes:

“Those in the group who ‘solicited trade’ offered to pay sailors who professed to be heterosexual for the privilege of enjoying their genitals. Several spent nearly every evening in the lobby of the YMCA openly proclaiming their interests. Others enhanced their meagre navy pay by collecting money from those with whom they had sex. ‘They published the fact that they were prostitutes,’ reported one informant, adding that these men’s talk was ‘worse than you would hear in a red light district.’ Boys asked why they engaged in such activities frequently answered: ‘Us girls need our pennies,’ playing on the similarity of the words ‘penny’ and ‘penis’. Not surprisingly, one man concluded: ‘Half the world is queer, and the other half trade.’”

Murphy (*ibid*:294) writes that during World War II a Federal Bureau of Investigation (FBI) investigation established that a house of male prostitution was operating in Greenwich Village, New York, which was staffed by:

“... young, handsome, multilingual, adequately trained homosexual agents.”

The mere fact that male sex work exists indicates a market for the sexual services provided by male sex workers. Hoffman (1979:275) writes that male prostitution, like pornography, is a service provided primarily for males. The male prostitute provides a service because the male clientele is there and the male clientele are prepared to pay for this service.

Male sex workers have been working the streets, parks, and clubs in Pretoria for many years although their presence was obvious. An accessible and visible street-corner market of male sex workers in Pretoria is relatively new, but male homosexual sex work is not (Boyer, 1989:151-152).

Benjamin & Masters (1965:296-302) say that the number of male *hustlers\** in West Berlin [in 1960] was about three thousand. In addition, they say, boy prostitutes are reported to be common and to engage in open solicitation in resort areas in Mexico, France, and the Caribbean as well as in Asia, Africa, and Communist-block countries. Boy prostitutes are also to be found in Denmark and many American cities.

Very little, however, is known about male sex workers. According to Hermann (1987:523-525) there is one group of young persons that have generally been ignored by society and by the social scientists and they are young prostitutes in general, and young male prostitutes in particular. This view is echoed by other authors as well. De Cecco (1991:ix) says that social science literature on female prostitution is abundant at present and still growing larger. He writes:

“The investigations of male *hustlers\**, however, has lagged far behind. Hardly more than a dozen empirical studies have been produced in the last thirty years. The paucity can be partly attributed to a never-ending and persistent homophobia in the academic world.”



There are also other authors who are of the opinion that very few studies have so far been conducted on male sex work in different countries and that very little is really known about this phenomenon. These authors include Rosser, 1991:23; Allman & Myers, 1999:61; Altman, 1999:xiii; da Silva, 1999:41; Liguori & Aggleton, 1999:103-105; and Ratnapala, 1999:214.

Lloyd (1979:65) says that male prostitution is not a product of our turbulent times - it is also not the result of sexual permissiveness. He says it is an element of sexual activity that has been there all along and is now surfacing with the growing acceptance of homosexuality.

Kinsey, Pomeroy & Martin (1948:596), in their study of male sexuality conducted before 1948, say that homosexual prostitutes are, in many large cities, not far inferior in number to the females who are engaged in heterosexual prostitution. Another author, and many years later, (Lowman, 1993:69,70) agrees with the views expressed above but says:

“Prostitution is predominantly a female occupation. Female prostitutes outnumber males (including transsexuals and transvestites) by at least 3 or 4 to one.”

Palmer & Humphrey (1990:183), however, agrees with Kinsey, *et al.*, (1948:596) and write that male homosexual prostitution is common. He continues:

“Every medium and large city in the US appears to have its male streetwalkers and call boys. In many cities there are gay brothels and also massage parlours and Turkish Bath which specialize in prostitution among males.”

Male sex workers are working the streets, parks, and clubs of Pretoria because there is a need for their services and the male clientele is there and are willing to pay for the services they provide. This view is supported by information obtained from one of the informants to this research study where Informant Louis and his partner and lover Johan, who runs a massage service in combination with aroma therapy, told the researcher:

*“Ek en my ‘lover’ hou ‘n dagboek waarin ons al ons afsprake aanteken. Ons is dikwels vol bespreek vir meer as twee weke vooruit. Ons het geen tekort aan kliënte nie.”*

[“My lover and I maintain a diary in which we record all our appointments. We are often fully booked for up to two weeks at a time. We do not have a shortage of clients.”].

Who then, has sex with male sex worker? Binson, Michael, Stall, Coates, Gagnon & Catania (1995:245-254) says that men residing in large cities, the highly educated, and whites are the ones who report that they have paid sex with men.

As far as their numbers are concerned, it is a near impossibility to determine the number of male sex workers in Pretoria. Already in 1949 Freed (1949:68) found that:

“There was no means of estimating the number of adult male prostitutes in Johannesburg. From what we could gather from homosexuals who were questioned, there must be several hundred of them in the city.”

On the question of how many male prostitutes there are, Lloyd (1976:226) says that the conclusion he has reached is that there are many male sex workers in every large town and city of the world, but:

“...Truthfully, nobody knows. There would be no way of knowing and no accurate way of finding out. But there are enough known statistics in related areas to enable one to arrive at a reasonable conclusion.”

Times have changed, homosexuality has been generally more accepted by society, and homosexuality and sex work are no longer criminal offences in South Africa. The Constitution of the Republic of South Africa, 1996 (Act No 108 of 1996) provided many human rights including the right of non-discrimination in terms of sexuality or sexual orientation. The researcher is of the opinion that all this contributed to the phenomenon of male sex work

becoming more accepted and more visible. It is also for this reason that the presence and existence of male sex workers has become more evident in society in general and in Pretoria in particular.

Mohr (1988:22) asks the question: who are homosexuals? He continues to answer the question as follows:

“They are your friends, your minister, your teacher, your bankteller, your doctor, your mailcarrier, your secretary, your congregational representative, your sibling, parent and spouse. They are everywhere, virtually all ordinary, virtually all unknown.”

Mohr (1988:22) continues to say that homosexuals are often, but not always, the people who comprise male sex workers and the question arises as to whether their activities and presence should be seen as criminal or not.

The South African situation, for years, has been very clear. Previously sex work was criminalised under the Sexual Offences Act, 1957 (Act No 23 of 1957). It was illegal to profit from the selling of sex, or to solicit for sex. Notably, however, it was never an offence to buy sex (Distiller, 2000:1). The situation has since changed.

On 8 May 1998, in The Johannesburg High Court, Judge Jonathan Heher struck down as unconstitutional the common law crimes of sodomy, unnatural sexual offences and Section 20A of the Sexual Offences Act, 1957 (Act No 23 of 1957) (International Lesbian and Gay association, 2002:2). The Constitutional Court, however, must still make a final ruling in this regard.

The situation in other countries is as different and as varied as the countries of the world even though the United Nations, in 1958, resolved that prostitution should not be treated as a criminal act (Allman & Myers, 1999:62).



In the State of Queensland, Australia, the act of prostitution itself is not illegal, but a person who knowingly lives wholly or in part on the earnings of prostitution of another person, commits an offence (Criminal Justice Commission, Queensland, 1991:10,11). Street walking by prostitutes in Australia, however, is a criminal offense in all the states and territories (Hatty, 1993:15).

In Brazil, sex work is not a crime. Nonetheless, sex workers of all genders are frequently the victims of police violence and seldom benefit from the same protection afforded to other workers. Sex workers are treated as second-class citizens by the institutions of law enforcement and justice in Brazil (Larvie, 1999:162,163). *Pimping\** is also illegal in Brazil (Kosovski, 1993:5).

Sex work is also not illegal in Portugal (Geis, 1993:225). Sex work has been legal in Portugal since 1982, although *pimping\** remains interdicted.

Germany was most probably one of the countries who first legalised prostitution. In Germany the act of prostitution - the exchange of sex for money- has been legal since 1927. It is, however, subject to public health laws, tax laws, and a variety of business regulations. Operating a brothel and procurement, however, are considered criminal acts (Jolin, 1993:129).

In Thailand, though highly visible and well known, male and female sex work remain illegal (Storer, 1999:229). The same is true of other countries. Nardi & Schneider (1998:499,500) says that total bans on male homosexuality and sex work remains in force in the Channel Islands, Cyprus, Ireland, the Island of Man, Gibraltar, and the former Yugoslav Republics of Serbia, Bosnia, Herzegovina, and Macedonia. In practice, however, these provisions are hardly ever applied, they say. In Romania and most of the former Soviet Republics, homosexuality is not only forbidden, but individuals are criminally prosecuted for homosexual activities.

Nissinen (1998:2) writes that the Finnish Criminal Law, since 1971, no longer judges homosexuality and homosexual sex as punishable crimes and discrimination based on sexual orientation was criminalised in the Criminal Law in 1995.

In England, however, there are still anomalies which discriminate against the *gay*\* population. Morton (1999:308-315, 366) writes that:

“...a girl under 16 who has intercourse commits no offence; young boys who do so can still be prosecuted. ... Heterosexual commercial prostitution and kerb-crawling attract a relatively small level-three fine in Magistrate’s courts. Soliciting for an immoral purpose by a man can attract a two-year maximum. ... The sexual Offences Act of 1967 made gay male sex a non-criminal offence provided it was committed in private by not more than two people and that both parties had attained the age of 18.”

Altman (1982:121) writes that even though homosexuality and homosexual sex has been decriminalised in Canada, this has not prevented large-scale raids on bath-houses in both Montreal and Toronto. He says that it appears as if the Canadians cannot make up their minds as to where they stand in this regard.

In New Zealand homosexual behaviour was not decriminalised until 1986. Legislation against discrimination on grounds of sexual orientation, however, was defeated and individuals involved in homosexual behaviour or homosexual sex may still be discriminated against (*Ibid.*,1982:121).

The Dutch are known for being rather liberal in many aspects. Dutch society is relatively tolerant of sex and sexuality. Although male sex work is not an everyday issue in sexually liberal circles, there are few taboos on the part of both boys [male sex workers] and clients. Zuilhof (1999:24) writes that both male and female sex workers frequently appear in the media using their own names. He continues:

“Tolerance of sex work and political acceptance of homosexuality have made it possible for organised forms of boys’ sex work to develop in the Netherlands.”

Waldijk (1987:57-68) writes that protection against discrimination of homosexuals, homosexuality and homosexual sex was introduced into the Constitution in the Netherlands in 1983. Many other Acts, however, conflict with the Constitution and discrimination still occurs at times.

In conclusion, as far as sex work and criminality is concerned, Coleman (1989:139) writes that most male prostitutes define their activity as non-criminal behaviour. They see this as preferable to other criminal acts.

It appears as if there is hardly a country in the world where male prostitution has not been reported on in the literature. According to Ford & Beach (1965:137) the only form of homosexuality known to exist in Bali is that connected with male prostitution.

Other authors, including Nikolic-Ristanovic (1993:351) writes that male prostitution is individualised, temporary or only seasonal, and is assumed to be exclusively homosexual in Yugoslavia. Although far less widespread than female prostitution, he says, male prostitution has increased, and a variety of organisational forms have appeared.

Other countries where organised male sex work exist include:

- Australia (Criminal Justice Commission, Queensland, 1991:34);
- Bangladesh (Khan, 1999:198.199);
- Brazil (Larvie, 1999:160-165);
- Canada (Allman & Myers, 1999:62-64);
- China (McMullen, 1990:42);
- Costa Rica (Schifter & Aggleton, 1999:141);
- Dominican Republic (de Moya & García, 1999:127);
- England (Marmor, 1980:93; McMullen, 1990:44);
- Europe (Van der Veen, Hendriks, & Mattijssen, 1998:491-505);
- France (da Silva, 1999:45-49; McMullen, 1990:44);
- Germany (Sereny, 1984:123);
- India (Cohen, 1995:284; McMullen, 1990:42,43);



- Italy (McMullen, 1990:42-44);
- Mexico (Liguori & Aggleton, 1999:107);
- The Netherlands (Hekma, 1987:49,50; Van Naerssen, 1987; Tielman, 1987:9-17);
- Morocco (Boushaba, Tawil, Imane & Himmich, 1999:263);
- Peru (Cáceres & Jiménez, 1999:181);
- Philippines (Tan, 1999:241);
- Pueblo Indians (McMullen, 1990:43);
- Scandinavia (Sereny, 1984:118);
- Siam (McMullen, 1990:42);
- Sri Lanka (Ratnapala, 1999:216,217);
- Thailand (Storer, 1999:223); and
- United States of America (McMullen, 1990:164-165).

#### **4.8.1 Categories of male sex workers in Pretoria**

There are a variety of settings from which male sex workers operate in Pretoria. For purposes of this thesis sex workers were categorised according to the setting from which they operate. The setting from which authors reported that male sex workers operated from in other countries include *gay\** bars, street corners, parks, bus stations, *gay\** baths, and pornographic bookstores (Luckenbill, 1990:608). In a study conducted by Waldorf & Murphy (1990:111) they found that male prostitutes who solicit customers in the San Francisco Bay area in the United States of America, could be found at *cruising\** areas, in *gay\** bars, and erotic bookstores. Other male sex workers place advertisements in the local newspapers in the classified section under 'Personal Services' and offer massage in the home or other similar services. They also found that other types of male sex workers called *call boys\** solicit customers over the phone. Of them Lloyd (1976:79) writes:

“Another type of boy prostitute waits patiently for the phone to ring...”

Male sex workers also operate from male brothels. Oliver (1998:17) refers to male brothels and says that inns which catered for male prostitutes were called 'Molly Houses' and by the 18<sup>th</sup>

century, London had a subculture of such *gay\** pickup points and houses of prostitution.

In conducting this research the researcher came across a variety of categories of male sex workers. The male sex workers in Pretoria were categorised by the researcher according to the place where they provided their services from. In this classification, the following categories of male sex workers were identified in Pretoria:

- ***Streetwalkers\****: this group included sex workers who sell their services from public toilets, parks, shopping malls, pornographic cinemas, *gay\** bars and *gay\** clubs. The researcher established that *streetwalkers\** charged the lowest fees and generally represented the lowest level of sex workers in the sex trade hierarchy;
- ***M2M Masseurs***: included in this group were sex workers who provided their services from male brothels, massage parlours, private residences, and other special venues. This category of sex worker makes use of advertisements in both the *gay\** media as well as the general media and place their advertisements in the classified section of local newspapers under the “Adult Entertainment” section. Masseurs are also often referred to as *call boys\**. Masseurs and *call boys\** represent the more affluent levels of sex workers;
- ***Call boys\****: included in this group were sex workers who provided their services from male brothels, massage parlours, and private residences. This group of sex workers also made use of advertisements in both the *gay\** media as well as the general media and place their advertisements in the classified section of local newspapers under “Adult Entertainment” section. *Call boys\** share the more affluent level with masseurs in the sex trade hierarchy; and
- ***Super call boys\****: included in this group were sex workers who provide their services mostly from exclusive parlours or private residences. These sex workers are the ones who charge the highest fees and are the ones who also often act as

escorts to rich men. The researcher was informed that these *super call boys*\* sometimes accompany their client(s) on trips outside the borders of South Africa. They sometimes advertise their services in the local media but depend mostly on word-of-mouth advertising to obtain new clients.

#### **4.8.2 Procurement of clients by male sex workers**

Male sex workers in Pretoria procure clients from a variety of settings and in a variety of ways. The manner in which male sex workers in Pretoria procure their clients was described in 4.8.1 above.

Male sex workers in other countries also procure their clients from a variety of settings and in a variety of ways. Reiss (1998:15,16), in a study of 1008 street prostitutes, and Luckenbill (1990:608) found that their respondents mostly obtained their clients from the places where the respondents worked from. These places include:

- street corners;
- public parks;
- gay bars;
- gay baths;
- men's toilets (public and quasi public);
- movie houses;
- pornographic bookstores;
- ordinary bars that are not necessarily known as *gay*\* friendly bars (older male *hustlers*\*);
- bus station; and
- train station.

Minichiello, Mariño, Brown, Jamieson, Peterson, Reuter & Robinson, (2000:151-160) found that the male sex workers in their study obtained their clients in the following ways:



- Advertisements - 38,2%;
- Escort Agency - 31,4%;
- Street - 17,0%;
- Regular Clients who came back on their own - 3,7%;
- Another Sex Worker - 3,5%;
- Other (unclassified) - 3,2%; and
- Another Client - 3,1%.

The researcher was informed by the male sex workers in Pretoria who participated as informants in this study that once they had successfully solicited a client, they would go to a variety of places for sex. Places mentioned by the informants include:

- in a hotel room;
- at the client's place;
- at the sex worker's place;
- in a massage parlour;
- in a *M2M\** service house;
- inside a car;
- in a public toilet;
- alongside a quiet road; and
- inside the park among the shrubs, usually but not always, at night.

In a study conducted by Minichiello, *et al.*, (2000:151-160) a very similar pattern existed. Respondents reported the following places for sexual activity:

- client's place;
- male sex worker's place;
- agency;
- hotel/motel;
- car; and
- other (public toilet, park, street).

In this research study the researcher found that male sex workers solicited their clients or *Johns*\* from a variety of settings as well as in various different ways. The manner in which a client was procured was largely dependent on the type or category of sex worker and the place where the sex worker solicited clients. The different settings and various ways will be discussed separately.

#### 4.8.2.1 *Procuring clients as a streetwalker\**

*Streetwalkers*\* form a broad category of sex workers. Within this broad category, sub-categories of sex workers can be identified and listed separately. They include sex workers who work mostly from:

- public toilets;
- parks;
- shopping malls;
- pornographic cinemas;
- gay bars; and
- gay clubs.

Even though some of the same basic methods of soliciting clients are employed by these sub-categories sex workers, each sub-category of sex worker seems to have adapted his soliciting to fit in best with the environment within which he operates.

From information obtained from informants who *cruise*\* clients in public toilets, the researcher established some of the different ways and methods that are employed to solicit a client.

One informant to this research study, Peter, explained to the researcher exactly how *cruising*\* in a public toilet takes place. He told the researcher:

*“It is easy to be picked up by a man in a public toilet. You, of course, must go to the right toilet. It must preferably be a toilet with a glory*

*hole\*. If there is a guy already sitting in the toilet and there is a glory hole\* in the door of the toilet, you stand at the urinal where the guy will be able to see you. All you have to do is to stand there and tilly\*. You will quickly see if the guy is interested. He will peep through the glory hole and may even open the toilet door to show you his stiff dick\*. Then you go into the toilet with him or go elsewhere for sex. If there is a glory hole\* in the partition between two toilets, it is much easier. All you do is to go and sit and watch through the glory hole\*. It will soon be obvious if the guy next door is interested in you. He will either start jerking\* himself or he will peep at you through the glory hole\*. Whatever occurs, you will soon know if he is willing or not.”*

Another place where streetwalkers solicit clients is in public parks. If the soliciting occurs in the public toilet of the park, the soliciting will occur as described above by Informant Peter. The most popular way of soliciting clients in a park, however, is described by Informant Michael 1. He explained it as follows to the researcher:

*“All you do is to find your own spot. This is very important if you camp\* in a park where other guys are also camping\*. The trick is to appear to be BND\*, but at the same time you must stand in such a manner that a John\* will be able to see that you are camping\*. In the park you never approach a guy - you wait to be approached by him. He will look you up and down, will most probably walk past you and will then turn back and look at you. If he is interested he will eventually walk past you again. Finally he will make some ridiculous comment like “Have yo got a match for me?” If you like the guy or are prepared to go with him for the money, you will respond and soon a conversation starts. It won't be long before you will be on your way with this guy.”*



From information obtained from Informant Patrick the situation is totally different in a shopping mall. He told the researcher that the best place in a shopping mall, excluding the public toilets, is usually a place where lots of young guys congregate. He said a good example would be a games arcade or games parlour. This is the place where older men would come to pick up boys for paid sex. Patrick said that one needs to dress in a *camp*\* manner but not like a *queen*\*. Effeminate boys, he told the researcher, are not easily picked up because they are too obvious. People in the shopping mall would quickly notice if an effeminate boy walks out of the games arcade with a strange man.

Informant Patrick described to the researcher how he *cruised*\* in a games arcade. He told the researcher:

*"I would make sure that I wear nice clothes. Your clothes must not be too obvious. You must blend in with the other boys but must still look smart. All you do is to play a few games. If your money is finished you pretend that you are playing or you just stand around at an empty game stand. One of the men who are looking for boys will quickly spot you and will offer to pay for you to play another game. He will stand and watch you play. If you agree to this, it won't be long before you will play a second or third game. It also helps to touch or squeeze your cock\* through your trousers every now and then. Soon he will ask whether you want a cold drink or something. That is the cue that it is time to go and have sex."*

Informant Moses told the researcher that in bars and clubs all one has to do is to sit and wait for someone to join you. Moses says the man [prospective *John*\*] would ask whether you have a match for him to light his cigarette or would ask what time it was. If you respond, Moses said, the guy would start chatting and would soon sit down with you. Then, Moses said, it would all depend on how you handle the situation. The prospective *John*\* would soon let you know whether this was just a casual chat or a serious proposition for sex.

#### 4.8.2.2 *Procuring clients as a masseur*

Masseurs usually solicit clients through advertisements in the local media or the *gay\** media. The reader is referred to *Annexure 8* for examples of how masseurs advertise their services. Katz (1992:48) reports that male prostitutes placed advertisements in *The New York Herald* as long back as 23 April 1905. According to him implicit reference to homosexual intercourse was made in these advertisements.

Masseurs in Pretoria mostly advertise in the media. The researcher was informed by the informants to this study that satisfied clients also served as good advertising agents in that they usually tell other men of the services provided by a particular masseur and would recommend a visit to such a particular masseur if the service was good.

#### 4.8.2.3 *Procuring clients as a call boy\**

*Call boys\** usually make use of advertisements in the *gay\** and local media to advertise their services. In the local media their advertisements can usually be found in the classified section under "Adult Entertainment". The reader is referred to *Annexure 9* for examples of advertisements placed by *call boys\** who operate from male brothels.

Advertisements placed by male brothels serve two main purposes. The first purpose is to obtain clients on behalf of the *call boys\** who work in the brothel. The second purpose of advertising by male brothels is to recruit new sex workers. Recruitment advertisements for new sex workers usually make mention of all the 'advantages' attached to the work. The advertisements often include phrases such as:

- 'Earn big bucks!';
- 'Huge earning potential!'; and
- 'No previous experience required, in-house training given'.

The owner of the brothel usually pays for the advertisements. Informant Chris, the owner of a male brothel in Pretoria told the researcher that without clients for his young men, he would

have no income. According to him, he places the advertisements and pays for the placement of the advertisements in order to secure an income for himself. He also informed the researcher that the young men who worked for him often leave his employment to go and work for themselves or sometimes to go to another city. He then needs to place advertisements in search of new sex workers.

#### **4.8.2.4        *Procuring clients as a super call boy\****

*Super call boys\** advertise very much in the same manner as *call boys\**. Many of them, however, depend on word-of-mouth advertisement by their satisfied clients.

Informant Louis and Informant Johan serve as examples of *super call boys\**. The two of them are in an *affair\** and jointly run a massage parlour where they combine sexual gratification, *M2M\** massage services and aroma therapy as services to their clients. They very seldom advertise their services. They informed the researcher that they normally place one advertisement in local Pretoria press every six months. According to them their many satisfied clients do all their advertising for them.

The researcher regularly had to re-schedule appointments with Informants Johan and Louis because of the number of bookings in their diary by their many regular clients. Early on the morning of a scheduled appointment the researcher would telephone their parlour to confirm an appointment for a specific time, often to be informed that they would not be able to keep the appointment because a 'regular' client had phoned to make a booking. Both Informants Johan and Louis claim that their long list of daily bookings is evidence of the quality service they provide to their many satisfied clients, who in turn tell others of the quality service they provide.

#### **4.8.3    Sexual experiences of informants**

As far as sexual experiences during childhood was concerned, a considerable number of informants reported sexual experiences from an age as young as six years. These experiences were initiated by a variety of outsiders which included: uncles, teachers, cousins, brothers, a



father, a grandfather, other boys, and girls. Most of these experiences occurred between the ages of 6-16 years with 10-12 years of age the average age. It can, however, not be stated categorically that these childhood experiences were directly responsible for the informants entering into sex work.

Activities that the informants were involved in as their first homosexual experience were reported as being: fellatio (mostly passive), masturbation (passive or mutual), and *rimming\**.

Informant Ben 1 is a black man of twenty-one. he passed Grade 10 but was not successful in getting employment. He told the researcher that his first sexual experience was with a white man who gave him a lift one day. He said that he was approximately 16 years old at the time. As they were driving along the man started talking about sex. Soon afterwards the man put his hand on Ben's leg. Ben 1 told the researcher that he immediately knew what the man wanted and opened his fly to expose himself to the man. The man then turned off the road and fellated Ben 1. He was rewarded with R20. Ben further told the researcher that he was heterosexual and regularly had sex with some of the girls in the area where he lives. He, however, had to special preference as far as gender of sex partners were concerned, but when he had sex with a man expected to be paid for it.

Jacques, a nineteen year old Afrikaans speaking boy, and informant to this study, informed the researcher that he was a 'normal' boy who masturbated for the first time when he was about twelve years old. He said that he always fantasised about girls when he masturbated. He had never had any sexual experiences with other men prior to becoming involved in sex work except once at school. He told the researcher:

*“'n Trassie\* het eenkeer by my probeer aanlê by die skool. Ek het hom dik gemoer! Almal in die skool het geweet dat ek my nie met moffies\* en queers\* ophou nie.”*

[“A *queer\** once tried to court me at school. I bashed his face in. Everyone at school knew that I do not involve myself with *gays\** and *queers\**.”]

After matriculating, Informant Jacques went to a part near the central business district of Pretoria where he was schooled by a friend on how to *cruise\**. He said to the researcher that he became involved in sex work solely for the money to assist his family.

Informant Phillip is a twenty-four year old Afrikaans speaking young man. He comes from a single parent family. He told the researcher that his father died when he was two years old and his mother was solely responsible for his upbringing. Informant Phillip said to the researcher that his mother has been working for as long as he can remember because she needed the money to take care of him. He then shared information about his first sexual experience with the researcher. He said that at about the age of twelve he was introduced to homosexual sex by his uncle from his mother's side. His uncle was about twenty-five at the time and was still single. He said that he could recall that his uncle took him to a friend's farm for a weekend. Whilst on the farm they went swimming in the cement dam. They swam without costumes and it was then that his uncle dived under the water and touched his genitals. Informant Phillip told the researcher:

*“Ek het baie daarvan gehou. Dit was so lekker dat ek ophou swem het en net met my rug teen die kant van die dam bly hang het sodat my oom onder die water kon induik en met my voël\* speel. Hy het later my voël\* en ballas\* in sy mond geneem. Wannier hy weer bo die water verskyn het, het hy water uit sy mond lat spuit soos 'n walvis.”*

[“I really liked it. It was so nice that I stopped swimming and remained at the side of the dam with my back against the side wall so that my uncle could dive in under the water and ply with my penis (*cock\**). Later on he took my penis (*cock\**) and scrotum (*balls\**) into his mouth. When he would eventually appear above the water, he would spurt water from his mouth as if he were a whale.”].

Another informant, Informant Pieter 1, who is an Afrikaans speaking white man told the researcher that he was often severely beaten by his mother ‘without any apparent reason’. He told the researcher that she often hit him against his head. Pieter 1 also claimed that he was

physically abused by his father 'also without any apparent reason'. He said that he can remember well that he used to find solace in masturbating after having been physically abused by either of his parents.

Pieter 1 told the researcher that, one day after such a beating he ran away to go and masturbate near the river. He was about fourteen years at the time and can recall taking off his trousers and shirt so that he could lie naked on the grass and nature close to him while he masturbated. He then told the researcher:

*“Ek het nog gehuil toe ek my klere uitgetrek het. Ek onthou nog goed dat ek net begin draadtrek\* het, toe ek iemand langs my hoor. Dit was 'n ou van ongeveer twintig. Ek het groot geskrik. Voordat ek iets kon doen, het die ou gesê dat alles reg is en dat hy niks aan my sal doen nie. Hy het langs my kom sit en met my piel\* begin speel. Na 'n kort rukkie het my my afgesuig\*. Dit was heerlik.”*

[“I was still crying when I took off my clothes. I can still remember that I had just started masturbating (pulling my *wire\**), when I heard someone next to me. It was a guy of about twenty. I got a big fright. Before I could do anything, he said to me that everything was fine and that he meant me no harm. He sat down beside me and started playing with my penis (*cock\**). After a while he fellated me (*sucked\** me off). It was most enjoyable.”].

There is evidence in the literature that men make up the largest group of sexual offenders as far as sexual abuse of young boys are concerned. Jackson & Nuttall (1997:58) writes:

“Men make up the largest group of sexual offenders. Male respondents who were abused reported that the next largest group of offenders, after acquaintances and strangers was, brothers, followed by other male family members, female acquaintances, mothers, other female family members, and female strangers. Only one male respondent reported having been sexually



abused by his father; none reported having been sexually abused by his grandfather.”

The researcher could not find any evidence from the lived experiences told to him by the informants to this study that any of the informants were disturbed or angered by the ‘sexual abuse’ to which they were exposed. From the above examples it would appear that most of the informants enjoyed the sexual experiences. There is also no evidence that the sexual abuse to which they were exposed resulted in them becoming sex workers.

LeTourneau (1994:253) supports the above views expressed by the researcher. He writes:

“A significant number, if not the majority, of young males in prostitution were sexually or physically abused and/or psychologically maltreated while they were growing up. Yet many young men are abused and maltreated and do not become involved in prostitution and many young people involved in prostitution were not abused. Clearly there is a need to consider other variables.”

#### **4.8.4 Reasons for entering into sex work**

According to Boyer (1989:151-184) and Robinson (1990:10-12) having a homosexual identity and having had early childhood sexual experiences are important causes for entry into male prostitution. From this it could be deduced that most boys who have a homosexual identity and an early childhood sexual experience will turn out to be male sex workers and that they really have no choice in the matter.

A totally different picture is painted by Aggleton (1987:61). He states that:

“Contrary to popular opinion, the majority of women and men who become prostitutes do not do so against their will. From extensive studies carried out in both Europe and North America, it is fairly clear that many people become prostitutes from choice. An early awareness of the fact that sex with strangers

can bring good money frequently encourages young people to associate with those who are already prostitutes.”

This view expressed above is supported in a publication by Steen & Price (1977:277) in which they state that rarely are cases encountered where prostitutes have been forced into the profession. They say that most of them become prostitutes of their own volition or from force of necessity as in the case of drug addiction in which prostitution is resorted to in order to pay for their narcotics.

Information obtained from informants to this study provided the researcher with a variety of reasons for entry into sex work. Most of the informants mentioned that the income derived from sex work as the most important reason for them becoming involved in sex work.

Informant Patrick claims that the ease of earning good money motivated him into sex work. He informed the researcher that he works on his own and often accompanies men back to their homes for sex. According to him he runs his own advertisements in the local newspaper and one *gay\** magazine and provides his cell phone number for prospective clients to contact him. Informant Patrick also told the researcher that his monthly income sometimes exceeds R3000,00 a month.

Informant Peter told the researcher that the ease of earning good money motivated him into sex work. He added to this by telling the researcher:

*“I enjoy what I am doing. I like having sex with men and it makes it so easy to stay in this type of work.”*

In support of the opinion expressed by Informant Peter regarding the financial gains that are to be made from male sex work, LeTourneau (1994:256) writes:

“The conventional view also minimizes or ignores the economics of adolescent prostitution. For young people with acute survival needs who possess few

employment skills and have not permanent address and possibly no identification, prostitution present a viable option for quick money. Working for minimum wage at a fast-food restaurant can appear as exploitative to some adolescents as prostitution.”

Another informant, Willem 1, also became involved in sex work for the money. He, however, informed the researcher that he does not enjoy it at all. He said:

*“Ek is straight\*. Ek was nog nooit gay\* nie en sal nie gay\* word nie. Ek doen wat ek doen om vir my vrou en kind te sorg. As ek ander werk kan kry, sal ek dadelik ophou met hierdie werk.”*

[“I am *straight\**. I have never been *gay\** and will never be *gay\**. I do what I do so that I can take care of my wife and child. If I can get another job, I will immediately stop with this work.”].

In similar vein Informant Chris told the informant:

*“Ek is nie ‘n moffie\* nie en sal nooit een wees nie. Ek naai\* ander mans omdat ek die geld nodig het.”*

[“I am not *queer\** and will never be. I have sex with (*fuck\**) other men because I need the money.”].

During another interview Informant Chris told the researcher that he is involved in sex work because of his responsibility to assist his family financially. He told the researcher:

*“Ek is straight\*. Ek is so reguit soos ‘n paal. Ek lewer ‘n diens waarvoor ander ouens bereid is om te betaal. Ek doen dit net om my familie te help.”*

[“I am *straight\**. I am as straight as a ruler. I provide a service for which other guys are prepared to pay. I do it in an effort to support my family.”].



Other researchers provide a variety of reasons for young males entering into sex work. Some of these reasons mentioned include:

- A history of physical abuse (Smith & Mitchell, 1984:23).
- Boys who come from a low economic status; a deprived and neglected home; and those who have low self-esteem with concerns about masculinity (McMullen, 1990:46).
- A troubled home marked by extreme conflict and hostility and from poor urban areas or rural communities; split families; absent fathers; molestation as children; school problems; drug abuse; and trouble keeping a job (Siegel, 1995:405).
- Many of them are *chickens*\* who are products of well-to-do, but broken families; not so much for money, but for what they interpret as adult affection and attention (Lloyd, 1979:17).
- A desire to have sex with men (da Silva, 1999:43).
- Survival in a big city; low socioeconomic background; disrupted home; alienation from his family; no economic power; finding someone to care for him; a need to flee from a bad family situation; a need for affection from a male; a need for a way to deal with his identity; and the lure of excitement and adventure (Coleman, 1989:138,139).

LeTourneau (1994:256) says that the tendency of traditional social research and social work practice to view involvement in sex work as a symptom of personal pathology or as deviance implies a preunderstanding that is normative. He continues by saying:

“A view that if a young person is a prostitute, it can be assumed that certain things must be true about his or her background, personality, and motivation gives rise to uniform intervention approaches and labelling that is one-dimensional.

“Viewing prostitution as the symptom of personal pathology/deviance also fails to address the consumers of adolescent prostitution. There are definite and

identifiable markets for the sexual services of adolescents. The question should not be what is wrong with adolescents that they prostitute, but why do so many adults want to have sex with adolescents? If there are such clear markets for the sexual services of adolescents, how come more young people do not become involved? The lack of research and attention directed at the consumers of adolescent prostitution is difficult to defend and raises questions about the focus on the adolescents involved.”

Most other researchers, however, agree that money seems to be the major reason for young men entering into sex work (Campagna & Poffenberger, 1988:62; Decker, 1979:212; Earls & David, 1989:401-419; Greenberg, 1995:228,229; Hyde, 1990:504; Robinson, 1990:10-12; Steward, 1991:13; and Ward, Carter & Perrin, 1994:249,250). The mention of money as the main reason why many young men enter into sex work corresponds with the information obtained by the researcher in the Pretoria study and seems to confirm this finding.

For most prostitutes, according to Clinard & Meier (1995:335) the entrance into prostitution is often unplanned and takes place almost accidentally and in a study conducted by Hoffman (1979:282) he reports on one of his respondents. He writes:

“Craig (21) found the personal and intellectual relations with older men more socially rewarding. He found that by offering his sexuality to these men he could get both intellectual and material benefits. He had a BA (Humanities) but could not do anything with it. Money was his main reason for *hustling*\*. He needed an income.”

A rather similar picture as that painted by other researchers is evident in the Pretoria study. The major reasons provided by informants to the researcher as reasons for entering sex work include:

- ‘I like the money’;
- ‘I like to have sex with men’; and

'I find it difficult to find other employment'.

Even though some instances of abuse were reported by informants, it never became clear from what they told the researcher that the abuse was ever the reason for them leaving home. Neither was it ever evident that any abuse they may have been exposed to, was the reason for them becoming involved in sex work.

One of the informants to this study, Tristan, sees himself as bisexual. He is a *streetwalker\** and still stays with his parents. According to him his mother is very domineering and bullies everyone in the house, even the father of the household. He admitted to the researcher that his mother physically abused him. He also told the researcher that he was sexually abused by his father.

Tristan told the researcher that as a young child he would bath or shower with his dad. He recalls that his dad regularly fellated him when they were showering together. He told the researcher that his dad would go down on his knees and take his whole penis and scrotum into his mouth and:

*"...dan het hy my klein stywe piel\* en ballas\* in sy kieste rondgerol. Ek kan onthou dat dit baie lekker was."*

[*"...then he would roll my small penis (cock\*) and scrotum (balls\*) in his mouth. I can remember that it was very enjoyable."*].

Tristan told the researcher that he loves his dad. It would appear that the sexual abuse perpetrated by his father against him never negatively influenced his love for his dad. He told the researcher:

*"Ek kom baie goed oor die weg met my pa. Ek is baie lief vir hom en ek weet dat hy ook vir my lief is. Hy trek my baie voor."*

[*"I get along well with my father. I love him a lot and I know that he loves me too. He spoils me a lot."*].



Informant Leonardo was abused by his uncle when he was about five years old. He informed the researcher that his uncle 'accidentally' touched his genitals. According to the informant he immediately got a *hard-on\** and:

*"...I put my uncle's hand back on my cock\*"*.

Informant Michael 2 was sexually abused by his teacher. This occurred one afternoon when his male teachers kept him behind school because he was naughty. He related the incident to the researcher as follows:

*"Ek het nog daar gesit en probeer konsentreer toe my onderwyser sy hand op my voël\* plaas. my piel\* het dadelik styf geword. Dit was baie lekker. Dit was die eerste keer dat 'n groot man aan my piel\* gevat het."*

[“I was still sitting there, trying to concentrate, when my teacher put his hand on my penis (*cock\**). I immediately got an erection (*my cock\** immediately got stiff). It was very pleasant. It was the first time that an adult man had touched my penis (*cock\**).”].

None of the informants in this study reported to the researcher that they lacked self-esteem. Neither did any of them have concerns about their masculinity. Most of them, in fact, had no problems with their sexuality and the perception they had of themselves were mostly positive.

Informant Michael 2 is a good example of someone who does not lack self-esteem and who feels very positive about his sexuality. He perceives himself as a very fortunate and happy young man. He has accepted being *gay\** and told the researcher:

*"Ek is 'n moffie\* sedert ek 'n chicken\* is. Dit is lekker om 'n moffie\* te wees. Ek geniet dit."*

[“I have been a *queer\** ever since I was very young (a *chicken\**). It is nice to be *queer\**. I enjoy it.”].

Coming from poor urban areas or rural communities, split families, absent fathers, school problems, drug abuse or trouble keeping a job was reported to the researcher by informants. It, however, never became evident from what they told the researcher, that these were the reasons why they became involved in sex work.

Jacob, an eighteen year old informant, is an example of a sex worker who comes from a poor urban community. He ran away from home as a young boy because there was not enough food in the house and he then decided to leave and take care of himself. He has been living on the streets since he was about twelve years old. He joined a group of street children after running away from home and was sexually abused by some of the older boys. He told the researcher that he was anally penetrated by one of the older boys the first night he slept with the gang. The particular older boy who looked after him for several years had since died of an unknown cause. Informant Jacob is now one of the older boys in the group and told the researcher that he now has two boys who are his 'wives'. He earns money from selling his body to white men who pick him up. He told the researcher that he charges anything from R5 to R10 to fellate a client and charges R15 to R20 to be anally penetrated.

Informant Jacob never suggested to the researcher that he became involved in sex work because of his sexual experiences whilst he was a member of the group of street children. He did, however, state that he sold his body to white men in order to take care of himself and his two 'wives'.

Informant Ben 2 comes from a family where he hardly ever saw his father. He told the researcher that his father came home very late at night and they hardly ever saw him. According to Ben 2 it was his mother who kept the family together. Ben 2 did not see himself as either being *gay*\* or bisexual. He told the researcher that he merely provided a service to those men who are prepared to pay him for it. His main reason for entering into sex work was the fact that he could earn money practically every day. He told the researcher that he did not enjoy sex work, but stuck to it because it was a sure way of earning some money.

Drug abuse was mentioned by quite a number of respondents, but it would appear that most, if not all of the drug abuse mentioned by the informants commenced after they entered sex work. The issue of drug abuse will be discussed separately in this thesis under paragraph 4.8.13. Another informant, Ben 2, told the researcher that he is addicted to heroin. He told the researcher that he takes half a *bag*\* of heroin at a time and pays about R60 for a *bag*\* of heroin. According to him heroin is freely available in Pretoria if one knows where to go and get it.

One major factor which became evident from the information furnished to the researcher by the informants to this study was that money played an important part in their decision to become involved in sex work. Several of the informants reported to the researcher that their families were experiencing financial problems and that they were obliged to assist their families. The only way, according to them, in which they could manage to support their families financially was to become involved in sex work.

According to Lowman (1993:72) the 'typical' Canadian prostitute entered the trade somewhere between the ages of 13 and 19. In a similar study by da Silva (1999:43) the majority of respondents, in a study conducted by himself in France, began to sell sex between the ages of 12 and 17. The researcher's experience in Pretoria revealed that informants who participated in this study commenced with sex work between the ages of 10 and 16, with the majority of informants stating age 12 as their age of entering into sex work.

#### **4.8.5 Sexual orientation of male sex workers in Pretoria**

Not all male sex workers are homosexual. This became clear in the research study conducted by the researcher.

While a large number of the sex workers perceived themselves as being *gay*\*, there were others who saw themselves as being bisexual or not *gay*\* (*straight*\*). Of those informants who perceived themselves as overtly *gay*\*, they had no problems with their sexual orientation or sexual identity. Most of them said that it was no problem to them, except that they had not yet come out of the *closet*\* and informed their parents and other significant others about their



sexual orientation, sexual identity or sexual activities.

Tristan (an informant in this research study) is one of the young men who saw himself as bisexual. He said during one of the in-depth interviews:

*“Miskien is ek ‘n moffie\*, miskien nie. Ek is defnitief bi\*. Ek gee nie om nie, maar ek dink tog dat ek mans verkies.”*

[“Maybe I am a *queer\**, maybe not. I am definitely bisexual (*bi\**). I don’t really care, but I do think that I prefer men.”].

Willem 2 (another informant) stated that he believed he was very fortunate because of his bisexual identity, although he preferred having sex with men. He said:

*“...of ek nou tussen mans of meisies is, ek sal altyd geholpe wees.”*

[...whether I am amongst guys or girls, my needs will always be satisfied.”].

Most of the informants who perceived themselves as heterosexual (*straight\**), were mostly involved in passive fellatio with their paying clients. They also informed the researcher that they would normally close their eyes and fantasise about girls while they were being fellated.

Other informants saw themselves as being so *straight\** that they either assaulted their clients for trying to fondle them or kiss them or were prepared to assault such clients. Informant Chris is a good example of such a person. He said:

*“Ek is straight\*. Ek is so reguit soos ‘n paal.”*

[“I am *straight\**. I am as straight as a ruler.”].

International literature supports the findings of this research in so far as the fact that not all male sex workers are homosexual in their orientation (Hoffman, 1979:279; De Cecco, 1991:xi). The literature also supports the notion that even though a particular person’s sexual behaviour could

be homosexual, that person may not self-identify as gay\* (Gonsiorek & Weinrich, 1991:1).

According to LeTourneau (1994:254) the percentage of young men involved in prostitution who identify as homosexual has increased significantly over the last 2 decades. He continues by saying:

“However, many young men are involved in prostitution who do not identify as homosexual, some male prostitution does not involve homosexual behaviour, and considerable prostitution is bisexual.”

In a study of male prostitution in Cardiff and London by Aggleton (1999:5) he found that all the informants from the Cardiff study claimed to be *gay\** or *bi\** whilst the informants from the London study showed that 35% of the informants claimed to be *gay\**, 37% claimed to be heterosexual, and the remaining 28% of informants claimed to be bisexual in their orientation.

In writing about their study of 211 male sex workers in the United States of America Morse, Simon & Burchfiel (1999:88-89) state that all of the respondents in their study could be labelled ‘homosexual’ because they have sex with men, however, 40% of the respondents saw themselves as heterosexual, 40% saw themselves as bisexual, and the remaining 20% saw themselves as exclusively homosexual.

#### **4.8.6 Perception of self by male sex workers in Pretoria**

Informants in this research study perceived themselves mostly in a positive light. They were very open about how they perceived themselves and their perception of themselves mirrored mostly how they lived.

Below are some responses the researcher received upon interviewing informants and asking them how they perceived themselves:

Informant Leonardo

*"I am not a sex worker. Being a sex worker is being a prostitute and only women can be prostitutes."*

Informant Gareth

*"I am different from most other boys. I am gay\* and have no regrets."*

Informant Seun

*"Ek is gay\* en dis klaar. Ek is nie net gay\* nie, maar is ook 'n sekswerker. My pa sal nooit aanvaar dat ek gay\* is nie, wat nog as hy hoor dat ek hoereer!. Ek weet my ma is lief vir my en ek is tog bang dat sy teleurgesteld sal wees omdat ek gay\* is en eendag nie vir haar kleinkinders kan voortbring nie."*

[*"I am gay\* and that is it. I am not only gay\*, but I am a sex worker as well. My father will never accept the fact that I am gay\*, what still if he hears that I prostitute my body. I know my mother loves me, yet I am afraid that she may be disappointed because I am gay\* and that one day I will not be able to produce grandchildren for her."*].

Informant Willem 1

*"Ek is straight\*. Ek was nog nooit gay\* nie en sal nie gay\* word nie. Ek doen wat ek doen om vir my vrou en kind te sorg. As ek ander werk kan kry, sal ek dadelik ophou met hierdie werk."*

[*"I am straight\*. I have never been gay\* and will never be gay\*. I do what I do so that I can take care of my wife and child. If I can get another job, I will immediately stop with this work."*].

Informant Jacques

*"Ek haat myself! Ek hou my nie met moffies\* en queers\* op nie. Ek kan nie werk kry nie en nou is ek 'n hoer vir mans! Ek gebruik drugs om my te help vergeet van die gemors waarin ek is!"*

[*"I hate myself! I do not involve myself with gays\* and queers\*. I cannot find employment and now I am a prostitute for men! I use drugs to help me forget about the mess in which I find myself!"*].

Informant Michael 2

*"Ek is 'n moffie\* vandat ek 'n chicken\* is. Dit is lekker om 'n moffie\* te wees."*



*Ek geniet dit. Dit is lekker as die ouens na my staar. Dit is nog lekkerder as jy hoor iemand sê 'wada\*' en jy sien dat die ouens almal na jou kyk!"*

["I have been a *queer\** ever since I was very young (a *chicken\**). It is nice to be *queer\**. I enjoy it. It is nice when the guys look at you. It is even nicer when you hear someone shouting 'wada\*' and you realise that they are all looking at you!"]

As can be seen from the above statements made by informants, some of them have accepted themselves for whom and what they are. There are, however, also those who feel very uncertain about how they feel about themselves and also others who despise themselves for what they had become.

One informant, Informant Jacques, is one of the informants who does not feel good about himself. He told the researcher that he despised himself for what he is involved in. He said to the researcher:

*"Ek haat myself! Ek hou my nie met moffies\* en queers\* op nie. Ek kan nie werk kry nie en nou is ek 'n hoer vir mans! Ek gebruik drugs om my te help vergeet van die gemors waarin ek is!"*

["I hate myself! I do not involve myself with *gays\** or *queers\**. I cannot find employment and now I am a prostitute for men! I use drugs to help me forget about the mess in which I find myself!"].

LeTourneau (1994:255) is of the opinion that the reason why some male sex workers may have a poor self-image is often the result not of their involvement in sex work but results from how they are perceived by others. He writes:

"A common perception is that a poor self-image leads adolescents to become in prostitution. A study on young prostitutes in Toronto found that the low self-esteem reported resulted not from the work itself but from the harassment, judgment, and persecution from police, social workers, and others."

#### 4.8.7 Life traits common to male sex workers in Pretoria

Most researchers tend to draw up lists of characteristics of the 'typical' male sex worker based on information obtained from their research. The characteristics of the 'typical' male sex worker as reported by various research groups are provided below.

Parkert, Larvie & Cardoso, (1992) found in their study of 45 male sex workers that the typical characteristics of male sex workers in Rio de Janeiro were:

- they were mostly between 17 and 25 years (15-38);
- 70% of them were single;
- many could not read and write well;
- most came from outside the city area;
- most were run-aways or were chased away because of homosexuality;
- a large number of them lived on the street; and
- for most of them sex work offered little in the way of either sex or money.

In another study by Cohen (1980:161) the majority of one type of male homosexual prostitutes were in their late teens or early twenties. They typically wore leather jackets and tight fitting jeans and their area was confined to particular streets. Another type of male prostitute described by him indicated that most of the sex workers were *chickens\** or *pinfeathers\** who were often as young as 12-14 years of age. He, furthermore, found that *chickens\** outnumbered female prostitutes in Times Square, five to one. Most of them, according to Cohen were to be found:

“... in pinball arcades where he waits for men to come in so that he can strike up a conversation, which often leads to going to a cheap hotel.”

In another study of male sex workers in the San Francisco Bay Area Waldorf & Murhpy (1990:114) described the typical male sex worker of the San Francisco Bay Area as follows:

“There are young *hustlers\**, but the project did not attempt to locate them as the focus was on adults - those 18 years and older. The majority (70%) were white.

Roughly a third were from minority groups. Most left school without graduating at the 12<sup>th</sup> year. Not all were gay-identified. Fifty-six per cent described themselves as *gay*\*. Seventeen per cent were bisexual. Sixteen per cent were transvestites and the rest were heterosexual.”

In support of what is stated above about the characteristics of the so-called ‘typical’ male sex worker Ward, Carter & Perin (1994:249) say that:

“...the majority of male prostitutes are young, ranging in age from 16-29 years, white, heterosexual, homosexual or bisexuals, and from diverse socioeconomic backgrounds.”

And in a Scottish study of 102 male sex workers Thomas (1990:90,91) says that the following are the characteristics of the ‘typical’ male sex workers:

- He says that, as far as their marital status are concerned, the male sex workers in his study were:
  - single - 84;
  - married - 2;
  - separated - 7;
  - widowed - 1;
  - divorced - 1;
  - cohabiting/single - 6; and
  - cohabiting/divorced - 1
- Their mean age was 23.
- Nine reported having 1 or 2 children.
- There are two categories of male sex workers determined by where they work from:
  - streets, bars, discos and actively sought clients; and
  - private flats, saunas, escort agencies, advertising.
- As far as condom use depends he found the following:
  - always used a condom - 63 (N=86);



- usually used a condom - 11;
  - sometimes used a condom - 7; and
  - rarely or never used a condom - 6.
- As far as drug abuse was concerned, he found that 90% of them abused one or more drugs (N=86).

In a South African study by (Freed, 1949:80) during 1938, the researcher made the following observations:

“Our knowledge of juvenile homosexual prostitution in Johannesburg is derived from attendance at the “Indecency Cases” in 1938. In the case of Rex versus \_\_\_\_\_ (Case No K633/38) 53 boys ranging from 10-15 years of age appeared as witnesses. From our observations of them in court, we got the impression that they came from poverty-stricken, broken homes, where parental control was largely absent.”

In a further South African study in 1949 Freed (*ibid.*, 1949:82) found that the ages of male prostitutes in Johannesburg ranged from 7-18 years old with the majority of them in the 12-16 year old group.

Adding to the characteristics of South African male sex workers, Gevisser (1994:26-27) explored the history of male sex work and writes:

“The café-bios were very important white cultural institutions in the 1950s and 1960s. Those were ‘ordinary’ cinemas where you could eat, smoke and have it off while watching a movie! They were very popular with working-class teenagers, and so became patronised by gay men looking to buy sex. In Johannesburg there were ‘rent-boys\*’; they were usually teenage Afrikaner boys, either from the working class suburbs to the south and west of the city. A great deal of ‘rent\*’ came from Newlands, and it seems the culture was passed from one boy to another in the schools where it became known that this

was an easy way to make some extra pocket money. In Cape Town, the 'rent\*' was also often working-class Afrikaner boys, but there was, in addition, a large population of coloured sex workers, who did much business both with married coloured and African and with white clients."

The characteristics of the so-called 'typical' male sex worker that were identified by various researchers can be summarised as follows:

- They come of dysfunctional homes including separation, divorce, and conflict (Boyer, 1989:158-160; Campagna, 1988:85; Clinard & Meier, 1995:335; Coleman, 1989:136-141).
- They suffer from a lack of parental affection (Clinard & Meier, 1995:335).
- They have suffered substantial sexual abuse in the family (Boyer, 1989:158-160; Clinard & Meier, 1995:335).
- They have a background of being in trouble in various social settings (Clinard & Meier, 1995:335; Smith & Mitchell, 1984:viii).
- They have had sexual experiences with another man whilst still a youth usually before the age of 19 (Allen, 1980:399-426; Furnald, 1978:26; Rosser, 1991:27).
- They are runaways (Weisberg, 1985:5).
- They identify themselves as gay\* or bisexual (Boyer, 1989:158-160).
- They fall in the age group of 15 to approximately 25 with an average of 18 years old (Davies & Feldman, 1999:4).
- They have short working lives, usually 10 to 15 years (Allman & Myers, 1999:64; Criminal Justice Commission, Queensland, 1991:34; De Cecco, 1991:xi).
- They have a destructive or negative self-image (Campagna, 1988:85).
- They are involved in drug and alcohol abuse (Campagna, 1988:85).

Of everything that was said by most researchers the research of Allen (1980:399-426) came the closest to the findings of the researcher in the Pretoria study. Allen found that there was no such thing as a 'typical' young male prostitute.

In his study he found that young male prostitutes varied from delinquent school dropouts to well-educated, refined college students. They came from inner city projects and middle-class suburbs, from completely disintegrated families and from effective, loving families. Some were homosexual, bisexual or heterosexual. They sometimes appeared effeminate or masculine; they worked full-time as prostitutes or only when they needed money. They could be found on the streets, in bars, in "model agencies" as *call boys\**, or secluded as "*kept boys\**". Some enjoyed sexual participation - some tolerated it, others hated it. Some of them were heavily involved in criminal acts or not involved at all, and some used drugs and alcohol whilst some did not. Finally, he says, they became derelicts, prisoners, or successful business and professional men.

Watkins & Bentovim (1992:34,38) writes about abuse within the family and the lack of reports about father-son abuse. They say:

"All forms of intrafamilial abuse are under-reported because of the greater secrecy and the intense fears of the consequences that surround the abuse. There is an astonishing lack of reports about father-son abuse, even though fathers are cited as the most frequent abusers of boys, including sons."

In the research study reported on in this thesis the researcher found many similarities between what is described above and the research study that was conducted among male sex workers in Pretoria. One point in particular where the research that was conducted in Pretoria differs from what is said above about father-son abuse, is that this study revealed more than one incident where fathers were the culprits in sexually (and physically) abusing their sons. The following were the main common life traits of the male sex workers who participated as informants in the research study in Pretoria:

- The majority of the informants were white young men.
- Most of the informants came from an Afrikaans speaking background. There were a few English speaking informants, an informant from a Chinese background, a few informants who came from an Asian background, and a few informants who came from a Black African (black and 'coloured') background.



Most of the informants were between 19 and 25 years of age. During the research the researcher became aware of many young boys from 10 to 18 years of age who were involved in male sex work. The reader must note, however, that the researcher excluded the young men who were under the age of 19 years from this study because of legal and ethical constraints.

Most of the informants came from a 'Christian' background. There were two informants who came from a Muslim background and one informant who was from a Hindu background.

A large proportion of the informants had successfully completed at least ten years of schooling with a substantial number who had completed twelve years of schooling. Some of the informants were involved in tertiary education and paid for their own studies from the money earned as male sex workers.

Most of the informants had good family relationships.

Both the parents of most informants were still alive and most informants told the researcher that they still had regular contact with their parents and other siblings.

Most of the informants were either the oldest or youngest of the siblings.

The majority of informants found problems in finding employment.

Most of the informants became involved (and remained involved) in sex work for the money that could be earned from sex work.

The majority of the informants entered sex work between the ages of 14 to 18 years of age. This figure, however, is not representative of the total population of male sex workers in Pretoria as sex workers under the age of 19 years of age were excluded from this study.

Most of the informants were introduced to homosexual sex by relatives, namely: uncles, cousins, brothers, fathers and a grandfather.

Most of the first sexual experiences of the informants involved masturbation (passive or mutual) and fellatio (passive).

Most of the informants perceived themselves as *gay*\* with a considerable number who saw themselves as *straight*\* or bisexual.

Practically all of the informants had a history of multiple sexually transmitted

infections and other medical conditions which they acquired since they became sex workers.

A considerable number of the informants were involved in drug taking with heroin being the drug of choice followed by the sniffing of *poppers*\*.

The majority of the informants claimed to be knowledgeable about safer sex but were prepared to have unprotected sex in return for as little as R10 paid as an additional fee by the client. Condom usage by the informants was generally very poor.

The majority of the informants did not know their HIV status and were mostly not interested, for a variety of reasons, to have their HIV status determined.

An important aspect that should be kept in mind when looking at the common life traits of the male sex workers in Pretoria, is that the informants were only drawn from individuals who were 19 years or older. This is the case because of legal and ethical constraints as discussed elsewhere in Chapter 2 of this thesis. The fact that the youngest age of informants is stated as 19 years of age, is not a true reflection of the real situation in Pretoria. The researcher became aware that there were many male sex workers between 10 and 18 years of age selling sexual favours on the streets and in the parks of Pretoria. These young sex workers were, however, not included in this study.

Age of consent, the age at which an individual may independently consent to sex, is another important legal and ethical factor. The reader is referred to the discussion of ethical issues in Chapter 2 of this thesis. The age of consent varies from country to country and there does not seem to be any specific pattern in how age of consent is determined by each individual country.

A list of 'age of consent' is provided below. Two columns are provided in the list. The one column is the 'age of consent for heterosexual sex' and the other column is the 'age of consent for homosexual sex'. The fact that many countries specifically make provision for two different sets of 'age of consent' is an indicator that the phenomena of heterosexual sex and homosexual sex are not treated equally.

An alphabetical list of the 'age of consent' in years, of various selected countries, as reported by Gmünder (2002), is provided below:

	<i>Age of Consent Homosexual Sex</i>	<i>Age of Consent Heterosexual Sex</i>
Austria	18	14
Belarus	18	18
Belgium	16	16
Botswana	Homosexuality is illegal	Not provided
Brazil	18	18
Canada	14*	14
	*Exceptions, however, include anal intercourse and prostitution when the age of consent is 18	
Dominican Republic	18	18
Croatia	18	14
Czech Republic	15	15
Denmark	15	15
Finland	16	16
France	16	16
Greece	17	15
Hungary	18	14
Iran	Punishment for sodomy is death	
Ireland	17	17
Italy	14*	14
	*Introducing a boy for the 'first time' to homosexual sex can result in an accusation of 'corruption'	
Japan	18	18
Lithuania	18	14
Namibia	Homosexuality is illegal	Not provided
Netherlands	16	16



New Zealand	16	16
Nigeria	Homosexuality is illegal	Not provided
Poland	15	15
Portugal	16	16
Russia	14*	14
	*Sex between two persons where one is over 18 and one is under 16 is illegal	
South Africa	19	16
Spain	16*	16
	*Both partners need to be under 18 for sex to be legal at that age	
Sri Lanka	Homosexuality is illegal	Not provided
Sweden	15	15
Switzerland	16	16
Thailand	18	18
United Kingdom	16	16
United States of America	18*	18
	*Sodomy and fellatio are illegal in certain States even in a heterosexual relationship	
Yugoslavia	14	14
Zambia	Homosexuality is illegal	Not provided
Zimbabwe	Homosexuality is illegal	Not provided

#### **4.8.8 Practices, activities and sexual preferences of male sex workers in Pretoria**

In this research the researcher questioned all informants regarding what transpired between themselves and their clients and what sexual activities they were involved in with their clients. From information obtained from the informants the following represents the sexual activities of male sex workers in Pretoria (ranked from the most mentioned activity/practice):

- anal sex (active and passive);
- fellatio (active and passive);
- sniffing *poppers\** with client (this is not a sexual activity *per se* but is experienced as such by informants as *poppers\** is never sniffed unless one is involved in one or other sexual activity);
- *rimming\** (active and passive);
- masturbation (mutual or masturbation of client);
- sex toys (active - inserting into client);
- kissing (including dry and wet or deep kissing);
- *S&M\**;
- *B&D\**;
- *fistfucking\** (active - inserting hand into client's rectum);
- *watersports\**; and
- *brown showers\**.

Rosser (1991:162) conducted a study and provides the following as a list of sexual activities that male sex workers may be involved in. He lists them from safe to unsafe sexual activities:

***“Safe sexual activities:*** masturbating (*wanking\**) alone; mutual masturbation (*wanking\**) with one or several partners; hugging and body massage; body-to-body rubbing; dry (or social) kissing with no tongue contact; using clean *dildos\** and *sex toys\** that are not shared.

***Potentially unsafe sexual activities:*** anal intercourse (*fucking\**) either passive or active using a condom; oral sex (*sucking\**) when you stop before climax, and no semen is swallowed; wet kissing (mouth-to-mouth) with tongue contact; using saliva (spit) as a lubricant for *fucking\**; *watersports\** (partners urinating on each other) if no urine is swallowed or touches open skin cuts or eyes.

***Unsafe sexual activities:*** anal intercourse (*fucking\**) either passive or active, without a condom; oral sex (*sucking\**) carried out to climax and swallowing semen; semen or

urine in the mouth, eyes, anus or open skin cuts; *rimming\** (touching the anal area), coming in contact with faeces, or inserting fingers, hand or arm into the anal opening; sharing *dildos\** and other *sex toys\**; any other activity that may include exchange of blood - especially *fisting\**, sharing needles and skin piercing; using *poppers\** (amyl), booze and other drugs to the extent that your immune system and your good sense in choosing partners are impaired.”

Activities, sexual and non-sexual, which male sex workers may be involved in as listed by various other authors include:

- Active or passive anal sex (Badgley Committee, 1984; Bastow, 1996:12; Green, 1992:86-97; Isaacs & Miller, 1985:327-330; Minichiello, *et al.*, 2000:151-160; Morse, *et al.*, 1999:89-93; Sadownik, 1996:10);
- Enemas and douches before or after anal sex (Green, 1992:86-97);
- Ingestion of faeces and/or urine (Green, 1992:86-97; Morse, *et al.*, 1999:89-93);
- Use of *sex toys\** (Green, 1992:86-97; Isaacs & Muller: 1985:327-330);
- Fellatio (Badgley Committee, 1984; Bastow, 1996:12; Isaacs & Muller, 1985:327-330; Minichiello, *et al.*, 2000:151-160; Sadownik, 1996:10);
- *Rimming\** (Isaacs & Muller, 1985:327-330; Minichiello, *et al.*, 2000:151-160; Morse, *et al.*, 1999:89-93);
- *Fisting\** or *fistfucking\** (Green, 1992:86-97; Isaacs & Muller, 1985:327-330; Morse, *et al.*, 1999:89-93);
- Kissing with exchange of saliva (Green, 1992:86-97; Minichiello, *et al.*, 2000:151-160; Sadownik, 1996:10);
- Hugging, caressing and snuggling (Sadownick, 1996:10);
- *Watersports\** (Green, 1992:96-97; Morse, *et al.*, 1999:89-93);
- Golden showers\* (Green, 1992:86-97);
- Masturbation including auto-stimulation or mutual masturbation (Green 1992:82-84; Isaacs & Muller, 1985:327-330);
- *B&D\** (Green, 1992:82-84);
- *S&M\** (Isaacs & Muller, 1985:327-330);



- General body-to-body contact (Green, 1992:82-84);
- Penis-to-body contact (Green, 1992:82-84; Isaacs & Muller, 1985:327-330);
- Nibbling and biting of body areas including penis and nipples (Green, 1992:82-84);
- Shaving of body parts (Green, 1992:82-84); and
- Alcohol and drug abuse including sniffing of *poppers*\* (Akers, 1985:80; Brencick & Webster, 1999:140; Hyde, 1990:504; Maisto, Galizio & Connors, 1991:226; Mayer, 1983:240,241; Morse, *et al.*, 1999:89-93; Winick, 1992b:722-732).

The sexual preferences according to informants in this study were (ranked from the most mentioned sexual preference):

- Masturbation (mutual or masturbation of client);
- Anal sex (active and passive);
- Fellatio (active and passive);
- *Rimming*\* (mostly active);
- Sniffing *poppers*\* with client (this is not a sexual activity per se but is experienced as such by informants as *poppers*\* is never sniffed unless one is involved with some sexual activity);
- Sex toys (active - inserting into client);
- Kissing (including dry and wet or deep kissing);
- *S&M*\*;
- *B&D*\*;
- *Fistfucking*\* (active - inserting hand into client's rectum);
- *Watersports*\*;
- *Golden showers*\*; and
- *Brown showers*\*.

Some informants expressed their particular dislike of certain sexual activities. They informed the researcher that they usually informed their clients that they were either not prepared to

participate in certain sexual activities or would only do so upon payment of additional money. Some of the informants were, however, adamant that they were not at all prepared to participate in certain sexual activities. These activities include (in random order):

- *S&M\** (including any of the so-called *leather\** activities);
- *B&D\**;
- Contact with urine and faeces (*rimming\**, *brown showers\**, and *watersports\**);
- Being fondled;
- Kissing (any form of kissing);
- Anal sex (passive);
- *Sex toys\**;
- *Fistfucking\**; and
- Semen in mouth (but would be prepared to perform active fellatio with a condom).

Some of the informants were prepared, upon additional payment by the client, to be involved in some risky sexual activities (both active and passive) without adequate protection, e.g. use of a condom or other form of protection. These activities include:

- Anal sex;
- Fellatio;
- *Rimming\**;
- *Fistfucking\**;
- *Sex toys\**; and
- Contact with urine and faeces (*watersports\** and *brown showers\**).

A disturbing feature of the findings of this study is the apparent willingness of so many informants to be involved in risky sexual activities such as anal sex, fellatio and *rimming\** without adequate protection. What makes this all the more disturbing is the fact that most informants were apparently prepared to have unprotected sex as long as the client was prepared to pay over additional money to the sex workers. This, however, is not a South African or

Pretoria problem only. Isaacs & McKendrick (1992:123) describes this same phenomenon and has the following to say about this problem:

“Of note are the number of people who participate in mutual receptive anal intercourse without the use of the condom.”

Chris (an informant in this research study) represents one of those individuals who are prepared to have anal sex without a condom as long as the money is right. He had the following to say during one of the in-depth interviews conducted with him by the researcher:

*“As die ou verkies om genaai\* te word sonder ‘n FL\* dan doen ek dit. Hy betaal vir wat ek hom gee.”*

[f the guy prefers to have sex (to be *fucked\**) without a condom (*FL\**) then I’ll do it. He pays for what I give him.”].

Regarding anal sex, King (1993:87-88) states that for many *gay\** men, anal sex was and is not just another form of sex. He states:

“In addition to being the most enjoyable act in many men’s sexual repertoire, anal sex has also come to have deep symbolic significance. Safer sex guidelines, therefore, have to reconcile advice intended to enable *gay\** men to avoid giving or getting sexually transmitted diseases and HIV with the continuing emotional, physical and symbolic value of anal sex in those men’s lives.”

Queen (1996:113) writes about *S&M\** and places the many dangers that some individuals may see in it into perspective. He writes:

“S&M involves eroticizing not necessarily pain but often power, control, or both. A scene is a ritualized unit of S&M play, prior to which partners negotiate what elements of play the scene will and will not include, desired activities and limits, and who will play which role. At any time during the scene either partner



can stop it by means of a prenegotiated signal called a safe word.”

#### **4.8.9 Knowledge by informants of health risks involved in male sex work**

Many, if not most, of the informants in this research study claimed that they were well informed regarding sexually transmitted infections including HIV/AIDS. However, upon careful questioning by the researcher during in-depth interviews, it became evident that most of them were not well informed at all.

Apart from claiming that they were knowledgeable about sexually transmitted diseases including HIV/AIDS, most informants were apparently unaware of the health risks involved in most of the sexual activities they were involved in. These activities included activities like *rimming\**, exchange of *sex toys\**, *fistfucking\**, *watersports\**, *golden showers\**, *brown showers\**, not using a new condom every time, *S&M\**, *B&D\**, douches, enemas, and direct body contact with the possibility of acquiring ringworm or pediculosis.

Knowledge of health matters by informants were generally very poor. Most of the respondents were unaware that a blood test was required to determine a person's HIV status. Many of them appeared to be under the impression that the doctor merely had to physically examine someone in order to determine a person's HIV status.

#### **4.8.10 Health history and health seeking behaviour of male sex workers in Pretoria**

Even though the majority of informants in the research study informed the researcher that they were satisfied with their health and that they were generally healthy, a large proportion of them presented with a history of sexually transmitted infections and other health problems. Most of the informants who reported having acquired one of the sexually transmitted infections, often had a history of more than one incident of the same or another sexually transmitted infection. The following is a list of sexually transmitted infections as reported to the researcher (the infections are ranked in order of highest incidence:

- Gonorrhoea;
- Gastro-intestinal problems: intermittent incidents of diarrhoea and constipation;
- Pediculosis: including pediculosis capitus, pediculosis cruris, and pediculosis corporis;
- Syphilis, including syphilitic ulcer in the mouth;
- Genital herpes;
- Oral herpes;
- Anal infection;
- Acute and chronic sore throat;
- Acute and chronic sinusitis;
- Ring worm infection;
- Other fungal skin infections, e.g. *jock itch*\*;
- Chest problems with chronic coughing;
- Swollen neck glands;
- Tear in anus; and
- Dilated anus with incontinence.

Most of the informants were unaware of their HIV status. Not only were they unaware of their HIV status but generally preferred not to know what their HIV status was. A reason provided to the researcher why they did not want to know their HIV status was that they did not know how they would handle it should they be informed that they were HIV positive. There was also at least one informant who told the researcher that he was very sick and almost certain that he was HIV positive and believed that he was most probably already developing signs and symptoms of AIDS. This informant was one of the informants who informed the researcher that he was not prepared to go and have his HIV status determined.

A few of the informants knew their HIV status. Those informants who knew they were HIV negative told the researcher that they were planning to maintain their HIV negative status. They were generally very proud of their HIV negative status.

Brad, an informant to this research study, told the researcher that he is healthy except for the fact that he is impotent. He said that he believed his impotence resulted from his very active sex life which he was involved in earlier in his life. He told the researcher that in order to take on the large number of clients who demanded his services, he started taking tablets to assist him to get an erection. The informant would not divulge to the researcher what tablets he was using. He, however, during a follow-up interview, informed the researcher that he is aware that *Viagra* can be purchased over the internet without a prescription from a medical practitioner.

The informant told the researcher that after a few months the tablets he was taking were not effective anymore and he lapsed into a state where he again could not get a *hard-on\**. He then started injecting himself around the base of his penis with medication he got from a medical doctor. This medication apparently helped for a time. The informant landed in hospital, however, with an erection that would not go away. He informed the researcher:

*“Eers het ek gedink dat dit lekker is dat my piel\* so lank styf bly. Ek kon nie glo dat so ‘n geluk my sou tref nie. Dit was nie lank nie, toe word dit baie seer. Ek het amper gehuil van die pyn. Ek het nie geweet wat om te doen nie. Toe vat ‘n vriend my hospitaal toe. Ek was bang om in te gaan. Naderhand het hulle my met ‘n trollie kom haal by die kar. Ek was so skaam om vir die nurse te sê wat was verkeerd. Ek het ook gestrugle om die dokter te vertel. Hulle het my dadelik teater toe geneem en vandat ek wakker geword het van die narkose, het ek nog nooit weer ‘n hard-on\* gehad nie. Ek kan dit vandag nog nie glo nie. Ek glo dit is daai medisyne wat die dokter my gegee het se skuld. Maar miskien is dit ook my skuld want ek het meer ingespuut as wat die dokter gesê het.”*

[“At first I thought it was nice to have an erection for so long (that my *cock\** could remain to be stiff for so long). I could hardly believe that such luck would come my way. It was not long, however, before it became very painful. I nearly cried because of the pain. I did not know what to do. Then a friend took me to the hospital. I was very scared to



go in. Eventually they came and fetched me from the car with a trolley. I was shy to tell the nurse what was wrong with me. I also struggled to tell the doctor. They immediately took me to theatre en since I woke up from the anaesthetic I have never had a *hard-on\**. Up to this day I can hardly believe it. I believe it must be the fault of the medicine which the doctor gave me. But maybe it is my own fault because I injected more than what the doctor prescribed.”].

Other informants reported other health problems. Informant Divjesh informed the researcher that he had several spells of gonorrhoea. He said:

*“I nearly died the first time I had the drip\*. I nearly passed out every time I wanted to piss\*. My whole cock\* felt as if it was on fire! I had the shivers and felt terrible.”*

Edwin, who is also an informant in this research study, said to the researcher that he was not too healthy. He said that he had chronic chest problems and coughed a lot. He continued by stating:

*“My bors is so seer en ek hoes redelik baie. Ek was al eenkeer by die dokter en hy sê hy het nie medisyne vir my nie. Ek het nie nog geld om weer dokter toe te gaan nie. Nou het ek nog sulke seer knoppe in my nek.”* [The informant showed the researcher the swollen glands in his neck area].

[“I have severe chest pains and am coughing quite a lot. I went to the doctor once before and he told me that he did not have medicine for me. I do not have any money left to go to the doctor again. And now I have these painful nodules in my neck.”]. [The informant showed the researcher the swollen glands in his neck area].

Informant Edwin was one of the informants who did not know his HIV status. He told the researcher that he felt very unsure about his future. He believed that he might be HIV positive and may already have started showing signs of AIDS. He was desperate for money and was trying to have as many *tricks\** as he possibly could every day in an effort to make some money.

Another informant, Informant Govind, told the researcher that he was not too healthy:

*“I have had several attacks of drip\*. I also had a sore on my tongue and when I went to the doctor he told me that it was syphilis. Fortunately it healed up nicely, but now I regularly have an upset stomach - at times I have diarrhoea and feel weak - at other times I am severely constipated and also feel really sick. I don't know what is wrong with me.”*

Informant Govind said to the researcher that his health problems started soon after he came to Pretoria and especially after he became heavily involved sexually with other men. He said that he is not totally convinced that his health status was affected by his sexual activities.

Informant Michael 1 comes from a Chinese family. His health had not always been too good. He said to the researcher that he had to receive medical treatment for syphilis, gonorrhoea, body and head lice, ringworm infection and spells of diarrhoea. Of another major health incident, when he was seventeen years old, he told the researcher:

*“I was about seventeen years old when an older man said that he wanted to fuck\* me. I told him that I had never been fucked\* before. He was determined and promised me a lot of money and said that he would be very gentle. This man started slowly and pushed his stiff prick\* against my arse\*. All of a sudden he pushed hard and I felt my whole stomach tear open! I can only remember this terrible pain and then everything went blank. It was only much later that I woke up with*

*this terrible pain and a lot of blood all over the place. The man was gone!”*

Michael 1 recalled that he managed to get hold of a friend who went home with him. There he told his parents that they were playing rough games and that he fell on a stone which caused his injury. He said that he was taken to the hospital where he was operated on. He spent a week in hospital and when he was discharged could not have anal sex for about six months.

Informant Patrick told the researcher that he was very healthy. He, however, apart from a few attacks of gonorrhoea and sore throat, developed herpes on his penis. He told the researcher:

*“The blisters on my cock\* disappeared after a while but keeps on coming back. Even when the blisters are gone, I sometimes still feel this burning pain. I don’t know what to do about it.”*

Informant Patrick also developed a crust around his left nostril after having sniffed *poppers\**. He told the researcher that he always sniffed *poppers\** through his left nostril. He said that his mother once asked him what was wrong and took him to the doctor thinking that he had herpes. The doctor told him that it was a typical allergic reaction to something and prescribed an ointment which assisted in getting rid of the crust. He told the researcher that he is now very careful of *poppers\**.

Informant Stefan was heavily involved in *sex toys\**. Even when he was alone he would often insert huge *sex toys\** up his rectum. He told the researcher that he inserted the *toys\** prior to masturbating as this increased the pleasure of masturbating. Stefan explained to the researcher the size of some of the *sex toys\** he inserted up his rectum:

*“Eers het ek met gewone rubber piele\* begin. Later het ek groter en groter rubber piele\* gekoop. Die wat ek nou gebruik is omtrent so dik soos ‘n man se arm.”* [Informant Stefan pointed to his forearm where it was at its thickest].



["At first I started off with ordinary rubber penises (rubber *cocks\**). Later on I bought bigger and bigger rubber penises (rubber *cocks\**). The ones I am now using is about as thick as a man's arm."]. [Informant Stefan pointed to his forearm where it was at its thickest].

*"Nou het ek probleme opgetel. My gat\* is nou so oopgesper van hierdie groot rubber piele\* dat die goed sommer uitloop onder. Partykeer vra die ouens my waarom ek na kak\* ruik. Ek dra somtyds weggooidoeke sodat my klere moet skoon bly. Ek douche\* myself ook gereeld en hou my so skoon."*

["Now I have picked up problems. My anus (*arse\**) is now dilated because of these large rubber penises (rubber *cocks\**) to such an extent that the faeces are just running out from my bottom. Sometimes the guys would ask me why I smell of faeces (*shit\**). Sometimes I wear disposable nappies so that my clothes will remain clean. I also *douche\** myself regularly in order to remain clean."].

Another informant complained to the researcher about swollen neck glands. He was Informant Willem 1 who was married and had a young baby boy. He did not know his HIV status. He had recently started experimenting with heroin. He was using needles which belonged to the friend who introduced him to heroin. Willem 1 told the researcher that he felt very unsure about the future. He said that the opportunity had never arisen for him to sit down and think about his future.

Men who have sex with men run a real risk of acquiring a variety of sexually transmitted infections as well as many other health problems. There is sufficient evidence that the health problems experienced by the informants to this study could be directly linked to the sexual activities the sex workers were involved in with their clients.

The following is a brief overview of sexual activities of male sex workers. It provides some insight into the vast array of health problems they are possibly exposed to. Depending on the

specific sexual practices they are involved in, male sex workers and their clients are exposed to many of the conditions listed below. The reader is referred to Table 1 in Chapter 1 of this thesis in this regard.

#### **4.8.10.1      *Health problems that could result from having sex with a man***

Many men are known to be involved in both active and passive anal sex. The entire spectrum of sexually transmitted infections, including HIV/AIDS and Hepatitis B, are risked by male sex workers and other men who have sex with men as well as those involved in prostitution. These infections include:

- Syphilis;
- HIV/AIDS;
- Gonorrhoea;
- Non-gonococcal urethritis;
- Trichomoniasis;
- Moniliasis;
- Amoebiasis;
- Shigellosis;
- Hepatitis A, B, non-A/non-B;
- Herpes simplex virus infection;
- Lymphogranuloma venereum;
- Granuloma inguinale;
- Chancroid; and
- Condylomata.

#### **4.8.10.2      *Health problems that could result from close body contact with another person***

Many individuals have a variety of skin conditions that could be transmitted through direct contact. The following health problems could be acquired through close body contact with

another infected person:

- Pediculosis pubis;
- Pediculosis corporis;
- Pediculosis capitis;
- Scabies; and
- Various fungal infections, e.g. *jock itch*\*.

#### **4.8.10.3      *Health problems that could result from masturbation***

Friction which results from masturbation could cause microscopic and even more visible breaks in the skin of the penis. Health problems could result from infection entering the body through the breaks in the skin of the penis. These infections could result from individual or mutual masturbation. Friction from masturbation could result in physical abrasion of the prepuce or penile shaft with possible secondary infection(s).

#### **4.8.10.4      *Health problems that could result from the use of douches and lubricants***

*Douches*\* are used by men who have sex with men to clean out the rectum and colon prior to having anal sex. It is also used to clean out the rectum and colon prior to the insertion of *sex toys*\*, as finger, hand, or arm up the rectum. Lubricants are used to lubricate the anus to ensure easier penetration of the anus during anal intercourse, finger, hand or arm insertion up the rectum, or the insertion of *sex toys*\*. The use of *douches*\* and lubricants could result in:

- Allergic reactions;
- Rectal fatty tumours; and
- Perforation of the rectal wall due to incorrect douching.

#### **4.8.10.5      *Health problems that could result from the use of amyl nitrite (poppers\*)***

The use of amyl nitrite (poppers\*) was widely mentioned by the majority of informants to this



study. It was mentioned as the third most popular sexual activity and the fifth most popular sexual preference by informants to this study. The reader is referred to paragraph 4.8.8 in this regard.

Amyl Nitrite is a depressant and vasodilator. It is a popular drug used to enhance sexual enjoyment. It is primarily used by men to augment orgasmic sensations. Cardiac patients, people over forty years of age, and those with ocular or cerebrovascular disease should not use the drug recreationally as deaths have been attributed to the use of amyl nitrite by these vulnerable individuals. The rapid decline in blood pressure along with post-orgasmic circulatory changes could result in circulatory collapse, heart arrest, unconsciousness, and death in a person with a compromised cardiovascular system (Siemens & Brandzel, 1982:358).

Health problems that could result from the use of *poppers\** include:

- Contact dermatitis;
- Allergy;
- Chemical burns; and
- Death (in older men with cardiac problems).

A more detailed discussion of the use of amyl nitrite (*poppers\**) by male sex workers in Pretoria will follow in paragraph 4.8.12.2 below.

#### **4.8.10.6      *Health problems that could result from active fellatio***

Active fellatio is the act of taking the penis of another person in one's mouth and fellating that other person. Health problems that could result from doing this include:

- Physical abrasion of oral mucosa with possible secondary infection(s);
- Oral or pharyngeal gonorrhoea;
- Oral herpes simplex virus infection - type I and II;
- Non-gonococcal pharyngitis (chlamydia and others);

- Oral condylomata acuminata;
- Syphilis of lips, tongue or oral/pharyngeal mucosa;
- Hepatitis B;
- Enteric infections;
- Lymphogranuloma venereum;
- Oral donovanosis (granuloma inguinale); and
- Oral chancroid.

#### **4.8.10.7      *Health problems that could result from passive fellatio***

Passive fellatio is the practice of allowing another person to take one's penis in his mouth to perform fellatio. Health problems that could result from passive fellatio include:

- Physical abrasion of the prepuce or penile shaft with possible secondary infection(s);
- Bites with possible secondary infection(s);
- Genital herpes simplex virus infection - especially type I;
- Non-gonococcal urethritis (chlamydia and others);
- Gonococcal urethritis; and
- Meningococcal urethritis (*Neisseria meningitidis* exposure).

#### **4.8.10.8      *Health problems that could result from active anal intercourse***

Active anal intercourse involves the insertion of one's penis into the anus of another person and thereby penetrating the rectum of that person. Health problems that could result from performing active anal intercourse include:

- Non-gonococcal urethritis;
- *Escherichia coli* infection;
- Gonococcal urethritis;
- Molluscum contagiosum;

- Condylomata acuminata;
- Syphilis;
- Trichomoniasis;
- Epididymitis and/or prostatitis;
- Fungal infections;
- Lymphogranuloma venereum;
- Donovanosis (granuloma inguinale);
- Chancroid;
- Cytomegalovirus infection;
- Hepatitis A, B, non-A/non-B;
- Herpes;
- Warts - molluscum and condyloma; and
- HIV/AIDS.

#### **4.8.10.9      *Health problems that could result from passive anal intercourse***

Passive anal intercourse is the act of allowing another man to insert his penis up one's anus and thereby penetrating up into the rectum of the recipient. Health problems that could result from passive anal intercourse include:

- Traumatic proctitis;
- Rectal gonorrhoea;
- Anal condylomata acuminata;
- HIV/AIDS;
- Molluscum contagiosum (*rare*);
- Nonspecific proctitis (chlamydia and others);
- Anorectal herpes simplex virus infection;
- Anorectal syphilis;
- Hepatitis A, B, non-A/non-B;
- Rectal trichomoniasis;
- Lymphogranuloma venereum;



- Anorectal granuloma inguinale;
- Anorectal chancroid;
- Cytomegalovirus infection;
- Anorectal candidiasis; and
- Anorectal fissures.

Some incidents of trauma to the anorectal region result from passive anal intercourse and can give rise to the eventual development of anal fissures. Once a person has developed anal fissures they are very difficult to cure and the only option that may help rid the individual of anal fissures is repeated surgery (Abcarian, 1983a:141-149).

#### **4.8.10.10      *Health problems that could result from active anilingus (rimming\*)***

Active anilingus (*rimming\**) is the act of licking the anal area of someone else. It also includes the sticking of one's tongue up into the anus of the passive partner. Faecal contact can never be excluded and those conditions transmitted by faeces could result from this practice. The conditions include:

- Enteric infections;
- Shigellosis;
- Campylobacter infections;
- Enterotoxigenic *Escherichia coli*;
- Hepatitis A, B, non-A/non-B;
- Amoebiasis;
- Giardiasis;
- Salmonellosis;
- Oral warts;
- Oral gonorrhoea;
- Syphilis of lips, tongue or oral/pharyngeal mucosa;
- Lymphogranuloma venereum;
- Oral donovanosis;

- Oral chancroid;
- HIV/AIDS;
- Herpes simplex virus infection;
- Anorectal meningococcal infection;
- Gay bowel syndrome (amoebic colon infections);
- Regular attacks of sore throat and, sometimes, chronic pharyngitis;
- Regular attacks of sore throat and, sometimes, chronic sinusitis; and
- Enteric parasite infestation.

**4.8.10.11      *Health problems that could result from passive anilingus (rimming\*)***

Passive anilingus (*rimming\**) is the act of allowing someone else to lick one's anal area. It includes the insertion of the tongue of a person up the anus of the passive partner. Infections that may be present in the mouth of the active partner may be transmitted to the passive partner through this activity. Health problems that could result from passive anilingus include:

- Rectal herpes infection;
- Anorectal syphilis; and
- Anorectal gonorrhoea.

**4.8.10.12      *Health problems that could result from passive finger and/or fist insertion (fistfucking\*)***

Passive finger and/or fist insertion (*fist-fucking\**) is the act of allowing another person to insert his finger and/or fist (and even the forearm) up one's rectum. Health problems that could result from passive finger and/or fist insertion include:

- Internal scrapes of the rectum and/or the colon;
- Anal sphincter tears;
- Anorectal fissures;
- Perforations of the colon; and

- Acute abdomen.

**4.8.10.13**      ***Health problems that could result from active finger and/or fist insertion (fistfucking\*)***

Active finger or fist insertion (*fist-fucking\**) is the act of inserting one's finger and/or fist (and even the forearm) up the rectum of another person. Health problems that could result from active finger and/or fist insertion include:

- Shigellosis;
- *Escherichia coli* infection;
- Salmonellosis; and
- Enteric diseases.

**4.8.10.14**      ***Health problems that could result from the use of sex toys\****

*Sex toys\** include a variety of objects used to sexual stimulate oneself or someone else. Such objects include things like *cockrings\**, *dildos\**, *leather\**, *tit clamps\**, etcetera. Because the *sex toys\** are inserted up a person's rectums, there is a possibility that the *sex toys\** may become contaminated with faeces. faeces is known to harbour harmful organisms like viruses, fungi, and bacteria like *Escherichia coli*. By using a contaminated *sex toy\** which was previously used by someone else, one runs the risk of contact with a variety of harmful organisms as mentioned above. An additional problem associated with using *sex toy\** that have previously been used by someone else, is the possibility of contamination by minute amounts of blood coming from abraded areas of the anus, rectum or colon of the first user.

Health problems that could result from using *sex toys\** include:

- Allergic reactions to the metal, plastic, rubber, or leather that was used in the manufacture of the *sex toy\**;
- Priapism from a *cock ring\** that fits too tightly;



- Penile engorgement from a *cock ring*\* that fits too tightly or which was left on for too long;
- Friction dermatitis;
- Physical torsions;
- Varicoceles;
- Peyronie's disease;
- Fungal infections;
- Foreign bodies being 'lost' up the rectum;
- Testicular strangulation;
- HIV/AIDS; and
- Hepatitis A, B, non-A/non-B.

Abcarian (1983b:141-149) writes of the occurrence of lost colorectal foreign bodies resulting from the use of *sex toys*\*. He says that individuals with colorectal foreign bodies often delay seeking medical assistance because they do not know how to tell the hospital staff that they were involved in inserting foreign bodies up their rectum. Some colorectal foreign bodies have to be removed in theatre under general anaesthesia.

#### **4.8.10.15      *Health problems that could result from involvement with sado-masochistic activities [S&M\*]***

*S&M*\* involves sado-masochistic activities where individuals seek sexual gratification by inflicting pain on others or by having pain inflicted on themselves and includes self-inflicted pain as well (Weinberg & Falk, 1990:378). Other activities related to *S&M*\* include body piercing and *bondage*\*. Health problems that could result from *S&M*\* activities include:

- Lacerations;
- Burns, often from hot wax as the dripping of hot candle wax on the body is a regular feature of *S&M*\* activities;
- Cutaneous infections from scapes, bruises, burns, and lacerations;
- HIV/AIDS;

- Many of the other problems listed in this section depending on what occurs during the *S&M\** activities; and
- Hepatitis A, B, non-A/non-B.

#### **4.8.10.16      *Health problems that could result from contact with urine***

There are individuals who are sexually stimulated or who get sexual gratification from contact with urine. It involves the act of urinating on another person in order to provide sexual stimulation or gratification to that person. The scientific term for this activity is urolagnia or urophilia. The slang word for this activity is as *golden showers\**. Health problems that could result from contact with urine include:

- Cytomegalovirus infections.

#### **4.8.10.17      *Health problems that could result from group sex***

Some individuals prefer to be involved sexually with more than one person at the same time. When three individuals are involved sexually, it is referred to as a *threesome\** but when more than three individuals are simultaneously involved in sexual activity it is referred to as group sex. The slang terms for 'group sex' are *daisy chain\**, *clutter fuck\**, or *gang bang\**. Health problems that could result from involvement in group sex include:

- Any, or all of the above conditions, depending on what activities are involved during the group sex.

#### **4.8.10.18      *Other health problems that sex workers and men who have sex with men (MSM\*) could be exposed to***

Male sex workers and men who have sex with men are exposed to other health related problems sometimes related to the obscure and isolated places where they meet for sex. Because sex work and homosexual sex is still seen as 'abnormal' and is generally unacceptable

to general society, persons involved in these activities have to find secluded places where they can meet. Other health problems could result from what some sex workers and men who have sex with men do or abuse. Health problems that they could be exposed to include:

- Physical assault including *gay bashing*\* which could result in trauma or even death as was demonstrated in the case of the murder of a client by two male sex workers that was reported on in Chapter 1 of this thesis;
- Alcohol usage and abuse with its own related problems;
- Drug use and abuse with its own related problems;
- Abuse of *Viagra*® and injectable substances used to stimulate erection which may result in possible priapism and/or impotence; and
- Rectal incontinence.

#### **4.8.11 Safer sex practices of male sex workers in Pretoria**

From information provided to the researcher during the course of in-depth interviews with male sex workers in Pretoria, it would seem that safer sex practices among male sex workers in Pretoria is practically non-existent. Although the majority of informants claimed that they were aware of the need to always use a condom when they were involved in anal sex, most of them expressed their willingness to relinquish the use of a condom should the client request it and should the client be prepared to pay an additional fee to the sex worker. One informant said to the researcher that an amount of R10 would be enough for him to have unprotected sex with a client.

Very few of the informants were confident in stating that they always used a condom in order to prevent them from acquiring sexually transmitted diseases including HIV/AIDS. There was, however, evidence in the information furnished to the researcher by some informants concerning the regular and correct use of condoms. One of the informants, Johan, who runs a massage parlour in conjunction with his *gay*\* lover told the researcher the following concerning the use of condoms:



*“’n Kondoom is ’n moet. Ons kliënte weet dat ons daarop aandring. Ons verskaf ’n verskeidenheid kondome. Ons het gekeurde kondome. Ons het rough riders, extra strong, en nog ’n klomp ander. Ons kliënte weet dat een van ons leuses is: Geen kondoom - geen seks.”*

[“A condom is a must. Our clients know that we insist on it. We provide a variety of condoms. We have flavoured condoms. We have rough riders, extra strong, and a variety of others. Our clients know that one of our motto’s is: No condom - no sex.”].

Other informants, like Chris, has a totally different, and reckless philosophy with regard to condom use. Chris stated it as follows:

*“Ek lewer ’n diens waarvoor ander ouens bereid is om te betaal. Ek doen dit om my familie te help. ... As die ou verkies om genaai\* te word sonder ’n FL\* dan doen ek dit. Hy betaal vir wat ek hom gee.”*

[“I provide a service for which other guys are prepared to pay. I do it to assist my family. ... If the guy prefers to have sex (to be *fucked\**) without a condom (*FL\**) that I will do it. He pays for what I give him.”].

As has already been stated previously in this thesis the practice of being involved in unprotected sex is not a South African or Pretoria problem alone. Isaacs & McKendrick (1992:123) described this same phenomenon and had the following to say about it:

“Of note are the number of people who participate in mutual receptive anal intercourse without the use of the condom.”

#### **4.8.12 Income of male sex workers in Pretoria**

The income of sex workers are closely linked to what category of sex worker the particular individual belongs to. From information obtained from informants as well as a review of the literature it was evident that there are different income groups in the male sex work hierarchy.

Those who are classified as *streetwalkers\** have the lowest income whereas *call boys\** and *super call boys\** earn the most money.

De Cecco (1991:xi-xii) writes about the differences in earnings of male sex workers and states:

“*Hustlers\** are great liars when it comes to the question of the fees they charge, and whether money is the only material medium of exchange. None of them wants to appear cheap. It is generally reported that the high-grade *call boys\** currently charge the most money - from a low US\$50 per *trick\** to an unlimited high - with US\$150 not being unusual. Street *hustlers\** charge the least - perhaps as low as US\$20-US\$25. although those working the streets pick up more customers. The income of bar *hustlers\** probably fall between that of *call boys\** and street *hustlers\** but they also get paid for social time and sexual time as well as their drinks and occasionally also a meal. Some of them also get an additional tip for catering to some idiosyncrasy of a grateful client.”

In the research conducted by the researcher in Pretoria a similar pattern emerged where the *streetwalkers\** reported earning the lowest income and the *super call boys\** the highest income. The other categories of male sex workers were earning an amount somewhere in between the lowest and highest amounts. The male sex workers in Pretoria reported the following income patterns to the researcher:

*Streetwalkers\**: included in this group are sex workers who sell their services from public toilets, parks, shopping malls, pornographic cinemas, bars and clubs. *Streetwalkers\** charge the lowest fees and generally represents the lowest level of sex workers in the sex trade hierarchy. According to information obtained from informants *streetwalkers\** charge a fee from approximately R5 per *trick\** to as much as R50 per *trick\**. There appears to be quite a large gap between the lowest and highest income. The large gap between the lowest price to the highest is influenced by various factors. These factors may include:

- where in Pretoria the sex worker operates from, e.g. from an obscure

- and dirty public toilet or a clean toilet in an upmarket shopping mall; and
- how clean and presentable the sex worker is.

Upper class *Streetwalkers\** who work as full-time sex workers, often manage quite a few tricks\* per day and can, on average, earn as much as R400-R500 per day. There are, however, some streetwalkers\* who struggle to earn R50 per day. It was reported to the researcher that clients sometimes have to pay extras should they request anything unusual like wanting to perform anal intercourse on the sex worker without a condom.

- **Masseurs:** included in this group are sex workers who provide their services from male brothels, massage parlours, and private residences. This category of sex worker makes use of advertisements in both the *gay\** media as well as the general media and place their advertisements in the classified section of the local English newspaper under “Adult Entertainment”. Masseurs also often are *call boys\**. They represent the more affluent level of sex workers. Their earnings, according to information obtained from informants averages from R180 per half hour to R250 per hour. Some informants report earning as much as R500-R1000 per day, and over weekends they sometimes earn as much as R1500 per day. According to information obtained from informants it is usual for clients to pay additional for every extra service required. A fee of R180 per half hour may sometimes only include a body massage, excluding a pelvic massage. It sometimes includes the pelvic massage but then could possibly exclude fellatio of the client.

- **Call boys\*:** included in this group are sex workers who provide their services from male brothels, massage parlours, and private residences. This group of sex workers also make use of advertisements in both the *gay\** media as well as the general media and place their advertisements in the classified section of the local English newspaper under “Adult Entertainment”. *Call boys\** share the more affluent level together with masseurs in the sex trade hierarchy. Their earnings are very similar to that of masseurs although some *call boys\** report earnings in



the vicinity of R1800 per day. *Call boys\** always work on the basis of a basic fee with extras charged for any additional request like, *rimming\**, *sex toys\**, *fistfucking\**, *S&M\**, etcetera.

*Super call boys\**: included in this group are sex workers who provide their services mostly from exclusive parlours or private residences. These sex workers are the ones who charge the highest fees and are the ones who also often act as escorts to rich men and sometimes even accompanies their client(s) on trips outside the borders of South Africa. They sometimes advertise their services in the local media but depend mostly on word-of-mouth advertising to obtain new clients. According to information obtained from informants who can be classified as *super call boys\** indicates that their income is usually in the vicinity of at least R250 to R500 per half hour. Some super call boys\* who participated in this research study report on earnings of as much as R12 000 per month. When accompanying clients on trips they reportedly charge a higher fee and expect gifts in the form of special clothes for special occasions and additional payment for sleeping with the client all night.

Sex workers in South Africa are not registered as employees or employers. Neither are they registered with the South African Revenue Services as tax payers. They operate where and when they like and do not pay tax. All their income is available to them as ready cash.

Prostitution is big business. American men are reported to spend many billions of dollars a year on the sexual favours of male and female prostitutes. The amount of this profit, which is obviously tax free, is ten times the annual budget of the United States Department of Justice (Thio, 1988:193). In their discussion of the possible income of sex workers Palmer & Humphrey (1990:151) say that the latest estimates are that US\$10 billion is spent annually on male and female prostitution in the United States of America. It is estimated that US\$1 billion is spent annually in the Times Square area alone. This is an area well known for its male sex workers (Altman, 1982:89).

Reiss (1961:102-120) says that most male prostitutes view prostitution as a job or simply as a means of making money. Sex work also delivers easy money. There are very few job-related constraints. A group of male sex workers who were interviewed overwhelmingly stated that 'easy money' is the reason why they chose the profession and they claimed to earn US\$20-US\$50 per *trick*\* with an average of US\$35 for 15 minutes work. Male prostitutes in Time Square view prostitution as an income-producing activity. For most, it is a full-time job (Morse, Simon & Burchfiel, 1999:94).

McNamara (1994:3) also found that for most male sex workers in Times Square prostitution is a full-time job. He writes:

“Some of these male prostitutes have wives and children to support. Thus the need to earn a living from prostitution remains important. Prostitution can be seen as an occupation for almost all of them.”

On reporting on a 25-year-old white male prostitute interviewed by Snell (1995:84) in New York, Snell writes:

“He works in an office by day and prostitutes some evenings and some weekends to supplement his regular income for luxury items and savings. He has a college degree from a well-known private university and comes from an affluent and educated family. This young man is financially stable and doing well materially. He more than doubled his regular income through prostitution and was able to purchase a condominium after two years on the streets.”

It is not only in South Africa and the United States of America that male sex workers earn good money. According to the Criminal Justice Commission of Queensland (1991:19) some Australian sex workers work on an hourly rate for escort agencies and receive approximately AU\$90 per hour in Cairns, a well known holiday destination in the tropical north of Australia. They continue by stating that one male sex worker in Cairns who operated as a *call boy*\* from his home, earned AU\$3000 a month. In other Australian towns and cities fees reportedly vary

from AU\$60-AU\$100 per hour.

Income of male sex workers have been researched in other countries as well. Various authors reported the following average income of male sex workers:

- **India and Bangladesh** - US\$20 per *trick*\* (Khan, 1999:198-200).
- **Thailand** - Boy prostitutes in inner-city bars receive US\$2 per night. Fees are paid at the counter by the client before he can leave with the boy. The boys are mostly dependent on tips as their *pimps*\* usually take practically all the money (Storer, 1999:230).
- **New York City** - The going rate for 30 minutes of oral sex with a boy of 13 or 14 years old is between US\$5 and US\$20, a scale that is fairly standard regardless of location. The price scale escalates if the potential *trick*\* is well-dressed, drives an expensive car, or request 'out-of-the-ordinary' sex. Also, rates increase if the customer wants to take the boy home. The entire process of *cruising*\*, making contact, quoting prices, and reaching final agreement happens within the space of a few minutes (Campagna, 1988:60-61).
- **San Francisco's Market Street Area** - Most male sex workers usually get US\$20 per *trick*\*, and sometimes more (Hoffman, 1979:282).
- **Costa Rica** - A charge ranging from 2000 colones (US\$10) to 5000 colones (US\$20) is charged per act of sexual intercourse (depending on whether or not penetration occurs). Since the number of clients can vary between 2-8 per day, the monthly income varies from 80000 to over half a million colones (US\$5000). Most male sex workers earn around 150000 colones (US\$750) per month, a salary which is significantly higher than that of a university professor. Because most young men have not received much formal education, a clerical job such as they might be likely to obtain, would provide only a tenth of this amount (Schifter & Aggleton, 1999:142).
- **Mexico** - A 'full service' which includes penetration, fellatio or masturbation costs 100-150 pesos. These male sex workers earn, on average, US\$50 to US\$100 per day. Some sex workers can earn in one day as much money as they



would normally get for a week's work elsewhere (Liguori & Aggleton, 1999:115,116).

- **Canada** - There is controversy concerning the earnings of male sex workers. They do, however, earn more than female sex workers because they charge higher prices and *pimping*\* of male sex workers is virtually non-existent. Female sex workers earn between US\$1800 to US\$2000 per week (Hoffman, 1979:284).
- **The Netherlands** - The usual price is about 50 guilders, but much less is not unknown. In general, boy prostitutes have only a few clients a day. Those who work these circuits are between 16 (age of consent) and 30 years old (Zuilhof, 1999:27).
- **England** - Research on male sex work in England has established that money is the main reason why some predominantly heterosexual men sell sex to other men (West, 1993:20). A detailed service fee structure was obtained by Davies & Feldman (1999:15-16) in their research of 130 male prostitutes. The fees charged in England amounts to:
  - Masturbation: £40-£70 in London and £5 in South Wales.
  - Oral sex: £50-£75 in London and £5 in South Wales.
  - S&M\*: £57 (on average) in London and £20-£25 in South Wales.
  - Anal intercourse: £75 in London and £15-£20 in South Wales.

Male sex workers can be sure of finding enough customers because there is a demand for their services (Campagna, 1988:88).

#### **4.8.13 Occurrence of substance abuse among male sex workers in Pretoria**

Drug abuse among the male sex workers who acted as informants to this study appears to be rife. Several of them admitted to the researcher that they were involved in drug usage including the use of alcohol. Admitting to this was difficult for some of the informants. The researcher, however, got the impression that some of the sex workers were proud of their involvement in drug abuse. It appeared to the researcher that some of the informants believed that taking drugs

proved their masculinity and their power.

There were also a few informants who unequivocally stated that they did not take drugs or did not drink any alcohol. Other sex workers, though, admitted to having an occasional beer but not taking drugs at all.

Drug and alcohol abuse will be discussed under two separate headings in this section. The one section will cover drug and alcohol abuse and the second section will cover the use of *poppers*\*. The use of *poppers*\* will be discussed separately as the usage of this substance seems to be practically universal among most male sex workers and *gays*\*.

#### **4.8.13.1      *Alcohol and drug abuse among male sex workers in Pretoria***

Practically all informants who participated in this research study informed the researcher that they were aware of large scale drug and alcohol abuse among male sex workers in Pretoria. Some of them admitted to the researcher of their own involvement in both drug abuse and alcohol consumption.

Informant Gareth said to the researcher that there is currently heavy pressure on him to take drugs and he hoped that he would be strong enough to resist and not give in to the pressures. Cabaj (1992:856) writes that some *gay*\* men cannot imagine socialising without alcohol or other mood-altering substances. They are brought up in a homophobic society in which they are viewed negatively and in a disparaging and prejudicial manner. He says that such internalised homophobia may be so intense that some *gays*\* cannot even walk into a *gay*\* setting without using alcohol or other drugs that help them in relieving their symptoms. This, he says, becomes so institutionalised with *gayness*\* and being *gay*\* that *gays*\* themselves seem to put pressure on those *gays*\* who do not conform with their substance abuse.

Another informant, Informant Willem, 1 told the researcher that he started experimenting with heroin. He told the researcher:

*“Dit [heroin] help my om te vergeet van die verskriklike lewe wat ek ly. Ek is die moer in omdat ek my meisie swanger gemaak het. ... Nou het ons ‘n baba om voor te sorg en ek weet nie waar die geld vandaan sal kom om vir hulle te sorg nie. Nou sit ek met hierdie gemors van ‘n lewe!”* [When Informant Willem 1 made this statement to the researcher he was very close to tears and was sitting with his head in his hands.]

*“It (heroin) helps me to forget of the terrible life I am leading. I am very angry because I made my girlfriend pregnant. ... Now we have a baby to care for and I do not know where the money is going to come from to take care of them. Now I am stuck with this mess of a life!”*. [When Informant Willem 1 made this statement to the researcher he was very close to tears and was sitting with his head in his hands.]

Informant Jacques admitted to the researcher that he was already addicted to heroin. He showed the researcher his arms and pointed out the sores that have erupted at some of the injection sites. He told the researcher that he could not even remember why, when and how he started taking heroin. He continued:

*“Ek gebruik ‘n bag\* elke tweede dag. Maar ek kan voel dat ek dit elke dag nodig het. Ek worry ... oor waar die geld vandaan gaan kom, want ek moet nog geld vir my familie ook gee.”*

*“I use a bag\* every second day. But I can already feel that I need it every day. I worry .. over where the money is going to come from, because I must still give my family some money as well.”*].

Informant Michael 1 told the researcher that he, too, started experimenting with ecstasy, cocaine and *dagga\**. He said that he believed himself to be very fortunately as he did not like the experience and discontinued his experimentation with all drugs. He also did not take any alcohol.



His namesake, Informant Michael 2, also did not use any drugs or alcohol, although he liked sniffing *poppers*\* occasionally. The informant seemed obsessed with his good looks and never allowed an interview to be completed without referring to, what he calls, his ‘stunning looks’. He told the researcher:

*“Almal sê altyd dat ek jonk en gorgeous is. Ek wil dit so hou. Ek weet dat alkohol en drugs ‘n mens gou oud maak en daarom gebruik ek nie die goed nie.”*

[“Everybody always says that I look so young and gorgeous. I would like to keep it that way. I am aware that alcohol and drugs makes one look old and that is why I do not use the stuff.”].

A further informant, Informant Tristan, also informed the researcher that he had tried out various drugs especially ecstasy and heroin. He did not abuse drugs but admitted to regular spells of binge drinking. Informant Tristan informed the researcher about how he acquired his drugs. He said:

*“Dit is maklik om die goed te koop. Hulle is volop in die park. ‘n Mens moet net weet wie om te kontak. Ons kan nou loop en enigiets koop wat jy wil hê. Jy moet net die geld hê en dan is dit joune.”*

[“It is easy to get hold of the stuff. It is abundantly available in the park. You must just know who to contact. We can now go and buy anything you want. You must just have the money and then it will be yours.”].

Substance abuse appears in different communities and populations at different rates and with different incidences. *Gays*\* make up a special sub-population where substance abuse is a problem. Estimates of the incidence of substance dependence indicates that about 28% to 35% of *gays*\* abuse various substances as compared to 10% to 12% of the general population. There does not seem to be a greater genetic or biochemical predisposition for substance abuse among *gays*\*, however, societal, cultural, and environmental factors seem to have a major influence. *Gay*\* men face societal prohibition in the expression of their sexual feelings and behaviours and

added societal forces expressed as homophobia increases the likelihood of *gays\** abusing chemical substances (Cabaj, 1992:852-855).

Siemens & Brandzel (1982:359) writes that many people use *dagga\** for its erotic qualities. According to them it increases the blood testosterone level for those who are not heavy users and over 80% of users report an increase in sexual enjoyment. Users, according to them, claim that it also reduces anxiety, increases tactile pleasure, makes sex last longer and intensifies an erection. The authors say that it appears as if the distortion of time caused by taking *dagga\**, together with the perceived lengthening of the pre-orgasmic period, made sex better for many users of the drug.

The use of drugs serve many purposes for *gays\**. Young (1995:113) says that the use of a variety of drugs suppresses anxieties about sexuality and concealment. It also counteracts the continuing sense of being devalued, it enhances identity, dulls pain and provides escape to its users.

According to the literature opium, heroin, morphine and methadone can cause intensely pleasurable sensations. These vary from mild sexual arousal if taken orally to intense orgasmic pleasure when injected. This intense pleasure is said to start in the pelvic area and radiates throughout the body. It is sometimes referred to as 'pharmacogenic orgasm; and 'rush' (Siemens & Bradzel, 1982:359, 360; Waldorf & Murphy, 1990:114-116).

Brencick & Webster (1999:140) say that substance abuse is often associated with risky sexual behaviour. Many of the abused substances are said to break down inhibitions and increase desire and this exposes such individuals to additional risks like involvement in unprotected sex.

The prevalence of substance abuse among sex workers and the *gay\** community is difficult to determine. Not only do homosexuals often remain hidden, but most agencies do not collect data on sexual practices and sexual orientation. If by chance the sexual preferences of drug users become known, it skews the statistics because of the inclusion of only those who are open about their sexual practices and sexuality (Voukaris, 1983:401).

LeTourneau (1994:255.256) writes about the myths regarding drug and alcohol abuse among male sex workers and says:

“The myth persists that drug or alcohol addiction drives some people to prostitution to support an ever increasing habit and harder drugs. Although many young people involved in prostitution use drugs and alcohol, it is not known how this usage is in any way different from the drug- and alcohol using population in general.”

#### **4.8.13.2      *The use of amyl nitrite “poppers\*” by male sex workers in Pretoria***

Inhalants present a major health problem. They are also referred as solvents or volatile substances. Among those inhalants preferred by adult sex workers and *gays\** is amyl nitrite, popularly known as *poppers\**. It is used by homosexual men to enhance orgasm and has been found to decrease inhibitions and increase the risk of unsafe sexual practices (Brencick & Webster, 1999:154).

*Poppers\** quickly dilate the blood vessels in the brain and produces a subjective feeling of extending orgasm if inhaled during or right before sexual intercourse. This forms the basis for the sale of *poppers\** in sex shops and pornographic stores as users and potential users are informed of the effect of *poppers\**, namely that of prolonging orgasm. It sells widely in the United States of America at a cost of about US\$2-US\$10 for a bottle containing 15ml. In 1979 over 250 million bottles were sold in the United States of America as ‘recreational doses’ (Voukaris, 1983:407).

Informants to the research conducted by the researcher in Pretoria told the researcher that *poppers\** sell in South Africa for R35 - R60 per bottle containing 15ml. Apparently *poppers\** are obtainable from pornographic shops, adult shops, pornographic cinemas, steam baths, *gay\** clubs and *gay\** bars.



*Poppers\** was regularly mentioned to the researcher by informants during the in-depth interviews. Pharmacologically *poppers\** is known as amyl nitrite. According to Wade (1977:1642) and Siegel (1995:411-413) amyl nitrite is a clear, yellow, volatile, inflammable liquid with a 'fragrant' odour and pungent aromatic taste. It has a flash-point of 10° (closed-cup test) and is, therefore, highly inflammable and must not be used where it may be ignited. It is volatile at low temperatures and forms an explosive mixture with air or oxygen.

Amyl and butyl nitrite have had legitimate medical indications, but over the last two decades they have become an increasingly popular means for getting high, and have currently come to be frequently scrutinised as the cause of or as a factor in a plethora of somatic disorders (Mayer, 1983:237-239).

The original medicinal form of amyl nitrite, a vascular dilator, was prescribed for the occasional use of heart patients. Young (1995:104) writes about amyl nitrite and says:

“When nitroglycerine tablets replaced amyl as the prescription of choice for angina during the 1960's, Burroughs Welcome began to look around for other, more lucrative markets for the product. They found their test market in the jungle battlefields of Vietnam. During the height of the carnage in the 1960's, *poppers\** were being shipped literally by the crateful to the boys in Nam - supposedly to counter the effects of gun fumes! In the wake of their popularity on the battlefields of democracy the US Food and Drug Administration sanctioned over-the-counter sales, making *poppers\** available to the American public. Profits soared, but after about a year, the first reports of peacetime casualties began to come in. Terrible skin burns, blackouts, breathing difficulties and blood anomalies caused amyl to be once again placed under government restriction. But once the genie is released from the bottle, it is not so easy to put him back. The ban quickly became ineffective when a gay medical student in California, Clifford Hassing, made a slight change in its molecular structure and applied to patent butyl nitrite.”

Amyl nitrite dilates coronary arteries when inhaled and thus was prescribed for angina pectoris patients in the form of glass ampules that had to be crushed or popped before inhalation - hence the slang name "*poppers\**" or "snappers". The drug also dilates cerebral arteries, which produces a brief period of euphoria and dizziness (Maisto, *et al.*, 1991:226; Voukaris, 1983:406,407).

When inhaled, *poppers\** give a flushed heady feeling, a kind of throbbing, warm 'rush'. Inhaled during sex play, they are said to enhance sexual arousal and seem to prolong orgasm (Leavitt, 1995:55). Young (1995:102) says that *poppers\** can be very addictive. The more one sniffs *poppers\** at any one time, the less effect they have. A lot of *gay\** men came to depend on them so much they became unable to function sexually without them; even masturbation had to be accompanied by *poppers\**.

Serious medical and health problems could develop with the use of *poppers\**. According to Mayer (1983:238,239) and Young (1995:106), the following health problems have been identified with the use of *poppers\**:

- It increases intra-ocular as well as intra-cranial pressure, so the drug should be avoided by persons with glaucoma or increased intra-cranial pressure of any aetiology.
- It is alleged to exacerbate asthma and its concomitant use with cigarettes and *dagga\** may obfuscate a clear delineation of the problem.
- It is hepatotoxic and individuals who have hepatitis or any form of liver damage should abstain from using this drug.
- It causes localised damage to the nasal membranes when inhaled causing contact and hypersensitivity dermatoses. The resultant lesions vary from vesicular to purulent to diffusely maculopapular in configuration.
- It is linked to anaemia, strokes, heart, lung and brain damage, arterial constriction, cardiovascular collapse and, most tellingly, thymus atrophy with chronic depletion of the T-cell ratio associated with immune dysfunction and may play an important role in increasing the risk of HIV infection.

It is highly inflammable and creates a real risk of physical burns, especially when someone smokes in the vicinity.

Haley (1980:317-329) in a study found that a preference for *poppers\** during homosexual activities is especially popular since they relax the smooth muscle of the rectum and the internal anal sphincter and thereby facilitates anal intercourse.

One of the informants in this research study, Informant Stefan, said that he was not into taking drugs. Neither was he a drinker. He liked sniffing *poppers\** and always kept a small bottle handy. He buys the *poppers\** from one of the local adult shops and pays approximately R50 for a 25ml bottle.

Another informant, Pieter 1, told the researcher:

*“My pa was gereeld dronk daarom drink ek nie, maar ek hou van my poppers\*. Ek koop elke maand ‘n paar botteltjies en hou dit altyd byderhand. Seks sonder poppers\* is nie seks nie. My poppers\* kos my ongeveer R60 ‘n botteltjie.”*

[“My father was always drunk that is why I do not drink, but I like my *poppers\**. I regularly buy a few bottles every month and always keep some at hand. Sex without *poppers\** is just not sex. My *poppers\** cost me about R60 a bottle.”].

Ben, also an informant in this research study who has a history of glue sniffing, said that he regularly sniffed *poppers\** with clients at the male brothel where he works. They always had *poppers\** available for clients who were allowed to use it for free during any paid visit to the brothel.

Lastly, Informant Phillip said that he also liked using *poppers\**. He told the researcher:

*“Ek hou van my poppers\*, maar dit lyk of ek allergies is daarvoor. In die laaste tyd ontwikkel ek ‘n veluitslag elke keer as ek poppers\*"*



*gebruik het. Die uitslag kom meestal op my voël\* voor en somtyds loop daar sulke gelerige water uit die uitslag. Ek kry ook 'n uitslag rondom my neusgat as ek poppers\* gebruik.”*

[“I love my *poppers\**, but it looks as if I am allergic to it. Lately I seem to develop a skin rash every time I use *poppers\**. The rash appears mostly on my penis (*cock\**) and sometimes yellowish fluid leaks from the rash. I also get a rash around my nostril whenever I sniff *poppers\**.”].

#### **4.8.14 Experiences of violence by male sex workers in Pretoria**

Most of the informants interviewed in this research study were aware of the occurrence of violence against male sex workers and *gays\**. Some of them reported incidents of having been assaulted themselves. There were informants who were prepared to tell of their own involvement in perpetrating violence against others including unsuspecting clients who were sometimes severely injured and robbed in the process.

The occurrence of violence against male sex workers and *gays\** should be expected according to Altman (1982:90). He writes:

“It is no accident that all authoritarian societies, whether Argentina and South Africa or the Soviet Union and Cuba, are extremely puritanical sexually and, one should note, almost always strongly homophobic.”

He continues to explain that the values of the population often reflect the extremely puritanical views of governments and some individuals feel that they are doing the government a favour by getting rid of anything which may be perceived to be socially or sexually unacceptable.

Of violence against *gays\** in the United States of America, Mohr (1988:28) writes:

“The most extreme form of anti *gay\** violence is queerbashing - where groups of young men target another man who they suppose is *gay\** and beat and kick

him unconscious and sometimes to death amid a torrent of trunants and slurs. Few cases with *gay\** victims reach the courts in the USA. Frequently judges will describe queerbashers as 'just All-American boys'. In 1984, a District of Columbia judge handed down suspended sentences to queerbashers whose victim had been stalked, beaten, stripped at knife point, slashed, kicked, threatened with castration, and pissed on, because the judge thought the bashers were good boys at heart - after all, they went to a religious prep school."

Informant Phillip, admitted to the researcher that he was responsible for assaulting two of this clients. He said that he was not a violent person but in both instances the clients refused to pay him. Informant Phillip admitted to beating up the two clients and taking money from them.

Another informant, Informant Stefan, told the researcher that he had been assaulted a few times by guys. He said to the researcher:

*"Hierdie groep ouens werk in 'n groep. Een van hulle sal kom en 'n rent\* vra vir seks. Hy loop dan saam met die rent\* en neem hom na 'n plek toe waar sy pelle vir hulle wag. Dan moer hulle die onskuldige rent\* and los hom net daar. Ek weet van 'n paar sulke gevalle."*

["These guys work in a group. One of them would come and ask a *rent\** for sex. He will then walk off with the *rent\** and will take him to a place where his pals are waiting on them. Then they hit the hell out of the innocent *rent\** and will leave him right there. I know of a few such occurrences."].

As a counter to this for of *queerbasing\**, Informant Stefan told the researcher that a few of the sex workers, including Stefan, now worked together as a gang and looked out for each other. In this way they had been able to fight back when one of their group was exposed to possible danger. Informant Stefan also recalled that their group sometimes also robbed their clients, especially when they were successful in outnumbering the 'enemy'.

Informant Jacques acknowledged to the researcher that he is a violent person. He also acknowledged that one day when he finds another job and can leave the sex work he so much hated, he would first go back and kill a few of the men who so regularly fellated him. He mentioned to the researcher that he had already been involved in beating up a few of the men [clients] who frequented the park at night in search of sex workers. He said that he was not afraid of doing this. He said to the researcher:

*“Daardie ouens sal nooit polisie toe gaan nie. Almal sal dan weet dat hulle moffies\* is wat jong mans afsuig\* in die park.”*

[“Those guys will never go to the police. Everybody will then know that they are *queers\** who fellate (*suck\** off) young guys in the park.”].

Concerning his preparedness to kill someone else, Informant Jacques, in reference to individuals who were responsible for the spread of sexually transmitted infections, and the men who had fellated him in the past, told the researcher:

*“Ek sal elke man wat sulke siektes oordra doodmaak. Ek sal hulle almal doodmaak en in hulle gesigte lag.”*

[“I will kill every man who spreads diseases like this. I will kill them all and will laugh at them in their faces.”].

This study confirmed that sex workers are exposed to incidents of violence. The sex workers, however, are not the only ones who sometimes fall victim to violence and attacks, but are often the very ones who perpetrate violence against others. Added to this, some of the sex workers indicated that they were prepared to rob and even kill their victims [clients].

#### **4.8.15 How male sex workers in Pretoria see their future**

Most of the informants in this study live for the ‘here and now’. Most of them are sex workers for the sake of earning a living. Some of them expressed the view that they would leave sex work immediately should they be able to obtain other employment.



Informant Willem 1 is an example of one such informant who said:

*“Ek is straight\*. Ek was nog nooit gay\* nie en sal nie gay\* word nie. Ek doen wat ek doen om vir my vrou en kind te sorg. As ek ander werk kan kry, sal ek dadelik ophou met hierdie werk.”*

[“I am *straight\**. I have never been *gay\** and will never be *gay\**. I do what I do so that I can take care of my wife and child. If I can get another job, I will immediately stop with this work.”].

Other informants again, felt very good about the future. They had accepted who and what they were and had no regrets.

Informant Michael 2 saw himself as a successful *call boy\**, masseur and escort for many years to come. He believed that his youthful appearance would remain with him for years to come. He told the researcher that when he could not be a sex worker any longer he would consider becoming a male *madam\** and:

*“... en dan sal ek my omring met ‘n paar pragtige jong olives\* en Beulahs\* om vir my geld in te bring.”*

[“... and then I will surround myself with a few beautiful *olives\** and *Beulahs\** to bring in money for me.”].

Informant Michael 1 represents one of those informants who felt uncertain about the future. He liked the work he was doing and the money which he earned from it. He was, however, unsure of what he would do once he graduated from technikon. He said he was not sure whether he would be prepared to give up his sex work as he made a good living from it. He realised, however, that he could be forced to give up his sex work as his parents would most probably expect him to pursue work related to his studies for which they had paid.

Another informant, Pieter 2, said that he was looking forward to completing his university education so that he could further take charge of his own future. He said:

*“Eendag, as alles verby is, gaan ek nie meer seks hê met vreemde mans nie. Dan gaan ek trou met die man van my keuse en ons gaan lekker saam woon.”*

[“One day, when it is all over, I will not have sex with strange men any more. Then I will get married to the man of my choice and we will live happily together.”].

This sentiment was shared by Informant Seun who said:

*“Ek kan nie wag vir die wette in Suid-Afrika om te verander nie. Sodra gays\* kan trou, wil ek een van die eerstes wees wat met ‘n man trou. Dit sal fantasties wees!”*

[“I cannot wait for the laws to change in South Africa. As soon as gays\* can get married, I want to be one of the first to marry a guy. That will be fantastic!”].

Most of the informants who had accepted their sexuality and were involved in sex work out of choice, and not circumstance, seemed to be positive about their futures. They appeared content and happy and seemed to look forward with a positive attitude.

#### **4.8.16 Muslims, male sex work, and being gay\***

Informant Sujeeth, a young Muslim informant, referred the researcher to a portion of scripture from the Qur’an. The section of scripture he referred to can be found in the Qur’an under S.iv.15-16. It reads as follows:

“15. If any of your women  
Are guilty of lewdness,  
Take the evidence of four  
(Reliable) witnesses from amongst you  
Against them: and if they testify,

Confine them to houses until  
Death do claim them,  
Or God ordain for them  
Some (other) way.

“16. If two men among you  
Are guilty of lewdness,  
Punish them both.  
If they repent and amend,  
Leave them alone: for God  
Is Oft-returning, Most Merciful.”

Informant Sujeeth told the researcher that everything was fine:

*“... as long as I am not caught! If I am caught, however, I will repent  
and amend and will then be forgiven.”*

In a recent study (Jamal, 2001:1-88) researched the story of Lot in the Qur'an and compared that information to other portions of scripture from the Qur'an to determine how the Qur'an saw same-sex relationships between men. In her study she found that the Qur'an did not specifically condemn homosexual relationships between men. She concluded that the Qur'an, in fact, was very sensitive and understanding towards sexual relationships between men.

Schmidt (1992:6,8) writes the following of anal intercourse between Muslim men:

“Some boys who like to get fucked go on allowing men to bugger them. If done discreetly and if the fuckee marries and begets children, nobody cares. But there were always some who shunned women: they became dancers, singers, prostitutes. In rural Morocco some fathers still sacrifice a boy not strong enough for agricultural labor to this craft. In (modern) cities it is possible to go with men, to play the passive role, without making that one's profession, without making



'fuckee' one's only identity.

"Whereas love of boys is natural to most North Africans and Southwest Asians, and it is known that some biological men like being fucked, it is completely incomprehensible to them that a man could prefer to sodomise adult males. Equally strange is the idea that a man could both sodomise and be sodomised by the same man. Whenever such things happen, it is best not to talk about them. But if one talks about them, it is mostly in order to recreate a fiction of a 'man' and a 'less-man': one who likes fuck and one who suffers sodomisation to please a friend.

"I am not saying that men never take turns in fucking each other. I am saying that there is no social role of male-wants-to-fuck-male-and-wants-to-get-fucked-by-another-male, neither a tolerated role nor a condemned role, neither a pitied role nor the role of a psychologically ill person, neither a nonconformist role nor a defiant one of a self-conscious minority - although we find traces of the latter in medieval folk literature.

"So when a MAN gets fucked one forgets it or it was due to alcohol, or he pretends not to have enjoyed it.

"If you suffer the penetration more or less, because you get something in return, or because you were forced to do it, it is bad. But to enjoy it is worse.

"But there is a small problem with that: to most Muslims anal lust is not really unnatural. One has to avoid getting buggered precisely in order not to acquire a taste for it and thus become addicted. It is like an infectious disease: once infected it is difficult to get rid of it. Men stop getting fucked at the age of 15 or 16 and 'forget' that they allowed/suffered/enjoyed it earlier."

From the above it would seem that as long as one does not talk about the existence of men who have sex with men (MSM\*) then it does not exist for the Muslim.

According to De Martino (1992: 25) some Moroccan Muslims are of the opinion that the homosexuality that exists in Morocco is only due to the presence of foreigners and that 'scarcely a handful' of local young men engage in it - imitating the tourists.

He continues by saying:

“Later you find out that sodomy is very common in this society: one does, but does not talk about it; men and boys make jokes and puns about it, allude to it, do it, but never talk about it in a serious manner. This is due to the inaccessibility of women and to the character of relations between boys and men. It is common for a young man to prostitute himself for a movie ticket, a few nickels, or a small gift.”

Schmitt (1992:21) adds to the discussion of *MSM\** among Muslim males:

“There are male-to-male sex acts among Muslims as well as male-male prostitution and pederasty. But there is no role for men preferring sex with other men independent of the sexual technique; no gay community; a feeling that what young men do among themselves is of no real concern to society, and that a little fucking here and there is nothing to make a fuss about.”

As far as Moroccan Muslim boys and their involvement in *MSM\** are concerned, Epping (1992:33,34,36) writes:

“The Moroccan boy is brought up in a stern family with strict rules of pride, family honor, and consideration. At first there is for him nothing but the family, later boys of his quarter become important, and finally the world, i.e. the world of men. At home sexuality is taboo. Discussing intimate matters embarrasses both parties. The boy has to get his sex education from the ‘peer group’. So sexuality is seen as something not belonging to the family, something ‘outside,’ consequently suspect, shameful.

“In order to regulate his sexual feelings and needs a Moroccan boy can either masturbate, accept passive anal contact (homosexual), or try to have active anal contact (homo-, heterosexual, or with animals) or heterosexual genital contact.

Moroccans attach the highest value to the last, and the lowest to the first possibility mentioned.

“With younger boys there are no barriers: they are younger, therefore they can be submitted; going with them causes no shame. Therefore men look for younger men who are ‘fit’ for ‘this’”

Stevenson (2001:223) writes about the typical Muslim male sex worker and how he goes about meeting clients and making a living from male sex work. He writes about the typical hustler\* in a park:

“But he allows himself to drift into the practice of sitting in public resorts where strangers come: in the parks and restaurant-gardens, well-known for equivocal usefulness. He goes to certain baths, to cheap cafés and theaters, of like repute; letting friendly gentlemen scrape acquaintance with him. In the park comes the classic aid of a cigarette. Complaisantly he ‘takes walks’ into secluded corners of the place with affectionate strangers, or gets into the way of accompanying them to their lodgings, for an hour or so. The price of giving his physical beauty and sexual vigor, even if with no good-will for the act, to the embraces of some casual homosexual client brings him more money in half an hour than he is likely to receive as his whole week’s pay.”

#### **4.9 CONCLUSION**

In this chapter the data obtained through in-depth interviews with male sex workers in Pretoria and observations made through participant observation at various research settings were presented and discussed. Various verbatim quotations by informants were provided to enrich the data. The literature review that was done for this research study was integrated into the data and served, in part, as a test for trustworthiness of the research.

The findings, conclusions, implications, and recommendations will be dealt with in Chapter 5.



**CHAPTER 5**  
**SUMMARY OF FINDINGS,**  
**CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS**

“Most male prostitutes define their activity  
as non-criminal behaviour.  
They see this as preferable  
to other criminal acts.”  
Coleman, 1989:139.

**5.1 INTRODUCTION**

In Chapter 3 the data obtained from in-depth interviews with informants in this research study was presented. Data obtained from in-depth interviews conducted with a male madam\*, and owner of a male brothel in Pretoria, was also presented. Observations made by the researcher as participant observer in various research setting were also presented and discussed. Chapter 4 provided insight into language usage of male sex workers and *gays*\* in order to provide a better understanding of the world of male sex workers and *gays*\*.

In this Chapter a summary of the findings of this research will be provided followed by a discussion of the implications of the findings as well as the recommendations of the researcher.

**5.2 SUMMARY OF FINDINGS**

South Africans, and particularly residents of Pretoria, became specifically aware of the existence of male sex workers following the arrest, conviction, and sentencing of two eighteen year old male sex workers from Pretoria for having murdered a client of their's. Michael van Heerden and Quintin Herbst, both eighteen and self-confessed male prostitutes, were sentenced to effective eighteen year jail sentences each for the brutal murder of one of their male clients

whom they also robbed (Venter, 2002:6). In this research study the researcher showed that male sex work exists in Pretoria and also in many large towns and cities throughout the world.

### **5.2.1 Practices and activities of male sex workers in Pretoria**

The research study provided evidence that the male sex workers of Pretoria were involved in a variety of sexual activities with their clients. The activities mentioned by informants to this study showed that they were involved in the following sexual activities and sexual practices (ranked from the most mentioned activity/practice):

- anal sex (active and passive);
- fellatio (active and passive);
- sniffing *poppers*\* with client (this is not a sexual activity *per se* but is experienced as such by informants as *poppers*\* is never sniffed unless one is involved in one or other sexual activity);
- *rimming*\* (active and passive);
- masturbation (mutual or masturbation of client);
- *sex toys*\* (active - inserting into client; or passive - inserting into self);
- kissing (including dry and wet or deep kissing);
- *S&M*\*;
- *B&D*\*;
- *fistfucking*\* (active - inserting hand into client's rectum);
- *watersports*\*; and
- *brown showers*\*.

### **5.2.2 Health problems male sex workers could be exposed to**

The research showed that many health problems, some of which are very serious, could result from the sexual practices and sexual activities in which the male sex workers are involved in with their clients. These health problems are listed below in alphabetical order.

- Abuse of *Viagra*® and injectable substances used to stimulate erection which may result in possible priapism and/or impotence;
- Alcohol usage and abuse with its own related problems;
- Allergic reactions to leather, plastic, metal, rubber, latex, and certain chemicals;
- Bacterial infections from *Escherichia coli*, *Corynebacterium*, *Neisseria meningitidis*, *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, *Haemophilus decreyi*, *Calymmatobacterium granulomatis*, and *Treponema pallidum*;
- Candidiasis;
- Cardiac arrest in susceptible persons from the use of amyl or butyl nitrite;
- Chancroid;
- Chemical burns, for example from amyl and butyl nitrite;
- Contact dermatitis from leather, plastic, metal, rubber, latex, and certain chemicals;
- Cytomegalovirus infection;
- Drug use and abuse with its own related problems;
- Enteric diseases like shigellosis, *Escherichia coli* infection; Amoebiasis; Giardiasis, salmonellosis, helminthic infestation, and *Cambylobacter jejuni* infection;
- Epididymitis;
- Friction dermatitis;
- Fungal infections like *Tinea cruris* infection, vesicular ringworm infestation, and Candidiasis (moniliasis and oidomocysis);
- Gonorrhoea;
- Granuloma inguinale;
- Helminthic infections like *Enterobius vermicularis*, and *Strongyloides stercoralis*;
- Hepatitis A;
- Hepatitis B;
- Hepatitis non-A;
- Hepatitis non-B;
- Herpes infection type I & II of the genitalia, anal area, mouth, and lips;



- HIV/AIDS;
- Impotence;
- Influenza;
- Lymphogranuloma venereum;
- *Neisseria meningitidis* infection;
- Non-gonococcal pharyngitis;
- Non-gonococcal urethritis;
- Oral gonorrhoea;
- Oral condyloma acuminatum infection;
- Pediculosis pubis;
- Peyronie's disease;
- Physical assault including *gay bashing*\* which could result in trauma or even death;
- Physical injuries to the penis such as abrasions, bites and burns;
- Physical torsion of the testicles;
- Priapism;
- Prostatitis;
- Protozoal infections from *Giardia lamblia*, *Entamoeba histolytica*, *Dientamoeba fragilis*, *Cryptosporidium* sp., and *Isospora belli*;
- Rectal fatty tumours;
- Rectal incontinence resulting from a dilated anus caused by insertion of *sex toys*\*, *fist-fucking*\*, and long-term anal intercourse;
- Scabies;
- Syphilis of the genitalia, anal area, mouth, tongue, and lips;
- Testicular strangulation;
- Trichomoniasis;
- Varicoceles; and
- Warts (molluscum and condyloma) - oral, genital, and anal.

The reader is referred to *Table 1* in Chapter 1 of this thesis for a description of which sexual activities and sexual practices could give rise to each of the health problems listed above.

### 5.2.3 Life traits of male sex workers in Pretoria

The researcher identified the main common life traits of male sex workers in Pretoria. The research pointed out that there is no such creature as 'the typical male sex worker' although many common life traits were identified among male sex workers in Pretoria. These common life traits include:

- The majority of the informants were white.
- Most of the informants came from an Afrikaans speaking background.
- Most of the informants were between 19 and 25 years of age. It must be remembered, however, that the researcher excluded any young man under the age of nineteen (19) years of age in this study because of legal and ethical constraints.
- Most of the informants came from a 'Christian' background with a few informants who came from a Jewish, Muslim and Hindu background.
- A large proportion of the informants had successfully completed ten years of schooling with a substantial number who had completed twelve years of schooling. Some of the informants were involved in tertiary education and some of them paid for their own studies from money earned as male sex workers.
- Most of the informants had good family relationships.
- Both the parents of most informants were still alive and they had regular contact with their parents.
- Most of the informants were either the oldest or youngest of the siblings.
- The majority of informants found problems in finding other employment.
- Most of the informants became involved (and remained involved) in sex work for the money they could earn from sex work.
- The majority of the informants entered sex work between the ages of 14 and 18 years.
- Most of the informants were introduced to homosexual sex by relatives, namely: uncles, cousins, brothers, fathers and a grandfather.
- Most of the first sexual experiences of the informants involved masturbation (passive or mutual) and fellatio (passive).

- Most of the informants perceived themselves as *gay\** with a considerable number who saw themselves as *straight\** or bisexual.
- Practically all of the informants had a history of multiple sexually transmitted infections and other medical conditions which they acquired since they became involved in sex work.
- A considerable number of the informants were involved in drug taking with heroin being the drug of choice followed by the sniffing of *poppers\**.
- The majority of the informants claimed to be knowledgeable about safer sex but informed the researcher that they were prepared to have unprotected sex in return for additional monetary reward. This additional monetary reward was often as little as R10 paid as an additional fee by the client.
- Condom usage by the informants was generally very poor.
- The majority of the informants did not know their HIV status and were mostly not interested, for various reasons, to have their HIV status determined.

### **5.3 IMPLICATIONS OF FINDINGS**

Male sex workers do not wear tags around their necks. Neither do they walk around informing everyone that they are sex workers. Male sex workers can, therefore not be identified by merely looking at them. They come from a variety of backgrounds and professions (Allen, 1980:399-426). Some of them are professional people; some are full-time employed and are involved in sex work on a part-time basis only - often for the 'excitement' of it all - or because they have heard from others that a quick few bucks can be made in this manner; most are masculine in appearance and many are not homosexual (Snell, 1995:7).

This research showed that sex with strangers is always dangerous. There are many health risks involved of which Acquired Immune Deficiency Syndrome (AIDS) is but one of the most serious (Cabaj, 1992:853). The other sexually transmitted infections may also be serious in their ramifications. The sexually transmitted infections and other health problems that male sex workers are exposed to have been listed in paragraph 5.2.2 above under the heading: Health



problems male sex workers could be exposed to.

Most individuals do not have the medical or health knowledge to identify the more obvious (and not so obvious) signs of illness in others. It is possible that they may find themselves involved in sexual activities, including close body contact, with strangers who may have one or other communicable infection or other health problem without being aware of it. In this manner they may expose themselves to possible serious health problems, often in ignorance.

It is essential that health practitioners at all levels, but especially those who work with young people (men) and those who work at family planning clinics or special clinics that cater for individuals with sexually transmitted infections, are knowledgeable to ask the correct questions from males who:

- request condoms;
- report with a sexually transmitted infection; or
- repeatedly visit with complaints of a sexually transmitted infection.

Health practitioners should also be knowledgeable to identify men whom they may suspect of being involved in having sex with other men in order to adequately advise them regarding safer sex practices.

## **5.4 RECOMMENDATIONS**

The following are the recommendations of the researcher following the completion of this research.

### **5.4.1 Recommendations regarding factors that may hinder delivery of programmes of safer sex to men who have sex with men**

The following factors that may hinder the delivery of programmes on safer sex to men who

have sex with men should be addressed:

• ***Denial that sexual behaviour between men takes place.***

Policy-makers and programme managers sometimes deny that male-to-male sex occurs. This denial is an enormous obstacle to efforts at prevention of sexually transmitted infections including HIV/AIDS (UNAIDS, 2000:5). It also negatively impacts on the provision of adequate care to men who have sex with men.

• ***Stigmatisation or criminalisation of men who engage in sex with other men.***

Societies are often hostile to men who engage in same-sex behaviour, stigmatising it and treating it as sinful or as criminal - in some places with severe penalties. These penalties include social penalties whereby men who have sex with men are ostracised, marginalised, and rejected by society.

Men will then often not choose, or have the opportunity, to be honest about the fact that they have had sex with other men. Fearing to be questioned about their sexual behaviour, they will be reluctant to report symptoms of sexually transmitted infections including HIV/AIDS. Because of this, all efforts at education on sexually transmitted diseases and HIV/AIDS and safer sex, the provision of condoms, and appropriate medical care for sexually transmitted infections and HIV/AIDS are made extremely difficult (*Ibid.*, 2000:5).

• ***Inadequate or unreliable epidemiological information on sexually transmitted infections including HIV/AIDS transmission through male-to-male sex.***

Lack of, or unreliable epidemiological data are an obstacle to prevention work relating to sexually transmitted infections and HIV/AIDS. Risk exposure categories are often not properly set up to take account of male-to-male sex (UNAIDS, 1999:16; UNAIDS, 2000:5).

***The difficulty of reaching many of the men who have sex with other men.***

Because of their marginalisation and rejection by society including the stigmatisation that is often associated with same-sex behaviour, men who have sex with men tend to become part of the so-called 'hidden populations' within society. Efforts to reach such populations are then made very difficult, if not impossible.

Some men who have sex with other men often engage in casual, fleeting and anonymous sexual encounters. They may not perceive themselves as either *gay\** or homosexual because they may not constantly think of themselves as men who are having sex with men. The combination of these factors make them difficult to reach for prevention work.

Male sex workers can be particularly difficult to access, especially where the sex work is clandestine and where the sex workers are not organised into establishments (*Ibid.*, 2000:5).

***Inadequate or inappropriate health facilities that cater for sexually transmitted infections including HIV/AIDS specifically for men who have sex with men.***

Men who have sex with other men who are seeking health attention and/or advice on sexual or medical matters, or tests for HIV/AIDS or other of the sexually transmitted infections, may find such facilities to be lacking (UNAIDS, 2000:5).

***The general lack of awareness or sensitivity among health workers about the existence of individuals who are involved in activities that exposes them to anal, rectal and oral sexually transmitted infections.***

Sexually transmitted infection and HIV/AIDS education programmes mostly emphasise heterosexual transmission of such infections. This may contribute to ignorance among men of the risks of male-to-male sex, or it may result in them



considering that the risks do not apply to them - and they may, therefore, be less likely to protect themselves (*Ibid.*, 2000:5).

***The lack of interest among donor agencies in supporting and sustaining prevention programmes among men who engage in same-sex behaviour.***

There are not enough programmes specifically for men who have sex with other men in South Africa, if any. Educational material that is suitable for people in a self-identified *gay\** bar or *gay\** club, may be too explicit and may thus be counterproductive for those men who do not self-identify as homosexual, bisexual or *gay\** (UNAIDS, 2000:5).

***The lack of programmes addressing male sex workers in particular.***

In most countries, a proportion of sex between men is commercial in nature. A lot of sex work is highly informal, with the expectation perhaps of a small 'gift' for services rendered. Some of this sex it is part-time. Some of it is full-time and professional in nature. Some male sex workers have a wife (and children) or female partner and would not self-identify as being homosexual or *gay\**. They form a special group that need to be targeted with health education and other preventive information (*Ibid.*, 2000:4).

Special and specific programmes need to be designed and implemented to cater for male sex workers. These programmes should be provided and made available in the vicinity where male sex workers provide their services. By providing such programmes in other areas and expecting male sex workers to actively seek out these programmes, my result in total failure of such programmes.

***The lack of attention in national AIDS programmes to the issue of male-to-male sex.***

Sex between men exists in 'all' societies. For cultural and religious reasons it is often stigmatised by society. The public visibility of male-to-male sex,

therefore, varies considerably from one country to another and from one city/town to another. Special prevention programmes addressing men who have sex with men are, therefore, vitally important. Because of the relative invisibility of male-to-male sex, or ignorance of it, it is often neglected (UNAIDS, 1999:15).

***The lack of scientific research into the sexuality and sexual health of men who have sex with men.***

Scientific research into the sexuality and sexual health of men who have sex with men should be promoted. This research should include aspects like sexual behaviour and sexual identity of men who have sex with men including aspects of human rights (*Ibid.*, 1999:15).

**5.4.2 Recommendations regarding effective responses to the issues mentioned in 5.4.1 above**

The following are suggested responses that may be effective in eliminating the issues listed in 5.4.1 above:

***Getting the commitment of the national HIV/AIDS programmes and donor agencies to include the issue of male sex workers, gays\*, and men who have sex with men in their programmes and funding priorities.***

- Apart from those programmes that may currently exist, special condom awareness campaigns should be launched by the National/Provincial Departments of Health and donor agencies. These awareness campaigns should be specifically targeted at men who have sex with men.
- Condom provision specifically to men who have sex with men should be arranged, organised, and intensified. These programmes of condom provision should be specifically funded by the National/Provincial Departments of Health and donor agencies.
- Special condom education programmes on the correct use of condoms should form part of any condom awareness or provision campaigns.

Without adequate knowledge of the correct usage of condoms, such campaigns may fail in reaching their intended objects.

- Politicians and other public figures should be requested to, when they talk out about HIV/AIDS and other sexually transmitted infections, to acknowledge the fact that male-to-male transmission of such infections also take place.
- It should be ensured that sufficient and necessary funding is earmarked for activities with the populations most vulnerable including men who have sex with men, in order to promote a comprehensive and multisectoral response which is technically, ethically and strategically sound (UNAIDS, 1999:18).

***Establishment of outreach programmes for volunteers and/or professional social or health workers who work with, or who may get into contact with male sex workers, gays\*, and men who have sex with men.***

- Special training programmes for volunteers and other professionals who work with, or who may be likely to get into contact with men who have sex with men should be established and conducted in order to facilitate outreach to these targeted groups.
- Special educational and information materials should be developed which will specifically deal with the needs of men who have sex with men.
- Training activities which contribute to improving the awareness of health workers, in order to reduce discrimination against sexual minorities including men who have sex with men should be promoted and supported (*Ibid.*, 1999:16).

***Organising peer education programmes among male sex workers, gays\*, and men who have sex with other men.***

- Special programmes targeting men who have sex with men should be developed. These programmes should be offered to identified men who



- have sex with men so that they can act as peer educators to their peers.
- The launch of such peer education programmes could be linked every year to the various annual Gay Pride Parades that take place in the major centres throughout South Africa.
- Special brochures, information leaflets and posters should be designed and distributed among men who have sex with men to provide essential and important information to them. *Gay\** clubs, *gay\** bars, male brothels, and other places where men who have sex with men will be exposed to these brochures, information leaflets, and posters should be identified and targeted.

***Promoting the use of high-quality condoms and water-based lubricants, and ensuring their continued availability among male sex workers, gays\*, and men who have sex with men.***

- Special condom awareness programmes should be organised. These condom awareness programmes could be linked to National Youth Day and the annual Gay Pride Parades. They should carry a distinctive and special message to men who have sex with men.
- The dangers of using oil-based lubricants with condoms should be specifically highlighted. Words to the effect that oil-based lubricants should not be used with condoms could be printed on condom envelopes together with the HIV/AIDS helpline logo and telephone number.
- The provision of condoms to men who have sex with men should be improved.

***Organising safer sex campaigns and skills training, including the correct use of condoms, and the promotion of safer sexual practices as alternatives to high risk sexual activities among sex workers, gays\*, and men who have sex with men.***

- Special safer sex campaigns and skills training, including the correct use

of condoms should be arranged specifically for men who have sex with men.

- Special educational materials including brochures, posters and leaflets should be designed and made available where men who have sex with men, could obtain them.

***The establishment and strengthening of organisations of self-identified male sex workers, gays\*, and men who have sex with men, enabling them to promote sexually transmitted infection and HIV/AIDS prevention and care programmes.***

- The establishment of organisations for individuals who self-identify as being one for men who have sex with men, should be encouraged and founding costs should be subsidised by the Department of Health.
- Posters, leaflets and brochures targeting male sex workers, *gays\** and men who have sex with men should be made available to these organisations for distribution among its members and visitors.
- Promotion and organising of training seminars between organisations working with men who have sex with men, at the local, national, subregional, and regional levels, in order to strengthen them in terms of project planning and management methodologies and organisational development, should become a priority (UNAIDS, 1999:15)
- Non-Governmental organisations with experience in dealing with men who have sex with men in the areas of care, setting strategies such as empowerment, counselling and legal advice should be strengthened and professionalised (*Ibid.*, 1999:16).

***Promoting mass media campaigns to inform others of the existence of male sex work and men who have sex with men and their rights and responsibilities, while ensuring that the campaigns are culturally appropriate.***

- When other national campaigns and programmes against sexually

transmitted infections and HIV/AIDS are organised through the mass media like newspapers, television and radio, special attention should also be paid to men who have sex with men.

- The *gay*\* media like the ***Gay Pages*** (ISSN1027-4420) and ***Rush*** (ISSN 1609-1205) should be used by groups and organisations who wish to target male sex workers, *gays*\* and men who have sex with men with scientific and life skills programmes.
- Pornographic films and other similar publications should only be allowed to be distributed in South Africa if they prominently carry special messages pertaining to safer sex practices.
- Media awareness of homo- and bi-sexuality, human rights, and sexually transmitted infections including HIV/AIDS should be improved through counselling and training in order to reduce stigmatisation, discrimination and repression of sexual minorities including men who have sex with men (UNAIDS, 1999:16).

***Provision of educational programmes among health care personnel, including those working in sexually transmitted infection clinics and family planning clinics to overcome ignorance and prejudices about male sex workers, gays\*, and men who have sex with men.***

- Special educational programmes should be provided to all health care personnel, including those working in sexually transmitted infection clinics and family planning clinics to overcome ignorance and prejudices about men who have sex with men so that they will be better equipped to deal with the specific needs of these men. All such educational programmes should cover aspects pertaining to same-sex behaviour.

***Consolidating efforts in organising health care facilities in such a manner to make them more accessible and affordable to male sex workers, gays\*, and men who have sex with men.***

- Special awareness campaigns should be launched to make the general



population of South Africa aware of the existence of health care facilities that also provide care to men who have sex with men.

- All health care facilities in South Africa that are equipped to deal with the specific issues of men who have sex with men should be marketed as *MSM\** friendly.

***Breaking down social and cultural barriers against the discussion of male-to-male sex.***

- Special efforts, in the form of campaigns and other programmes, should be launched to assist in breaking down social and cultural barriers which prevent discussions and debate on male-to-male sex.
- Politicians and other important public figures should, whenever they have the opportunity to talk about sexually transmitted diseases and HIV/AIDS also recognise the existence of same-sex sexual behaviour.

***Organising and running of information programmes to inform the general public about existing legislation that protect male sex workers, gays\*, and men who have sex with men.***

- All life skills programmes that are offered should include topics on sexuality, sexual orientation, and sexual behaviour including same-sex behaviour.
- Every HIV/AIDS programme and other programmes targeting sexually transmitted infections should include aspects referring to *MSM\**.

***Providing assistance in reducing human rights violations against male sex workers, gays\*, and men who have sex with men.***

- Politicians and other important public figures should, when they denounce violence against women and children, also express their support for programmes that protect the rights of *gays\** and men who have sex with men (UNAIDS, 1999:16).

### **5.4.3 Recommendations regarding structuring, organising and regulation of male sex work in South Africa**

- As soon as the Constitutional Court has finally ruled on prostitution, the existence of sex work, including male sex work, in South Africa should be acknowledged by all relevant authorities including health authorities and the South African Revenue Service (SARS).
- Special legislation and regulations should be promulgated to adequately regulate sex work in South Africa.
- When legislation regarding sex work is prepared, special attention should be given to the issue of 'age of consent' by lowering the age of consent for homosexual sex to the same age of consent for heterosexual sex, namely sixteen (16) years of age. This should be done in an effort to remove any form of discrimination between age of consent for heterosexual sex and age of consent for homosexual sex.
- In the preparation of legislation regarding 'age of consent' as mentioned above, provision should be made that the age difference between sexual partners in a same-sex relationship (homosexual sex) may not be greater than two (2) years for all individuals under the age of nineteen (19) years of age. This should provide adequate protection against possible sexual exploitation for all boys and girls under the age of nineteen (19) years.
- All sex workers, including male sex workers, should be required to register as sex workers with either the National Department of Health or the Provincial Departments of Health so that they can be identified and regulated in the interest of public health.
- Individuals who involve themselves in sex work, either on a part-time or full-time basis, without being registered as sex workers, should be liable to prosecution in terms of the legislation which was recommended above.
- All registered sex workers, including male sex workers, should be required to undergo regular, and extensive medical examinations including various laboratory tests as required by legislation in the

interest of public health.

- All registered sex workers, including male sex workers, should be issued with special documentation stating that their health status is not a threat to public health. This documentation should be maintained and updated in terms of legislation.
- All sex workers, including male sex workers, should be required to register with the South African Revenue Service as:
  - Employers (if they employ other sex workers) so that “Pay as You Earn” (PAYE) tax can be deducted from employees and be paid over to the SA Revenue Services as is the case with all other individuals who earn an income;
  - Value Added Tax (VAT) Vendors so that they can pay over Value Added Tax (VAT) to the SA Revenue Service as do all other business concerns and service providers; and/or as
  - Tax payers so that they can pay over taxes on their earnings to the SA Revenue Services as do all other individuals who earn an income in South Africa.

#### **5.4.4 Other Recommendations**

- ‘Gayspeak’ and the slang used within the sex industry need to be examined in greater detail. It is very complex. Its speakers come from all races, classes, and occupations. It exists in many countries and languages. Further research into the slang of male sex workers, *gays\** and men who have sex with men can contribute to a model for better understanding the world of male sex workers, *gays\** and men who have sex with men.
- This research should be repeated in other towns and/or cities in South Africa in order to confirm the results of this research or to point out major differences that may exist.
- Means should be found to legally conduct similar research among boys under the age of nineteen (19) years of age who are involved in male-to-male sex work



so that they can be identified and protected against exploitation.

- Special programmes should be developed to target boys under the age of nineteen (19) years of age to provide them with sex education and health education including the health risks related to sex work.
- Special youth programmes should be developed and targeted at boys under the age of nineteen (19) years of age in an effort to try and get them off the streets.
- Research should be conducted on the clients of male sex workers in order to determine:
  - who they are;
  - their reasons for visiting male sex workers;
  - the services they request or require of male sex workers;
  - their health/disease patterns;
  - the amount of money they spend on sex with sex workers;
  - how they perceive themselves, whether as: *gay\**, bisexual or heterosexual;
  - what type of sex workers they prefer to visit, e.g.: *streetwalkers\**, *call boys\**, masseurs, or *super call boys\**;
  - substance and alcohol abuse patterns, and if confirmed, what substances they abuse, where they obtain it, how much money they spend on it and how it affects their health.

LeTourneau (1994:256) supports the recommendation that research should be conducted on clients of male sex workers. He says:

“The lack of research and attention directed at the consumers of adolescent prostitution is difficult to defend and raises questions about the focus on the adolescents involved.”

- The booklet titled “*Safer sex for men who have sex with men*”, and referred to in *Annexure 11* of this thesis should be revised to also mention by name the various health problems that can result from *MSM\** and to provide basic

information of each of the health problems.

- Sponsors should be sought to assist in printing a revised version of the booklet titled "*Safer sex for men who have sex with men*", referred to above, so that it can be distributed free of charge throughout South Africa where men who have sex with men will be able to get hold of a copy.
- Places where free copies of the above booklet should be placed for distribution among men who have sex with men include:
  - *Gay\** clubs;
  - Steam baths providing services to *gay\** men;
  - Adult bookshops;
  - Pornographic cinemas;
  - Sexually transmitted infection clinics; and
  - Any other health facility where men who have sex with men would seek medical help.

## **5.5 PERSONAL AND EMOTIONAL EFFECTS OF GETTING INTIMATELY INVOLVED IN THE ROUTINE, EVERYDAY WORLDS OF MALE SEX WORKERS AND THE PRETORIA SEX INDUSTRY**

The personal and emotional effects of getting intimately involved in the routine, everyday worlds of male sex workers and the Pretoria sex industry had a remarkable effect on the researcher. The researcher is a married man, and also father of three children, the oldest of which is a son of thirty-six years old. The researcher is also a grandfather of five beautiful children.

The informants to this study were all younger than the children of the researcher. The researcher found it difficult to remain focused at all times and not to become emotionally involved in the lives of the young men who formed the basis of this study. The researcher's firm belief that man controls his own destiny and that each person must take their own decisions in life, regardless of their final outcome, kept the researcher strong during some very trying times.

## 5.6 CONCLUSION

The research questions posed in Chapter 1 were used as basis for obtaining information from informants in Pretoria by means of in-depth interviews. The sexual practices of male sex workers in Pretoria were identified as well as the health problems they are exposed to. The health problems which they have experienced was also identified.

A booklet was prepared containing health information on safer sex for men who have sex with men in an effort to assist the sex workers (informants to this study) to better take care of their own health as well as the health of their clients. A copy of this booklet was handed over to each informant at a special occasion following the last in-depth interview session conducted by the researcher with each informant.

In this Chapter a summary of the findings of this research was provided together with a summary of the implications of this research. The researcher made several recommendations regarding male sex work and men who have sex with men to regulate sex work and to improve the situation of male sex workers, *gays\** and men who have sex with men.



## BIBLIOGRAPHY

Abcarian, H. 1983a. *Hemorrhoids, anal fissure, and condylomata acuminata*. (In Ostrow, D.G., Sandholzer, T.A. & Felman, Y.M. (eds.). 1983. *Sexually transmitted diseases in homosexual men: diagnosis, treatment and research*. New York, N.Y.: Plenum Medical Book Co. pp.141-149).

Abcarian, H. 1983b. *Trauma to the rectum: colorectal foreign bodies and manual-anal intercourse*. (In Ostrow, D.G., Sandholzer, T.A. & Felman, Y.M. (eds.). 1983. *Sexually transmitted diseases in homosexual men: diagnosis, treatment and research*. New York, N.Y.: Plenum Medical Book Co. pp.141-149).

Ackermann, A. 1998. *Ruling by the Constitutional Court on Gay Sex*.  
<http://www.law.wits.ac.za/judgements/1998/gayles.html>.

Aggleton, P. 1987. *Deviance*. London: Tavistock.

Aggleton, P. 1993. *Series Editor's Preface*. (In Davies, P.M., Hickson, F.C.I., Weatherburn, P., Hunt, A.J., Broderick, P.J., Coxon, T.P.M., McManus, T.J. & Stephens, M.J. 1993. *Sex, gay men and AIDS*. London: Falmer Press. pp.viii).

Aggleton, A. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London: UCL Press.

Akers, R.L. 1985. *Deviant behavior: a social learning approach*. Belmont, CA.: Wadsworth Publishing Co.

Allen, D. 1980. *Young male prostitutes: a psychosocial study*. *Archives of Sexual Behavior*, 9(5):399-426.

Allman, D. & Myers, T. 1999. *Male sex work and HIV/AIDS in Canada*. (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London: UCL Press. pp.61-81).

Altman, D. 1982. *The homosexualization of America, the Americanization of the homosexual*. New York, N.Y.: St Martin's Press.

Altman, D. 1999. *Foreword*. (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London: UCL Press). pp.xiii-xix.

Amat-Roze, J. 1999. *Sexually transmitted diseases and HIV/AIDS in Côte d'Ivoire*. (In Setel, P.W., Lewis, M. & Lyons, M. 1999. )eds.). *Histories of sexually transmitted diseases and HIV/AIDS in sub-Saharan Africa*. Westport: Greenwood Press. pp.43-64).

Annas, G.J., Glantz, L.H. & Katz, B.F. 1977. *Informed consent to human experimentation: the subject's dilemma*. Cambridge, Mass: Ballinger Publishing.

Badgley Committee (Committee on Sexual Offenses Against Children and Youth). 1984. *Sexual offences against children*. Ottawa: Department of Supply and Service.

Bapst, D. 2001. *Glory holes and the men who use them*. *Journal of Homosexuality*, 41(1):89-102, no month.

Barrère, A. & Leland, C.G. (eds.). 1967. *A dictionary of slang, jargon and cant*. London: The Ballantyne Press.

Bastow, K. 1996. *Prostitution and HIV/AIDS*. *Canadian HIV/AIDS Policy & Law Newsletter*, 2(2):12-14.

Benjamin, H. & Masters, R.E.L. 1965. *Prostitution and morality*. London: Souvenir Press.

- Bennett, G., Voukaris, C. & Woolf, D.S. (eds.). 1983. *Substance abuse: pharmacologic, developmental, and clinical perspectives*. New York, N.Y.: John Wiley & Sons.
- Benton, D.C. & Cormack, D.F.S. 2000. *Gaining access to the research site*. (In Cormack, D.F.S., (ed.). 2000. *The research process in nursing*. 4<sup>th</sup> ed. London: Blackwell. pp.129-137).
- Berger, R.E. 1990. *Acute epididymitis*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.641-651).
- Billstein, S.S. 1990. *Human lice*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.467-471).
- Binson, D., Michael, S., Stall, R., Coates, T.J., Gagnon, J.H. & Catania, J.A. 1995. *Prevalence and social distribution of men who have sex with men: United States and its urban centres*. *The Journal of Sex Research*, 32(3):245-254.
- Blumenfeld, W. & Raymond, D. 1988. *Looking at gay and lesbian life*. New York: Philosophical Library.
- Bohan, J.S. & Russell, G.M. 1999a. (eds.). *Afterword: the conversation continues*. (In Bohan, J.S. & Russell, G.M. 1999b. (eds.). *Conversations about psychology and sexual orientation*. New York University Press. pp.183-209).
- Bohan, J.S. & Russell, G.M. 1999b. (eds.). *Conversations about psychology and sexual orientation*. New York: New York University Press.
- Boushaba, A., Tawil, O., Imane, L. & Himmich, H. 1999. *Marginalization and vulnerability: male sex work in Morocco*. (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London : UCL Press. pp.263-273).



- Boyd, C.O. 1993. *Phenomenology: the method*. (In: Munhall, P.L. & Boyd, C.O. 1993. *Nursing research: a qualitative perspective*. 2<sup>nd</sup> ed. New York: National League for Nursing Press. pp.99-132).
- Boyer, D. 1989. *Male prostitution and homosexual identity*. (In Herdt, G. (ed.). 1989. *Gay and lesbian youth*. New York, N.Y.: Harrington Press. pp.151-184).
- Brencick, J.M. & Webster, G.A. 1999. *Substance abuse*. (In Guttierrez, K. 1999. *Pharmacotherapeutics*. Philadelphia: WB Saunders. pp.139-165).
- Brookman, R.R. 1990. *Adolescent sexual behavior*. (In Holmes, K.K.; Mårdh, P.; Sparling, P.F. & Wiesner, P.O., (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: MacGraw-Hill. pp.77-84).
- Brunham, R.C. & McClarty, G. 2000. *Chlamydia*. (In Stranberry, L.R. & Bernstein, D.I. (eds.). 2000. *Sexually transmitted diseases: vaccines, prevention and control*. San Diego: Academic Press. pp.339-367).
- Burns, N. & Grové, S.K. 1993. *The practice of nursing research: conduct, critique and utilization*. Philadelphia: WB Saunders.
- Cabaj, R.P. 1992. *Substance abuse in the gay and lesbian community*. (In Lowinson, J.H., Ruiz, P., Millman, R.B. & Langrod, J.G. (eds.). 1992. *Substance abuse: a comprehensive textbook*. 2<sup>nd</sup> ed. Baltimore, MD: Williams & Wilkins. pp.852-860).
- Cáceres, C.F. & Jimenēz, G. 1999. *Fletes in Parque Kennedy: sexual cultures among young men who sell sex to other men in Lima*. (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London: UCL Press. pp.179-193).
- Callahan, B.T. & Bond, V. 1999. *The social, cultural, and epidemiological history of sexually transmitted diseases in Zambia*. (In Setel, P.W., Lewis, M. & Lyons, M. 1999. (eds.). *Histories*

*of sexually transmitted diseases and HIV/AIDS in sub-Saharan Africa*. Westport: Greenwood Press. pp.167-193).

Campagna, D. 1985. *Sexual exploitation of children*. Wheeling: West Virginia Criminal Justice Institute.

Campagna, D.S. & Poffenberger, D.L. 1988. *The sexual trafficking in children: an investigation of the child sex trade*. Dover, MA.: Auburn House Publishing.

Chaisson, R.E., Gerberding, J.L. & Sande, M.A. 1990. *Opportunistic infections in AIDS*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.691-701).

*Chambers Twentieth Century Dictionary*. Bath: Pitman Press.

Chenitz, W.C. & Swanson, J.M. 1986. *From practice to grounded theory: qualitative research in nursing*. Menlo Park: Addison-Wesley Publishing Co.

Chesebro, J.W. (ed.). 1981. *Gayspeak: gay male & lesbian communication*. New York, N.Y.: The Pilgrim Press.

Chirwa, W.C. 1999. *Sexually transmitted diseases in Colonial Malawi*. (In Setel, P.W., Lewis, M. & Lyons, M. 1999. (eds.). *Histories of sexually transmitted diseases and HIV/AIDS in sub-Saharan Africa*. Westport: Greenwood Press. pp.143-166).

Claffy, T. (ed.). 2001. *QX International*. Issue 343 of 15 August 2001. ISSN 1356-6903. London: United Kingdom.

Clamp, D.G.L. & Gough, S. 1999. *Resources for nursing research: an annotated bibliography*. London: SAGE Publications.

Clinard, M.B. & Meier, R.F. 1995. *Sociology of deviant behavior*. 9<sup>th</sup> ed. Fort Worth, TX: Harcourt Brace College Publishers.

Cohen, B. 1980. *Deviant street networks: prostitution in New York City*. New York, N.Y.: Lexington Books.

Cohen, L. 1995. *The pleasures of castration: the postoperative status of hijras, jankhas and academics*. (In Abrahamson, P.R. & Pinkerton, S.D. (eds.). 1995. *Sexual nature sexual culture*. Chicago: University of Chicago Press. pp.276-304).

Coleman, E. 1989. *The development of male prostitution activity among gay and bisexual adolescents*. (In Herdt, G. (ed.). 1989. *Gay and lesbian youth*. New York, N.Y.: Harrington Press. pp.131-149).

Constitution of the Republic of South Africa, 1996. See: South Africa. (Republic). Constitution, 1996.

Cooper, A.I. (ed.). 2000. *Cybersex: the dark side of the force*. Philadelphia, PA.: Brunner-Routledge.

Cooper, M.D. 2000. *The genital tract: development, anatomical and microbiological factors affecting STD acquisition and strategies for prevention*. (In Stranberry, L.R. & Bernstein, D.I. (eds.). 2000. *Sexually transmitted diseases: vaccines, prevention and control*. San Diego: Academic Press. pp.57-95).

Corey, L. 1990. *Genital herpes*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.391-413).

Council For International Organisations of Medical Science/World Health Organization. 1993. *International ethical guidelines for biomedical research involving human subjects*. (Revised version of the 1982 proposed guidelines for biomedical research involving human subjects).



CIOMS/WHO. Geneva: Switzerland.

Criminal Justice Commission Queensland. 1991. *Review of prostitution-related laws in Queensland: information and issues paper*. Toowong, Qld.: Criminal Justice System.

Cunningham, A.L., Mindel, A. & Dwyer, D.E. 2000. *Global epidemiology of sexually transmitted diseases*. (In Stranberry, L.R. & Bernstein, D.I. (eds.). 2000. *Sexually transmitted diseases: vaccines, prevention and control*. San Diego: Academic Press. pp.3-42).

Darsey, J. 1981. "Gayspeak": a response. (In Chesebro, J.W. (ed.). 1981. *Gayspeak: gay male and lesbian communication*. New York, N.Y.: The Pilgrim Press. pp.58-67).

Da Silva, L.L. 1999. *Travestis and Gigolos: male sex work and HIV prevention in France*. (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London: UCL Press. pp.41-60).

Davies, P. & Feldman, R. 1999. *Selling sex in Cardiff and London*. (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London: UCL Press. pp.1-22).

Davies, P.M., Hickson, F.C.I., Weatherburn, P., Hunt, A.J., Broderick, P.J. Coxon, T.P.M. McManus, T.J. & Stephens, M.J. 1993. *Sex, gay men and AIDS*. London: Falmer Press.

Davis, K. 1976. *Sexual behavior*. (In Merton, R.K. & Nisbet, R. (eds.). 1976. *Contemporary social problems*. New York, N.Y.: Harcourt Brace Jovanovich. pp.245-252).

Davis, N.J. & Statz, C. 1990. *Social control of deviance: a critical perspective*. New York: McGraw-Hill Publishing Co.

Davis, N.J. (ed.). 1993. *Prostitution: an international handbook on trends, problems, and policies*. Westport, CT.: Greenwood Press.

De Cecco, J.P. (ed.). 1985. *Gay personality and sexual labelling*. New York, N.Y.: Harrington Park Press.

De Cecco, J.P. 1991. *Investigating hustlers*. (In Steward, S.M. 1991. *Understanding the male hustler*. Binghamton, N.Y.: Harrington Park Press. pp.ix-xiv).

Decker, J.F. 1979. *Prostitution: regulation and control*. Littleton, CO.: Fred B Rothman & Co.

Denzin, N.K. & Lincoln, Y.S. (Eds.). 1994. *Handbook of qualitative research*. Thousand Oaks: Sage.

Department of Health. 2000. See: South Africa (Republic). Department of Health. 2000.

De Martino, G. 1992. *An Italian in Morocco*. (In Schmitt, A. & Sofer, J. (eds.). 1992. *Sexuality and eroticism among males in Moslem societies*. New York: The Haworth Press. pp.25-32.).

De Moya, E.A. & Garcia, R. 1999. *Three decades of male sex work in Santo Domingo*. (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London: UCL Press. pp.127-139).

De Vos, A.S. 1998a. *Intervention research*. (In De Vos, A.S. (ed.). 1998b. *Research at grass roots: a primer for the caring professions*. Pretoria: JL van Schaik Academic. pp.384-404).

De Vos, A.S. (ed.). 1998b. *Research at grass roots: a primer for the caring professions*. Pretoria: JL van Schaik Academic.

De Vos, A.S. & Fouche, C.B. 1998. *General introduction to research design, data collection methods and data analysis*. (In De Vos, A.S. (ed.). 1998. *Research at grass roots: a primer for the caring professions*. Pretoria: JL van Schaik Academic. pp.76-94).

Distiller, N. 2000. *Sex work, health and human rights*. *Women's Health News & Views*, 30:1,2,5. Aug.

Dover, K.J.D. 1978. *Greek homosexuality*. Cambridge, MA.: Harvard University Press.

Engelbrecht, L.K. & Williams, T. 2000. *Hulpverlening aan die sekswerker: gesellinne se perspektief op die werklikheid*. *Social Work/Maatskaplike Werk*, 36(4):377-387.

Epping, A. 1992. *Moroccan boys and sex*. (In Schmitt, A. & Sofer, J. (eds.). 1992. *Sexuality and eroticism among males in Moslem societies*. New York: The Haworth Press. pp.33-41.).

Ferreira, M., Mouton, J., Puth, G., Schurink, E. & Schurink, W. (eds.). 1988. *Introduction to qualitative research*. Pretoria: Human Sciences Research Council.

Field, P.A. & Morse, J.M. 1985. *Nursing research: the application of qualitative approaches*. London: Croom Helm.

Field, P.A. & Morse, J.M. 1991. *Nursing research: the application of qualitative approaches*. London: Chapman & Hall.

Firestein, B.A. (ed.). 1996. *Bisexuality: the psychology and politics of an invisible minority*. Thousand Oaks: SAGE Publications.

Fisher, A.A. 1983. *Venereologic dermatology in homosexual men*. (In Ostrow, D.G., Sandholzer, T.A. & Felman, Y.M. (eds.). 1983. *Sexually transmitted diseases in homosexual men: diagnosis, treatment and research*. New York, N.Y.: Plenum Medical Book Co. pp.173-194).

Ford, C.S. & Beach, F.A. 1965. *Patterns of sexual behaviour*. London: Eyre & Spottiswoode.

Freed, L.F. 1949. *The problem of European prostitution in Johannesburg*. Cape Town: Juta.



- Frey, J.H. & Fontana, A. 1993. *The group interview in social research*. (In Morgan, D.L. (ed.). 1993. *Successful focus groups: advancing the state of the art*. Newbury Park, CA.: SAGE).
- Freeman-Longo, R.E. 2000. *Children, teens, and sex on the internet*. (In Cooper, A.I. (ed.). 2000. *Cybersex: the dark side of the force*. Philadelphia, PA.: Brunner-Routledge. pp.75-90.).
- Furnald, R. 1978. *Male juvenile prostitution*. (M.A. - University of Southern California, Los Angeles, CA.) (Unpublished Thesis.)
- Garner, B.A. 1995. *A dictionary of modern legal usage*. New York: Oxford University Press.
- Gartner, R.B. 1999. *Betrayed as boys: psychodynamic treatment of sexually abused men*. New York: The Guilford Press.
- Geis, G. 1993. *Portugal*. (In Davis, N.J. (ed.). 1993. *Prostitution: an international handbook on trends, problems, and policies*. Westport, CT.: Greenwood Press. pp.225-242).
- George, J.B. 1995. *Nursing theories: the base for professional nursing practice*. 14<sup>th</sup> ed. Englewood Cliffs, N.J.: Prentice-Hall International Inc.
- Gevisser, M. 1994. *A different fight for freedom: a history of South African lesbian and gay organisations from the 1950s to 1990s*. (In Gevisser, M. & Cameron, E. (eds.). 1994. *Defiant desire: gay and lesbian lives in South Africa*. Braamfontein, Johannesburg: Ravan Press. pp.14-86).
- Gevisser, M. & Cameron, E. (eds.). 1994. *Defiant desire: gay and lesbian lives in South Africa*. Braamfontein, Johannesburg: Raven Press.
- Gmünder, B. (ed.). 2002. *Spartacus: international gay guide*. 30<sup>th</sup> ed. Leuschnerdamm, Berlin, Germany: Bruno Gmünder Verlag GMBH.

Gonsiorek, J.C., Bera, W.H. & LeTourneau, D. (eds.). 1994. *Male sexual abuse: a trilogy of intervention strategies*. Thousand Oaks: SAGE Publications.

Goodich, M. 1979. *The unmentionable vice: homosexuality in the later medieval period*. Santa Barbara, CA.: Ross-Erikson.

Green, R. 1978. *Ethics of sex research: problems of "informed consent"*. (In Forleo, R. & Pasini, W. (eds.). 1978. *Medical sexology*. Amsterdam: Elsevier. pp.8-13).

Green, S. 1992. *The sexual deadend*. London: Broad View.

Greenberg, D.F. 1995. *The pleasures of homosexuality*. (In Abrahamson, P.R. & Pinkerton, S.D. (eds.). 1995. *Sexual nature sexual culture*. Chicago: University of Chicago Press. pp.223-256).

Guerrant, R.L., Weikel, C.S. & Ravdin, J.I. 1990. *Intestinal protozoa: giardia lamblia, entamoeba histolytica, and Cryptosporidium*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.493-514).

Haley, T.J. 1980. *Review of the physiological effects of amyl, butyl, and isobutyl nitrites*. *Clinical Toxicology*, 16(3):317-329.

Harman, L.D. 1990. *Acceptable deviance as social control: the cases of fashion and slang*. (In Bryant, C.D. (ed.). 1990. *Deviant behavior: readings in the sociology of norm violations*. New York, N.Y.: Hemisphere Publishing Corp. pp.62-111).

Harpur, C. 1995. *Prostitution and criminality*. Claremont: Mallard Publishers.

Hart, G. 1990. *Donovanosis*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.273-277).

Hatty, S.E. 1993. *Australia*. (In Davis, N.J. (ed.). 1993. *Prostitution: an international handbook on trends, problems, and policies*. Westport, Connecticut: Greenwood Press. pp.14-46).

Hayes, J.J. 1981a. *Lesbians, gay men, and their "languages"*. (In Chesebro, J.W. (ed.). 1981. *Gayspeak: gay male and lesbian communication*. New York, N.Y.: The Pilgrim Press. pp.28-42).

Hayes, J.J. 1981b. *Gayspeak*. (In Chesebro, J.W. (ed.). 1981. *Gayspeak: gay male and lesbian communication*. New York, N.Y.: The Pilgrim Press. pp.45-57).

Healy, B.P. 1990. *Cardiovascular syphilis*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.247-250).

Hekma, G. 1987. *Wrong lovers in the 19<sup>th</sup> century Netherlands*. (In Van Naerssen, A.X. (ed.). *Gay life in Dutch society*. New York, N.Y.: Harrington Park Press). pp.43-55.

Helm, B. 1991. *Foreword*. (In Isaacs, G. & McKendrick, B. 1992. *Male homosexuality in South Africa: identity formation, culture, and crisis*. Cape Town: Oxford University Press. pp.vi-ix).

Herbst, M.C. 2000. *Publishing your research: pain or pleasure?* Pretoria: Okhuthele.

Herrman, K. 1987. *Children sexually exploited for profit: a plea for a new social work priority*. *Social Work*, 32(6):523-525.

Hirsch, M.S. 1990. *Clinical manifestations of HIV infection in adults in industrialized countries*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.331-342).

Hoffman, M. 1979. *The male prostitute*. (In Levine, M.P. (ed.). 1979. *Gay men: the sociology of male homosexuality*. New York, N.Y.: Harper & Row. pp.275-284).



Hollway, W. & Jefferson, T. 2000. *Qualitative research differently: free association narrative and the interview method*. London: SAGE.

Holmberg, S.D. & Curran, J.W. 1990. *The epidemiology of HIV in industrialized countries*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.343-353.).

Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill.

Hook, E.W. & Handsfield, H.H. 1990. *Gonococcal infections in the adult*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.149-165).

Hoppe, A. 1973. *A nation of hookers*. *San Francisco Chronicle*, 8 June: 45.

Hudson, D. (ed.). 2001. *Boyz Magazine*. Issue 524 of 18 August 2001. London: United Kingdom.

Hyde, J.S. 1990. *Understanding human sexuality*. 4<sup>th</sup> ed. New York, N.Y.: McGraw-Hill, Inc.

International Lesbian and Gay Association. 2002.

[http://www.ilga.org/Information/legal\\_survey/africa/southafrica.htm](http://www.ilga.org/Information/legal_survey/africa/southafrica.htm).

Isaacs, G. & McKendrick, B. 1992. *Male homosexuality in South Africa: identity formation, culture and crisis*. Cape Town: Oxford University Press.

Isaacs, G. & Miller, D. 1985. *AIDS: its implications for South African homosexuals and the mediating role of the medical practitioner*. *South African Medical Journal*, 68:327-330.

Jackson, H. & Nuttall, R. 1997. *Childhood abuse: effects on clinicians' personal and professional lives*. Thousand Oaks: SAGE Publications.

Jamal, A. 2001. *The story of Lot and the Qur'ān's perception of the morality of same-sex sexuality. Journal of Homosexuality*, 41(1):1-88, no month.

Jochelson, K. 1999. *Sexually transmitted diseases in the nineteenth- and twentieth-century South Africa. (In Setel, P.W., Lewis, M. & Lyons, M. 1999. (eds.). Histories of sexually transmitted diseases and HIV/AIDS in sub-Saharan Africa. Westport: Greenwood Press. pp.217-243).*

Jolin, A. 1993. *Germany. (In Davis, N.J. (ed.). 1993. Prostitution: an international handbook on trends, problems, and policies. Westport, CT.: Greenwood Press. pp.127-156).*

Jones, R.B. & Wasserheit, J.N. 1991. *Introduction to the biology and natural history of sexually transmitted diseases. (In Wasserheit, J.N., Aral, S.O. & Holmes, K.K. (eds.). 1991. Research issues in human behavior and sexually transmitted diseases in the AIDS era. Washington, D.C.: American Society for Microbiology. pp.11-37).*

Kampmeier, R.H. 1990. *Late benign syphilis. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. Sexually transmitted diseases. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.251-262).*

Katz, J.N. 1992. *Gay American history: lesbians and gay men in the USA. New York, N.Y.: Meridian.*

Keusch, G.T. 1990. *Enteric bacterial pathogens: Shigella, Salmonella, Campylobacter. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. Sexually transmitted diseases. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.295-303).*

Khan, S. 1999. *Through a window darkly: men who sell sex to men in India and Bangladesh. (In Aggleton, P. (ed.). 1999. Men who sell sex: international perspectives on male prostitution and HIV/AIDS. London: UCL Press. pp.195-212).*

King, E. 1973. *Safety in numbers: safer sex and gay men*. London: Cassell.

Kinsey, A.C., Pomeroy, W.B. & Martin, C.E. 1948. *Sexual behaviour in the human male*. Philadelphia: WB Saunders.

Kosovski, E. 1993. *Brazil*. (In Davis, N.J. (ed.). 1993. *Prostitution: an international handbook on trends, problems, and policies*. Westport, CT : Greenwood Press. pp.47-55).

Krefting, L. 1990. *Rigour in qualitative research: the assessment of trustworthiness*. *The American Journal of Occupation Therapy*, 45(3):214-222.

Kvale, S. 1983. The qualitative research interview. *Journal of Phenomenological Psychology*, 14:171-196.

Larvie, P. 1999. *Natural born targets: male hustlers and AIDS prevention in urban Brazil*. (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London : UCL Press. pp.159-177).

Leavitt, F. 1995. *Drugs and behaviour*. Thousand Oaks, CA.: SAGE Publications.

LeCompte, M.D. & Goetz, J.P. 1982. *Problems of reliability and validity in ethnographic research*. *Review of Educational Research*, 52(1):31-60.

Leininger, M.M. 1991. *The theory of culture care diversity and universality*. (In Leininger, M.M. (ed.). 1991. *Culture care diversity & universality: a theory of nursing*. New York, N.Y.: National League for Nursing Press. pp.5-68).

Lee, R.M. & Renzetti, C.M. 1993. *Researching sensitive topics*. (In Renzetti, C.M. & Lee, R.M. (Eds.). 1993. *Researching sensitive topics*. Newbury Park, CA: Sage Publications).



Lemon, S.M. & Newbold, J.E. 1990. Viral hepatitis. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.449-466).

LeTourneau, D. 1994. *Adolescent male prostitution: a social work/youth work perspective*. (In Gonsiorek, J.C., Bera, W.H. & LeTourneau, D. (eds.). 1994. *Male sexual abuse: a trilogy of intervention strategies*. Thousand Oaks: SAGE Publications. pp.225-260).

Levine, M.P. (ed.). 1979. *Gay men: the sociology of male homosexuality*. New York, N.Y.: Harper & Row.

Liguori, A.L. & Aggleton, P. 1999. *Aspects of male sex work in Mexico City*. (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London: UCL Press). pp.103-125.

Lincoln, Y.S. & Guba, E.G. 1985. *Naturalistic enquiry*. Beverley Hills: SAGE Publications.

Lloyd, R. 1976. *For money or love: boy prostitution in America*. New York, N.Y.: Vanguard Press.

Lloyd, R. 1979. *Playland*. London: Quartet Books.

Louria, P.B. 1976. *Hazards of sniffing amyl nitrite during sexual intercourse*. *Journal of the American Medical Association*, 14:236.

Lowinson, J.H., Ruiz, P., Millman, R.B. & Langrod, J.G. (eds.). 1992. *Substance abuse: a comprehensive textbook*. Baltimore, MD: Williams & Wilkins.

Lowman, J. 1993. *Canada*. (In Davis, N.J. (ed.). 1993. *Prostitution: an international handbook on trends, problems, and policies*. Westport, CT.: Greenwood Press. pp.56-86).

Luckenbill, D.F. 1990. *Dynamics of the deviant sale*. (In Bryant, C.D. (ed.). 1990. *Deviant behavior: readings in the sociology of norm violations*. New York, N.Y.: Hemisphere Publishing Corp. pp.605-621).

Lyons, M. 1999. *Medicine and morality: a review of responses to sexually transmitted diseases in Uganda in the twentieth century*. (In Setel, P.W., Lewis, M. & Lyons, M. 1999. (eds.). *Histories of sexually transmitted diseases and HIV/AIDS in sub-Saharan Africa*. Westport: Greenwood Press. pp.97-117).

Maisto, S.A., Galizio, M. & Connors, G.J. 1991. *Drug use and misuse*. Fort Worth, TX.: Holt, Rinehart and Winston.

Marlink, R. & Essex, M. 1990. *Clinical pathobiology of HTLV-1 infection*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.371-377).

Marmor, J. 1980. *Homosexual behavior: a modern appraisal*. New York, N.Y.: Basic Books.

Martin, J.L. & Dean, L. 1993. *Developing a community sample of gay men for an epidemiological study of AIDS*. (In Renzetti, C.M. & Lee, R.M. (eds.). 1993. *Researching sensitive topics*. Newbury Park, CA.: SAGE Publications. pp.82-99).

Mayer, K.H. 1983. *Medical consequences of the inhalation of volatile nitrites*. (In Ostrow, D.G., Sandholzer, T.A. & Felman, Y.M. (eds.). 1983. *Sexually transmitted diseases in homosexual men: diagnosis, treatment and research*. New York, N.Y.: Plenum Medical Book Co. pp. 237-242).

McCulloch, J. 1999. *The management of venereal disease in a settler society: Colonial Zimbabwe, 1900-30*. (In Setel, P.W., Lewis, M. & Lyons, M. 1999. (eds.). *Histories of sexually transmitted diseases and HIV/AIDS in sub-Saharan Africa*. Westport: Greenwood Press. pp.195-216).

McHaffie, H.E. 2000. *Ethical issues in research*. (In Cormack, D.F.S. (ed.). 2000. *The research process in nursing*. 4<sup>th</sup> ed. London: Blackwell. pp.51-61).

McMullen, R.J. 1990. *Male rape: breaking the silence on the last taboo*. London: The Gay Mens Press.

McNamara, R.P. 1994. *The Times Square hustler: male prostitution in New York City*. Westpoint, CT.: Praeger.

Mellish, J.M. 1988. *An introduction to the ethos of nursing: a text for basic student nurses*. Durban: Butterworths.

Merleau-Ponty, M. 1956. *What is phenomenology?* *Cross Current*, 6:59-70.

Milton, J. 1994. *Prostitution: current debates*. (In Jagwanth, S., Schwikkas, P.J. & Grant, B. 1994. *Women and the law*. Pretoria: HSRC Publishers).

Mindel, A. & Estcourt, C. 2000. *Syphilis*. (In Stranberry, L.R. & Bernstein, D.I. (eds.). 2000. *Sexually transmitted diseases: vaccines, prevention and control*. San Diego: Academic Press. pp.387-420).

Minichiello, V., Mariño, R., Brown, J., Jamieson, M., Peterson, K., Reuter, B. & Robinson, K. 2000. *Commercial sex between men: a prospective diary-based study*. *The Journal of Sex Research*, 37(2):151-160.

Mitchell, L. (ed.). 1998. *Business blue-book of South Africa*. 59<sup>th</sup> ed. Cape Town: National Publishing.

Mohr, R.D. 1988. *Gays/justice: a study of ethics, society and law*. New York. N.Y.: Columbia University Press.



Morgan, D.L. (ed.). 1993. *Successful focus groups: advancing the state of the art*. Newbury Park, CA.: SAGE

Morse, J.M. 1989. *Qualitative nursing research: a contemporary dialogue*. Rockville: Aspen Publishers.

Morse, J.M. 1991. *Qualitative nursing research: a contemporary dialogue*. (Revised edition). Newbury Park: Sage.

Morse, V., Simon, P.M. & Burchfiel, K.E. 1999. *Social environment and male sex work in the United States*. (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London: UCL Press. pp.83-101).

Morton, J. 1999. *Sex, crimes and misdemeanours*. London: Little, Brown & Co.

Mouton, J. & Marais, H.C. 1990. *Metodologie van die geesteswetenskappe: basiese begrippe*. Pretoria: Raad vir Geesteswetenskaplike Navorsing.

Munro, P. 1989. *Slang U*. New York, N.Y.: Harmony Books.

Murphy, L.R. 1988. *Perverts by official order: the campaign against homosexuals by the United States Navy*. New York, N.Y.: The Haworth Press.

Musher, D.M. 1990. *Biology of Treponema pallidum*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.205-211.).

Nardi, P.M. & Schneider, B.E. (eds.). 1998. *Social perspectives in lesbian and gay studies*. London: Routledge.

National Coalition for Gay and Lesbian Equality. 1998. *Press Release*, 8 May 1998.

Nikolic-Ristanovic, V. 1993. *Yugoslavia*. (In Davis, N.J. (ed.). 1993. *Prostitution: an international handbook on trends, problems, and policies*. Westport, CT.: Greenwood Press. pp.351-372).

Nissinen, M. 1998. *Homoeroticism in the biblical world*. Minneapolis, MN.: Fortress Press.

Norse, H. 1977. *Carnivorous saint: gay poems, 1941-1976*. San Francisco, CA.: Gay Sunshine Press.

Ochs, R. 1996. *Biphobia: it goes more than two ways*. (In Firestein, B.A. (ed.). 1996. *Bisexuality: the psychology and politics of an invisible minority*. Thousand Oaks: SAGE Publications. pp.217-239).

Okun, B.F. 1987. *Effective helping: interviewing and counselling techniques*. Monterey: Brooks/Cole.

Oliver, M.T. 1998. *Gay and lesbian rights: a struggle*. Berkekeley Heights, N.J.: Enslow Publisher, Inc.

Oosthuizen, H. 1998. *Rent boys: male prostitution in Durban*. *Crime & Conflict*, 13 (Spring): 29-32.

Oriel, D. 1999. *Genital human papillomavirus infection*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp. 433-441).

Orkin, M. & Maibach, H.I. 1983. *Pediculosis pubis*. (In Ostrow, D.G., Sandholzer, T.A. & Felman, Y.M. (eds.). 1983. *Sexually transmitted diseases in homosexual men: diagnosis, treatment and research*. New York, N.Y.: Plenum Medical Book Co.). pp. 169-172.

Orkin, M. & Maibach, H.I. 1990. *Scabies*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.473-479).

Ostrow, D.G. (ed.). 1990a. *Behavioral aspects of AIDS*. New York, N.Y.: Plenum Publishing.

Ostrow, D.G. 1990b. *Homosexual behavior and sexually transmitted diseases*. (In Holmes, K.K.; Mårdh, P.; Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.61-69).

Ostrow, D.G. & Obermaier, A. 1983. *Sexual practices history*. (In Ostrow, D.G., Sandholzer, T.A. & Felman, Y.M. (eds.). 1983. *Sexually transmitted diseases in homosexual men: diagnosis, treatment and research*. New York, N.Y.: Plenum Medical Book Co. pp. 13-22).

Ostrow, D.G., Sanderholzer, T.A. & Felman, Y.M. (eds.). 1983. *Sexually transmitted diseases in homosexual men: diagnosis, treatment and research*. New York, N.Y.: Plenum Medical Book Co.

Oxford English Dictionary, The. 1989. 2<sup>nd</sup> ed. Oxford: Clarendon Press.

Palmer, S. & Humphrey, J.A. 1990. *Deviant behavior: patterns, sources, and control*. New York, N.Y.: Plenum Press.

Parker, R., Larvie, P. & Cardoso, R. 1992. *Programa a pegação: an evaluation of an AIDS outreach programme for hustlers in Rio de Janeiro*. Technical Report, World Health Organisation. Geneva: Switzerland.

Parse, R.R., Coyne, A.B. & Smith, M.J. 1985. *Nursing research: qualitative methods*. Bowie, MD.: Brady Communications Co.



Pelow, D. 1999. *Sex, disease, and culture in Ghana*. (In Setel, P.W., Lewis, M. & Lyons, M. 1999. (eds.). *Histories of sexually transmitted diseases and HIV/AIDS in sub-Saharan Africa*. Westport: Greenwood Press. pp.17-41).

Perine, P.L. & Osoba, A.O. 1990. *Lymphogranuloma venereum*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.195-204).

Pheterson, G. 1990. *The category "prostitute" in scientific inquiry*. *The Journal of Sex Research*, 27(3):397-404.

Poggenpoel, M.. 1998. *Data analysis in qualitative research*. (In: De Vos, A.S. (Ed.). 1998. *Research at grass roots: a primer for the caring professions*. Pretoria: JL van Schaik.) pp.334-353.

Polit, D.F. & Hungler, B.P. 1995. *Nursing research: principles and methods*. Philadelphia, PA.: Lippencot.

Pontin, D. 2000. *Interview*. (In Cormack, D.F.S. (ed.). 2000. *The research process in nursing*. 4<sup>th</sup> ed. London: Blackwell. pp.289-299).

Queen, C. 1996. *Bisexuality, sexual diversity, and the sex-positive perspective*. (In Firestein, B.A. (ed.). 1996. *Bisexuality: the psychology and politics of an invisible minority*. Thousand Oaks: SAGE Publications).

Quin, T.C. 1990. Unique aspects of immunodeficiency virus and related viruses in developing countries. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.355-369).

Quinn, T.C. & Stamm, W.E. 1990. *Proctitis, proctocolitis, enteritis, and esophagitis in homosexual men.* (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases.* 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.663-683.).

Qur'an (The Holy). 1946. Translation and Commentary by Abdullah Yusuf Ali. Islamic Propagation Centre, International.

Ratnapala, N. 1999. *Male sex work in Sri Lanka.* (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS.* London: UCL Press). pp.213-221.

Rawnsley, M. 1990. *Of human bonding: the context of nursing as caring.* *Advances in Nursing Science*, 13(1):41-48.

Rein, M.F. & Müller, M. 1990. *Trichomonas vaginalis and trichomoniasis.* (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases.* 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.481-492).

Reis, E. (ed.). 2001. *American sexual histories.* Malden, Massachusetts: Blackwell.

Reiss, A.J., Jr. 1961. *The social integration of queers and peers.* *Social Problems*, 9(2):102-120. No month.

Reiss, A.J., Jr. 1998. *The social integration of queers and peers.* (In Nardi, P.M. & Schneider, B.E. (eds.). 1998. *Social perspectives in lesbian and gay studies.* London : Routledge. pp.12-28).

Renzetti, C.M. & LEE, R.M., eds. 1993. *Researching sensitive topics.* Newbury Park, CA. : SAGE Publications.

Robinson, T. 1990. *Boys' own stories.* *New Statesman and Society*, 3:10-12.

Ronald, A.R. & Albritton, W. 1990. *Chancroid and Haemophilus decreyi*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.263-271).

Rosser, B.R.S. 1991. *Male homosexual behavior and the effects of AIDS education: a study of behavior and safer sex in New Zealand and South Australia*. New York, N.Y.: Praeger.

Sadownick, D. 1996. *Sex between men: an intimate history of the sex lives of gay men postwar to present*. New York, N.Y.: Harper San Francisco.

Sandelowski, M. 1986. *The problem of rigor in qualitative research*. *Advances in Nursing Science*, 8:27-37.

Sanderholzer, T.T. 1983. *Factors affecting the incidence and management of sexually transmitted diseases in homosexual men*. (In Ostrow, D.G., Sandholzer, T.A. & Felman, Y.M., eds. 1983. *Sexually transmitted diseases in homosexual men: diagnosis, treatment and research*. New York, N.Y.: Plenum Medical Book Co. pp. 3-12).

Saunders, J.B. 1989. *Words and phrases legally defined*. 3<sup>rd</sup> ed. London: Butterworths.

Savin-Williams, R.C. & Lenhart, R.E. 1990. *AIDS prevention among gay and lesbian youth: psychological stress and health care intervention guidelines*. (In Ostrow, D.G. (ed.). 1990. *Behavioral aspects of AIDS*. New York, N.Y.: Plenum Publishing. pp.75-99).

Schachter, J. 1990. *Biology of Chlamydia trachomatis*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.167-180).

Schifter, J. & Aggleton, P. 1999. *Cacherismo in a San José brothel: aspects of male sex work in Costa Rica*. (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London : UCL Press. pp.141-158).



Schmitt, A. 1992. *Different approaches to male-male sexuality/eroticism from Morocco to Usbekistān*. (In Schmitt, A. & Sofer, J. (eds.). 1992. *Sexuality and eroticism among males in Moslem societies*. New York: The Haworth Press. pp.1-24.).

Schmitt, A. & Sofer, J. (eds.). 1992. *Sexuality and eroticism among males in Moslem societies*. New York: The Haworth Press.

Schurink, W. & Schurink, E.M. 1988. *Illustration: participant observation in a gay club*. (In Ferreira, M., Mouton, J., Puth, G., Schurink, E. & Schurink, W. (eds.). 1988. *Introduction to qualitative research*. Pretoria: Human Sciences Research Council. pp.77-99).

Schurink, E.M. 1998a. *Deciding to use a qualitative research approach*. (In De Vos, A.S. (ed.). 1998. *Research at grass roots: a primer for the caring professions*. Pretoria: JL van Schaik. pp.239-251).

Schurink, E.M. 1998b. *The methodology of unstructured face-to-face interviewing*. (In De Vos, A.S. (ed.). 1998. *Research at grass roots: a primer for the caring professions*. Pretoria: JL van Schaik. pp.297-312).

Schurink, W.J. 1999. *Participant observation*. (In De Vos, A.S. (ed.). 1998b. *Research at grass roots: a primer for the caring professions*. Pretoria: JL van Schaik Academic.

Schurink, W.J., Liebenberg, I. & Schurink, E.M. 1993. *Commercial sex work: a study of knowledge, attitudes and general sexual behavioural patterns/practices among prostitutes and other persons with regard to sexuality and AIDS-related matters*. (Unpublished memorandum to the Department of National Health and Population Development).

Schurink, W.J. & Ndabandaba, L.B.G. 1990. *Prostitution*. (In Lötter, J.M., Ndabandaba, L.B.G. & Esterhysen, R. (eds.). *Crime and its impact: a study in a black metropolitan area - research papers*. Pretoria: HSRC (Report ASS/BBS-14-RP).

Schurink, W.J. & Ndabandaba, L.B.G. 1991. *Sex for money in Durban and adjacent residential area: an exploratory study of some features of prostitution. Acta Criminologica*, 4(2):34-49.

Schurink, W.J. & Schurink, E.M. 1990. *Aids: lay perceptions of a group of gay men*. Report S-187. Pretoria: Human Sciences Research Council.

Sereny, G. 1984. *The invisible children: child prostitution in America, West Germany and Great Britain*. London: André Deutsch.

Setel, P.W. 1999. *Local histories of sexually transmitted diseases and AIDS in Western and Northern Tanzania*. (In Setel, P.W., Lewis, M. & Lyons, M. 1999. (eds.). *Histories of sexually transmitted diseases and HIV/AIDS in sub-Saharan Africa*. Westport: Greenwood Press. pp.119-142).

Setel, P.W., Lewis, M. & Lyons, M. 1999. (eds.). *Histories of sexually transmitted diseases and HIV/AIDS in sub-Saharan Africa*. Westport: Greenwood Press.

Sexual Offences Act, 1957. See: South Africa (Republic). Sexual Offences Act. 1957.

Sexual Offences Amendment Act, 1969. See: See: South Africa (Republic). Sexual Offences Amendment Act. 1969.

Shah, K.V. 1999. *Biology of human genital tract papillomaviruses*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.425-431.).

Sieber, J.E. 1993. *The ethics and politics of sensitive research*. (In Renzetti, C.M. & Lee, R.M. (eds.). 1993. *Researching sensitive topics*. Newbury Park, CA.: SAGE Publications. pp.14-26).

Sieber, J.E. & Stanley, B. 1988. *Ethical dimensions of socially sensitive research. American Psychologist*, 43:49-55.

Siegel, L.J. 1995. *Criminology*. 5<sup>th</sup> ed. St. Paul, MN.: West Publishing Co.

Siemens, S. & Brandzel, R.C. 1982. *Sexuality: nursing assessment and intervention*. Philadelphia, PA.: JB Lippencott Co.

Siggell, L.T., Kapp, F.T., Fusaro, G.A., Nelson, E.D. & Falck, R.S. 1978. *Popping and snorting volatile nitrites: a current fad for getting high*. *American Journal of Psychiatry*, 135(10):1216-1218.

Smiley, L. & Huang, E. 1990. *Cytomegalovirus as a sexually transmitted infection*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.415-423).

Smith, L.J. & Mitchell, S.A.B. 1984. *Juveniles in prostitution: facts vs fiction*. Saratoga, CA.: R&E Publishers.

Smith, S. 1999. *Ethics in medical research: a handbook of good practice*. Cambridge: Cambridge University Press.

Snell, C.L. 1995. *Young men in the street: help-seeking behaviour of young male prostitutes*. Westport, CT.: Praeger.

Sobel, J.D. 1990. Vulvovaginal candidiasis. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.515-523).

Sofer, J. 1992. *Testimonies from the Holy Land: Israeli and Palestinian men talk about their sexual encounters*. (In Schmitt A. & Sofer, J. (eds.). 1992. *Sexuality and eroticism among males in Moslem societies*. New York: The Haworth Press. pp.105-119).



South Africa (Republic). *Constitution of the Republic of South Africa*, 1996 (Act No 108 of 1996). Pretoria: Government Printers.

South Africa (Republic). Department of Health. 2000. *Guidelines for good practice in the conduct of trials in human participants in South Africa: clinical trials guidelines 2000*. Pretoria: Department of Health.

South Africa (Republic). *Sexual Offences Act*, 1957 (Act No 23 of 1957). Pretoria: Government Printer.

South Africa (Republic). *Sexual Offences Amendment Act*, 1969 (Act No 56 of 1969). Pretoria: Government Printer.

Spear, P.G. 1990. *Biology of the herpesviruses*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.379-389).

Sparling, P.F. 1990a. *Biology of Neisseria gonorrhoea*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.131-147).

Sparling, P.F. 1990b. *Natural history of syphilis*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.213-219).

Stanberry, L.R. 2000. *Genital and perinatal herpes simplex virus infections: prophylactic vaccines*. (In Stanberry, L.R. & Bernstein, D.I. (eds.). 2000. *Sexually transmitted diseases: vaccines, prevention and control*. San Diego: Academic Press. pp.187-216).

Stamm, W.E. & Holmes, K.K. 1990. *Chlamydia trachomatis infections of the adult*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.181-193).

Steen, E.B. & Price, J.H. 1977. *Human sex and sexuality*. New York, N.Y.: John Wiley & Sons.

Stevenson, E.I.P. 2001. *The intersexes: a history of similisexualism*. (In Reis, E. (ed.). 2001. *American sexual histories*. Malden, Massachusetts: Blackwell. pp.221-223.).

Steward, S.M. 1991. *Understanding the male hustler*. Binghamton, N.Y.: Harrington Park Press.

Stolz, E., Menke, H.E. & Vuzevski, V.D. 1990. *Other genital dermatoses*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp. 717-735).

Storer, G. 1999. *Bar talk: Thai male sex workers and their customers*. (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London: UCL Press). pp.223-240.

Stranberry, L.R. & Bernstein, D.I. (eds.). 2000. *Sexually transmitted diseases: vaccines, prevention and control*. San Diego: Academic Press.

Strauss, A. & Corbin, J. 1990. *Basics of qualitative research: grounded theory procedures and techniques*. Newbery Park, CA: SAGE Publishing.

*Stroud's Judicial Dictionary of Words and Phrases*. 1986. 5<sup>th</sup> ed. London: Sweet & Maxwell Ltd.

Strydom, H. 1998. *Ethical aspects of research in the caring professions*. (In De Vos, A.S. (ed.). 1998. *Research at grass roots: a primer for the caring professions*. Pretoria: JL van Schaik). pp.23-36.

Swartz, M.N. 1990. *Neurosyphilis*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.231-246).

Tan, M.L. 1999. *Walking the tightrope. sexual risk and male sex work in the Philippines*. (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London: UCL Press). pp.241-261.

Tesch, L. 1994. *Research design: qualitative and quantitative approaches*. London:Sage.

Thin, R.N. 1990. *Early syphilis in the adult*. (In Holmes, K.K., Mårdh, P., Sparling, P.F. & Wiesner, P.J. (eds.). 1990. *Sexually transmitted diseases*. 2<sup>nd</sup> ed. New York, N.Y.: McGraw-Hill. pp.221-230).

Thio, A. 1988. *Deviant behavior*. 3<sup>rd</sup> ed. New York, N.Y.: Harper Collins Publishers, Inc.

Thomas, R.M. 1990. *AIDS risks, alcohol, drugs, and the sex industry: a Scottish study*. (In Plant, M. (ed.). 1990. *AIDS, drugs, and prostitution*. London: Routledge. pp.88-108).

Thomsett, M.C. & Thomsett, J.F. 1995. *Sex and love quotations: a worldwide dictionary of pronouncements about gender and sexuality*. Jefferson, NC.: McFarland & Co, Inc.

Tielman, R. 1987. *Dutch gay emancipation history (1911-1986)*. (In Van Naerssen, A.X. (ed.). 1987. *Gay life in Dutch society*. New York, N.Y.: Harrington Park Press. pp.9-17.)

Tirelli, U., Vaccher, E., Diodatao, S., Biosio, R., De Paoli, P., & Crotti, D. 1987. *HIV infection among female and male prostitutes*. (Abstracts from the Third International Conference on AIDS, 1-5 June 1987.) Washington, DC.: US Department of Health and Human Services and the World Health Organisation.

UNAIDS. 1999. *Regional consultation on HIV/AIDS prevention, care and support programmes in Latin America and the Caribbean for men who have sex with men*. Geneva: Switzerland.



UNAIDS. 2000. *AIDS and men who have sex with men*. UNAIDS Technical Update. Geneva: Switzerland.

Uys, H.H.M. & Basson, A.A. 1991. *Navorsingsmetodologie in die verpleegkunde*. Pretoria: HAUM.

Van Der Veen, E., Hendriks, A. & Mattijssen, A. 1998. *Lesbian and gay rights in Europe: homosexuality and the law*. (In Nardi, P.M. & Scheider, B.E. (eds.). 1998. *Social perspectives in lesbian and gay studies*. London: Routledge. pp.491-505).

Vandepapelière, P. 2000. *Therapeutic vaccines for chronic hepatitis B infection*. (In Stranberry, L.R. & Bernstein, D.I. (eds.). 2000. *Sexually transmitted diseases: vaccines, prevention and control*. San Diego: Academic Press. pp.309-338).

Van Naerssen, A.X. (ed.). 1987. *Gay life in Dutch society*. New York, N.Y.: Harrington Park Press.

Venter, Z. 2002. *A vicious cycle of sex, drugs and crime*. *Pretoria News*, 15 March 2002. Page 6, column 1.

Visser, A.D.N. 1985. *Prostitusie as maatskaplike-patologiese verskynsel in Kaapstad met die klem op hantering daarvan deur die maatskaplike werker en belanghebbende instansies*. Stellenbosch: Universiteit van Stellenbosch. (Ongepubliseerde M. Tesis).

Voukaris, C. 1983. *Homosexuals in substance abuse treatment*. (In Bennett, G., Voukaris, C. & Woolf, D.S. (eds.). 1983. *Substance abuse: pharmacologic, developmental, and clinical perspectives*. New York, N.Y.: John Wiley & Sons. pp.400-419).

Waldijk, K. 1987. *Constitutional protection against discrimination of homosexuals*. (In Van Naerssen, A.X. (ed.). 1987. *Gay life in Dutch society*. New York, N.Y.: Harrington Park Press. pp.55-68).

Wade, A. (ed.). 1977. *Martindale: the extra pharmacopoeia*. London: The Pharmaceutical Press.

Waldorf, D. & Murphy, S. 1990. *Intravenous drug use and syringe-sharing practices of call men and hustlers*. (In Plant, M. (ed.). 1990. *AIDS, drugs, and prostitution*. London: Routledge). pp.109-131.

Ward, D.A., Carter, T.J. & Perrin, R.D. 1994. *Social deviance: being, behaving, and branding*. Needham Heights, MA.: Allyn & Bacon.

Wasserheit, J.N., Aral, S.O. & Holmes, K.K. (eds.). 1991. *Research issues in human behavior and sexually transmitted diseases in the AIDS era*. Washington, D.C.: American Society for Microbiology.

Watkins, B. & Bentovim A. 1992. *Male children and adolescents as victims: a review of current knowledge*. (In Mezey, G.C. & King, M.B. (eds.). 1992. *Male victims of sexual assault*. Oxford: Oxford University Press. pp.27-66.).

Weinberg, M.S. & Williams, C.J. 1979. *Gay baths and the social organization of impersonal sex*. (In Levine, M.P. (ed.). 1979. *Gay men: the sociology of male homosexuality*. New York, N.Y.: Harper & Row. pp.164-181).

Weisberg, D. 1985. *Children of the night: a study of adolescent prostitution*. Lexington, MA.: Lexington Books.

West, D.J. 1992. *Homophobia: covert and overt*. (In Mezey, G.C. & King, M.B. (eds.). 1992. *Male victims of sexual assault*. Oxford: Oxford University Press. pp.13-26).

Winick, C. 1992a. *Epidemiology of alcohol and drug abuse*. (In Lowinson, J.H., Ruiz, P., Millman, R.B. & Langrod, J.G. (eds.). 1992. *Substance abuse: a comprehensive textbook*. 2<sup>nd</sup> ed. Baltimore, MD: Williams & Wilkins. pp.15-29).

Winick, C. 1992b. *Substances of use and abuse and sexual behaviour*. (In Lowinson, J.H., Ruiz, P., Millman, R.B. & Langrod, J.G. (eds.). 1992. *Substance abuse: a comprehensive textbook*. 2<sup>nd</sup> ed. Baltimore, MD: Williams & Wilkins. pp.722-732).

Woods, N.F. & Catanzaro, M. 1988. *Nursing research: theory and practice*. St Louis: Mosby.

World Medical Association. 1996. *World Medical Association Declaration of Helsinki: recommendations guiding physicians in biomedical research involving human subjects*. Adopted by the 18<sup>th</sup> World Medical Assembly, Helsinki, Finland, June 1964. Amended by the 29<sup>th</sup> World Medical Assembly, Tokyo, Japan, October 1975; 35<sup>th</sup> World Medical Assembly, Venice, Italy, October 1983; 41<sup>st</sup> World Medical Assembly, Hong Kong, September 1989 and the 48<sup>th</sup> General Assembly, Somerset West, Republic of South Africa, October 1996. *Journal of the American Medical Association*, 277:925-926.

Young, I. 1995. *The Stonewall experiment: a gay psychohistory*. London: Cassell.

Zenilman, J.M. & Deal, C.D. 2000. *Gonorrhoea: epidemiology, control and prevention*. (In Stranberry, L.R. & Bernstein, D.I. (eds.). 2000. *Sexually transmitted diseases: vaccines, prevention and control*. San Diego: Academic Press. pp.369-385).

Zuckerman, J.N. & Zuckerman, A.J. 2000. Hepatitis B virus infection. (In Stranberry, L.R. & Bernstein, D.I. (eds.). 2000. *Sexually transmitted diseases: vaccines, prevention and control*. San Diego: Academic Press. pp.295-308).

Zuilhof, W. 1999. *Sex for money between men and boys in the Netherlands: implications for HIV prevention*. (In Aggleton, P. (ed.). 1999. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*. London: UCL Press. pp.23-39).



## ANNEXURE 1

Examples of advertisements where sexual activities are advertised by individuals

**M2M**  
Action and Massage  
**R80**  
Tel Andy 083 508 6024

**M 2 M**  
A Surfer. Blond Hair. Blue Eyes.  
9 inch Donovan (19 years)  
Tel 083-689-2444

**MODEL BODYBUILDER**  
**M 2 M**  
Rick 082-415-1893  
24 HOURS

**M2M**  
An attractive, slim, defined,  
Pretty Boy 4U2 play with  
**Tel Tim 073-162-5459**  
**(Travel only)**

**NIKKI : M 2 M**  
**YOUNG SWEDISH MASSEUR**  
24 Hrs + Travel. Private.  
Tel 344-5403 (Both ways)

**M 2 M**  
A College Lad!  
Handsome Cameron (20)  
Hot & Hung! Private.  
**24 Hrs. Tel 082-257-5125**

**JONK  
EN  
WELBEDEELD**  
Tel: 082-484-6901

**JONATHAN:** Hot, hunky,  
new Italian Stallion hunk.  
Phone 084-351-9598

**KELVIN:** wet, wild, and  
ready to play with.  
Phone 082-480-9637

### NOTES:

1.

The above advertisements are typical examples of advertisements which appeared in the Personal Columns of South African Newspapers under the Classified Section.

2.

**None** of the individuals whose advertisements are displayed on this page were involved as informants in this research study

**ANNEXURE 1 (continued)**

Examples of advertisements where sexual activities are advertised by individuals

**PATRICK**



21 YRS. SEXY OPEN MINDD POLISH BOY IN OUT SERVICE. 07187 763 637.



COME & RIDE 6 VWL & THICK IN/OUT/HOTELS. 24HRS ALL FANTASIES/SCENES CONSIDERED 07951 117 125



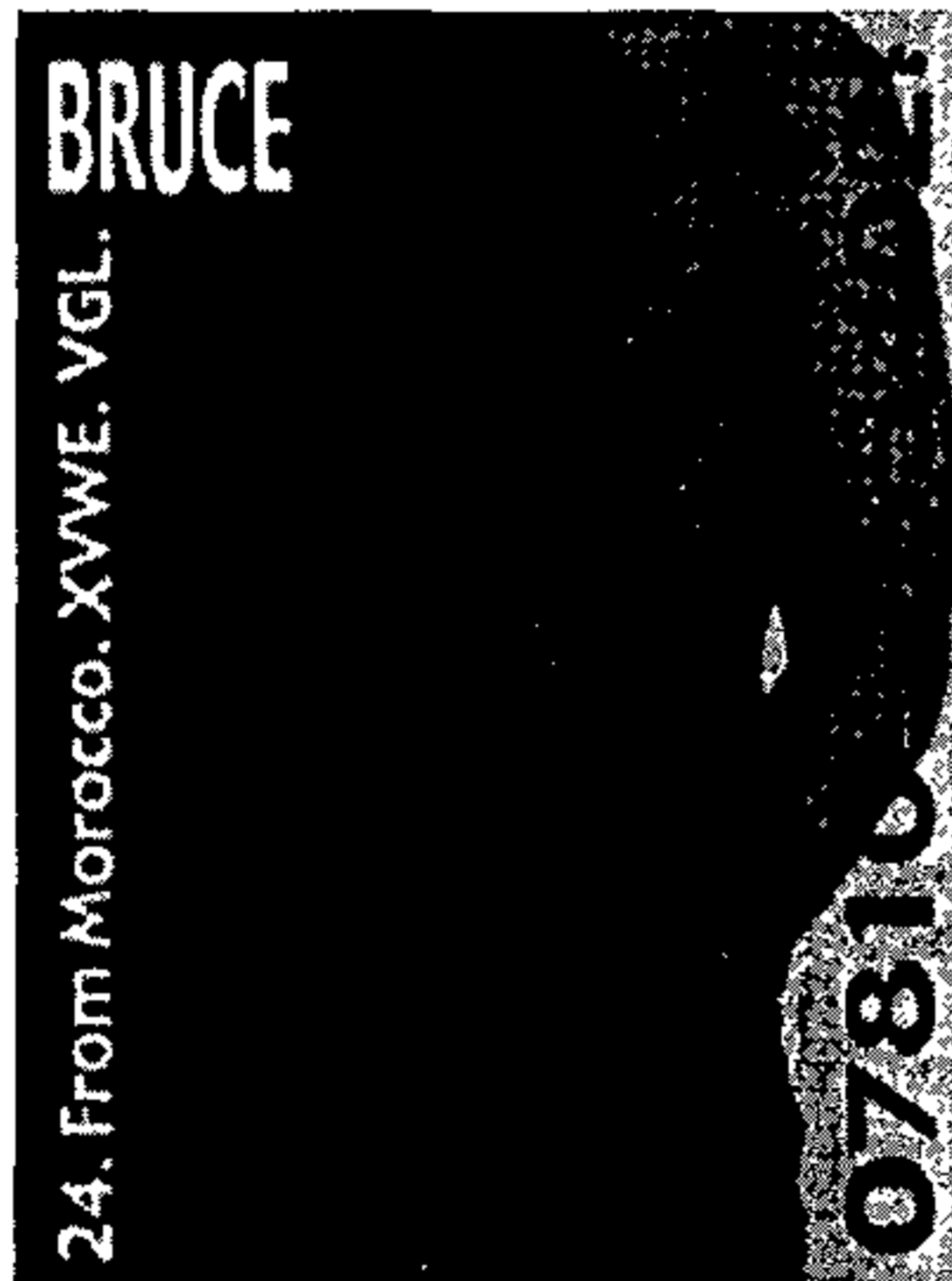
SO TIM... V... H... 24 HOURS OUT 0207 735 6428

**RAJ.**



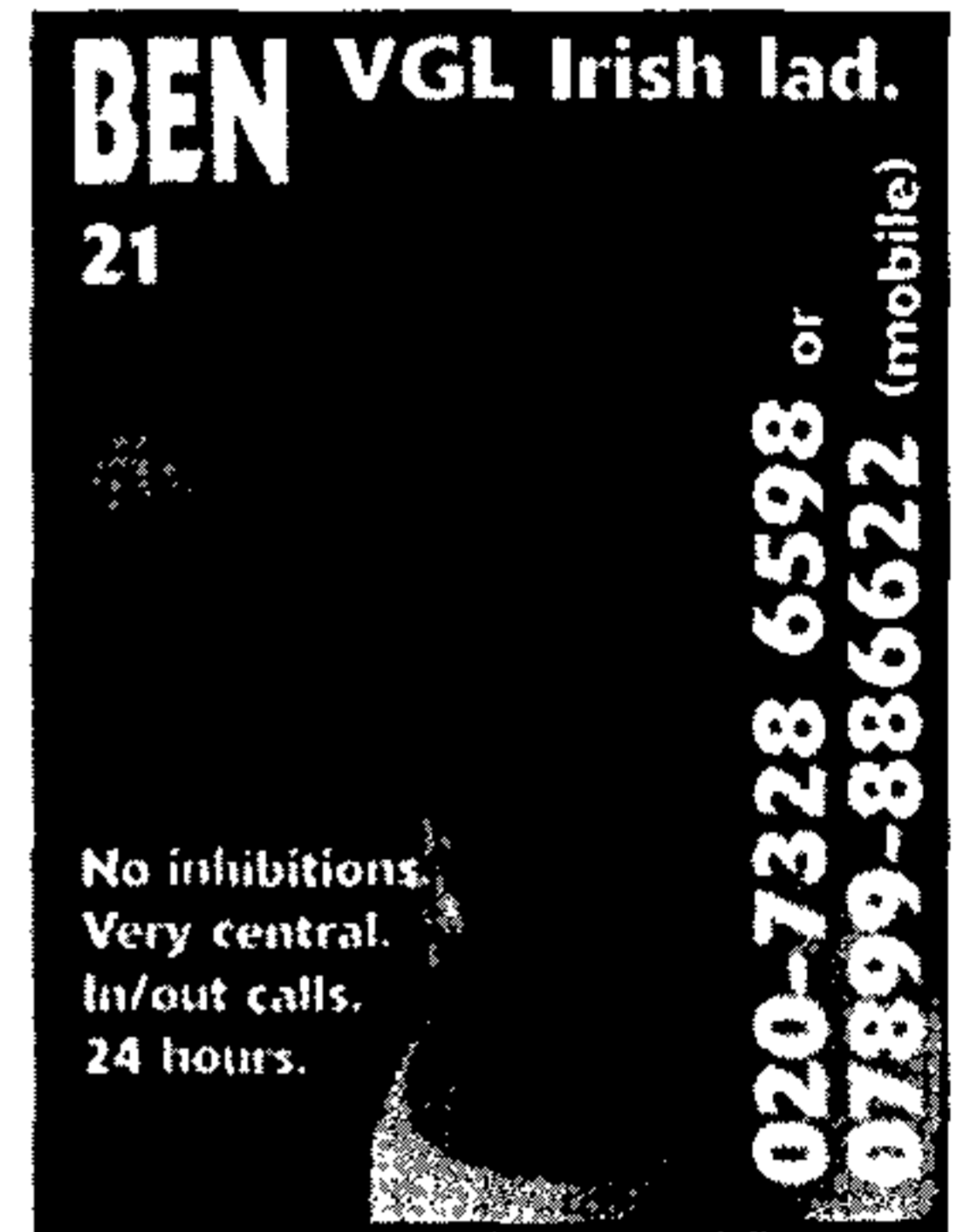
07860 602 531  
www.raj.com  
refer@raj.com il.com

**BRUCE**



24. From Morocco. XVWE. VGL. 07816

**BEN** VGL Irish lad.  
21



No inhibitions. Very central. In/out calls. 24 hours. 020-7328 6598 or 07899-886622 (mobile)



*Heavenly Boys*  
Tel: (012) 347 0808  
or 082 263 1449  
M2m duos, travel 24 Hrs  
Exclusive Upmarket Venue

**NOTES:**

1. The above advertisements are typical examples of advertisements which appeared in magazines in South Africa and elsewhere.

**man-man**



Ken 082 490 9426

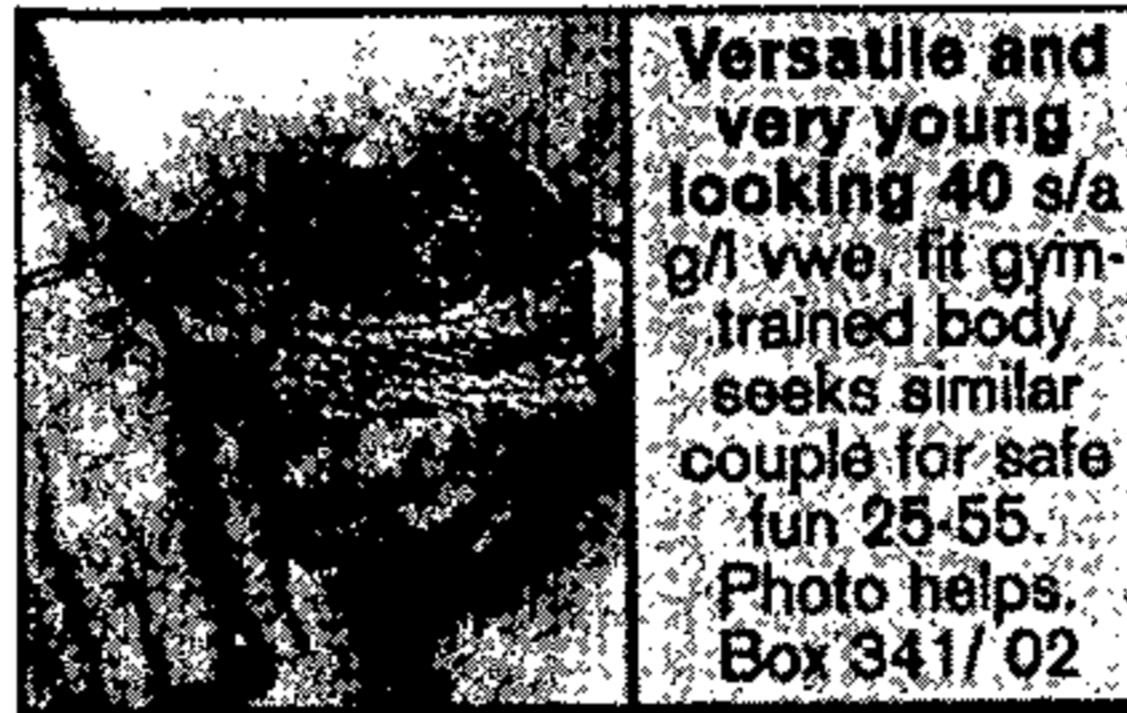
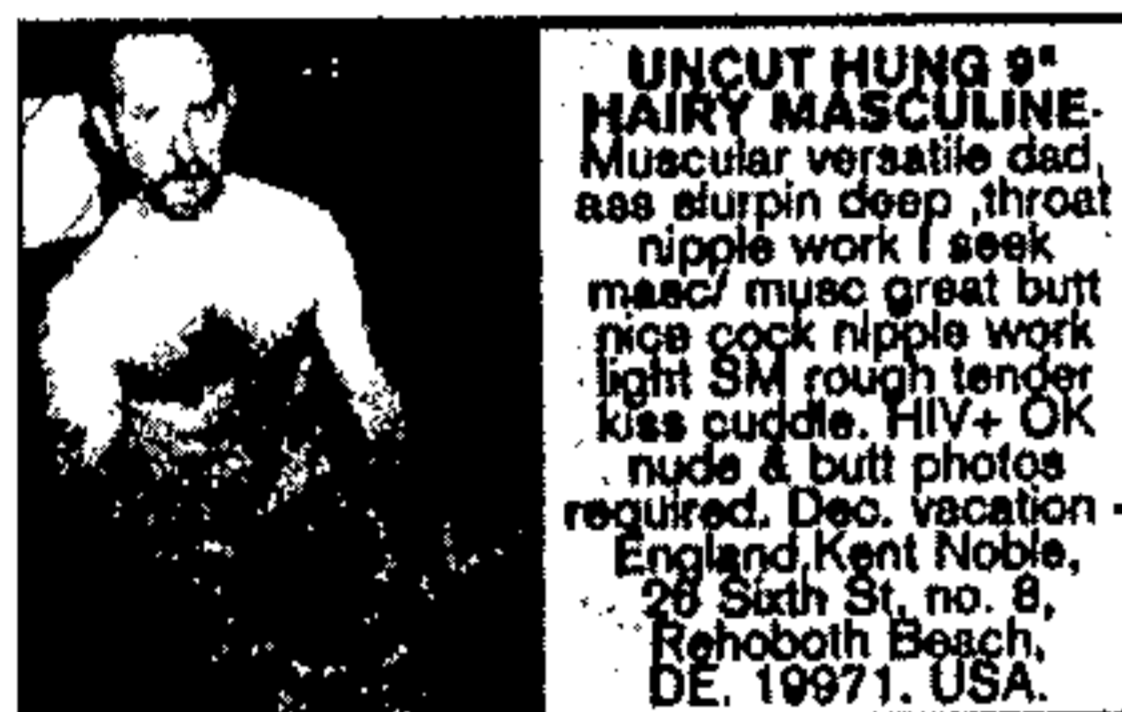
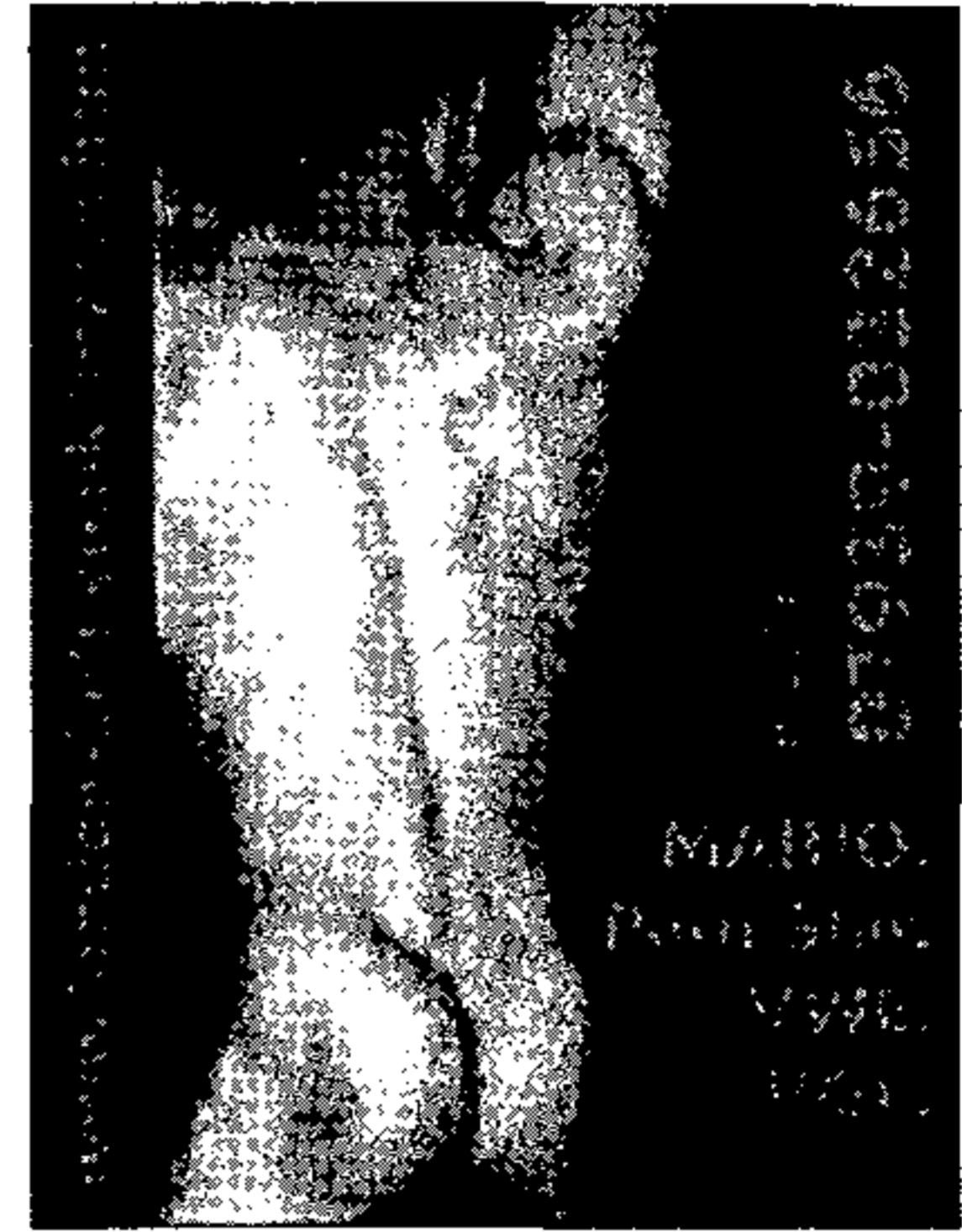
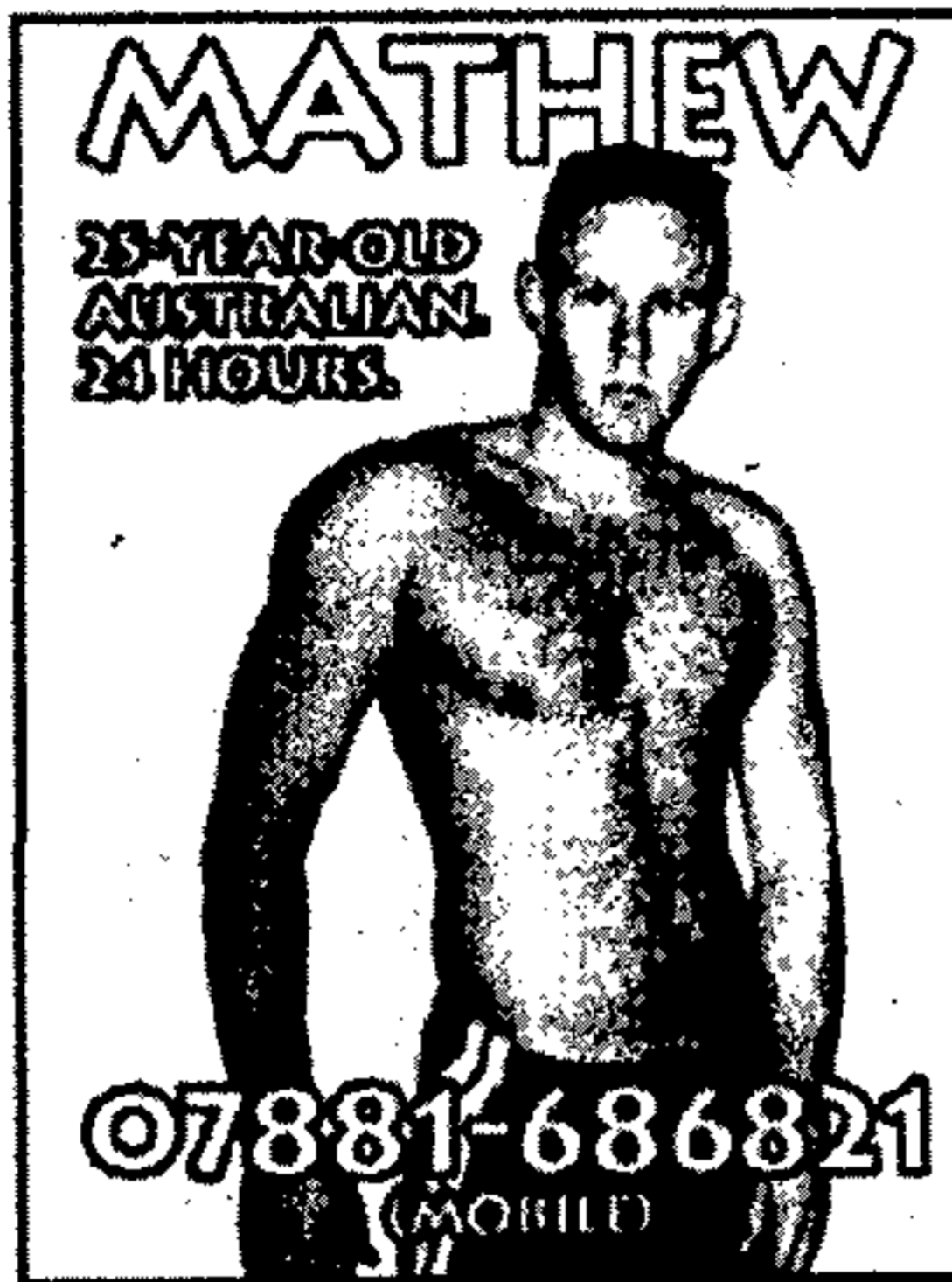
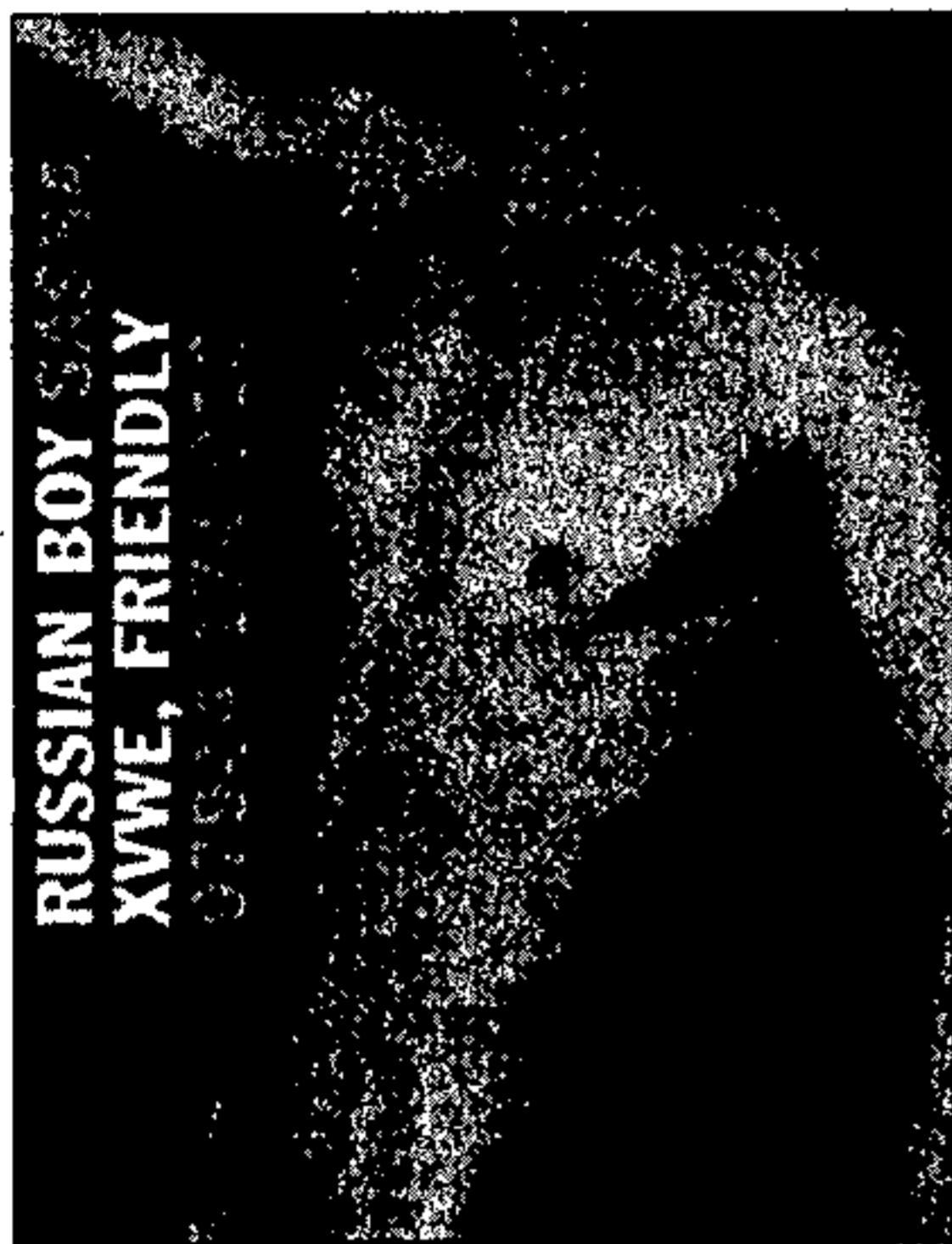
2. *None* of the individuals whose advertisements are displayed on this page were involved as informants in this research study.

3. The explicit nudity in some of the photographs which appear above have been censored by the researcher.



## ANNEXURE 2

Examples of advertisements where sexual activities are advertised which contain cryptic slang



### NOTES:

1.

The above advertisements are typical examples of advertisements which appeared in magazines in South Africa and elsewhere which contains cryptic slang.

2.

**None** of the individuals whose advertisements are displayed on this page were involved as informants in this research study.

3.

The explicit nudity in some of the photographs which appear above have been censored by the researcher.



### ANNEXURE 3

Examples of advertisements of pornographic cinemas in South Africa and elsewhere where gay pornographic films are displayed

You will see why everyone is rushing to Paradise!

BRANCH	CONTACTS	ADDRESS

**ODS**

Watch the large screen cinemas, or cruise the maze.  
Find your way into the many different theme rooms all playing its own movie, from the jail house to the construction site, to the showers.

ALL MALE MOVIE & SHOP & VIDEO THEK

# HEAVEN

Gorazdova 11  
U-Station: Karlovo nám.  
CZ - 120 00 PRAHA 2

Phone: +420 2 249 212 82

Mo. - Fr. 11<sup>00</sup> - 24<sup>00</sup>  
Sa. - Su. 14<sup>00</sup> - 24<sup>00</sup>

# HOMO-KINO-HAMBURG

JAIL

**TALSTRASSE 8**

OPEN 7 DAYS

LOCKERS AVAILABLE!

DARK WETROOM

HOMO-KINO-HAMBURG, TALSTRASSE 8  
20359 HAMBURG, FON: +49 40 312495  
E-MAIL: TALSTRASSE-8@T-Online.de  
INTERNET: www.talstrasse-8.de

## Video World

Elisabethenstr. 40 • 64283 Darmstadt  
Tel. 0 61 51 / 2 51 33  
Öffnungszeiten: Montag - Samstag 9.00-01.00 Uhr  
Sonntags 13.00-01.00 Uhr

Videokabinen mit 128 Programmen  
davon über 40 neueste Gay-Filme  
wie z.B. Bel Ami, Falcon, Kristen Bjorn...

Erotik-Komplettprogramm mit Gay-Abteilung  
CD-Video-Verleih, 5 Non-stop-Kinos, 1 Großbildwand,  
Magazine, Hilfsmittel, Videos, Versand & Verkauf

**Gay Kontakt-Kino + Kabinen!!!**  
Ihr führender Treff in Süd-Hessen

Elisabethenstr. 40 • 64283 Darmstadt  
Tel. 0 61 51 / 2 51 33 • Fax 2 51 38

## BEAT BOOKSHOP AND VIDEO LOUNGE / CRUISE AREA

COME VISIT THE NEW LOOK STORE...

MORE VIDEOS...  
MORE BOOKS...  
MORE TOYS...  
MORE MASS...  
MORE ACTION...

OPEN 7 DAYS

157 COMMERCIAL ROAD #03 98278748  
SOUTH YARRA VIC. 3141 AUSTRALIA

## LOVELAND

XXX-STORE, MOVIE-RENT, MMR-CHEM

Geräuschlosregasse 41, Parkside und K&M

man for man  
WIENER GAYSHOP

Tel.: 585 20 64

Tel.: 585 20 64

## Beate Uhse

...more than a feeling...

### Gay-Kino Video-Kabinen

Täglich von 9h-24h

Internationale Spitzenfilme  
Ständiger Programm-Wechsel

Gordijn - Joachimstaler Str. 4/Victor-Königstr.

#### NOTES:

1. The advertisements appearing on this page are typical of pornographic cinemas in South Africa and elsewhere.
2. These advertisements clearly indicate that other activities apart from watching pornographic films, also take place on the premises.

★ BÜCHER UND MAGAZINE  
★ VIDEOS (VERKAUF - VERLEIH)  
★ TOYS  
geöffnet: Mo.-Sa. 11-23 Uhr  
**man for man**  
1050 Wien, Hamburgerstr. 8  
-50m von U4-Station-Kettenbrückengasse-







**ANNEXURE 5**

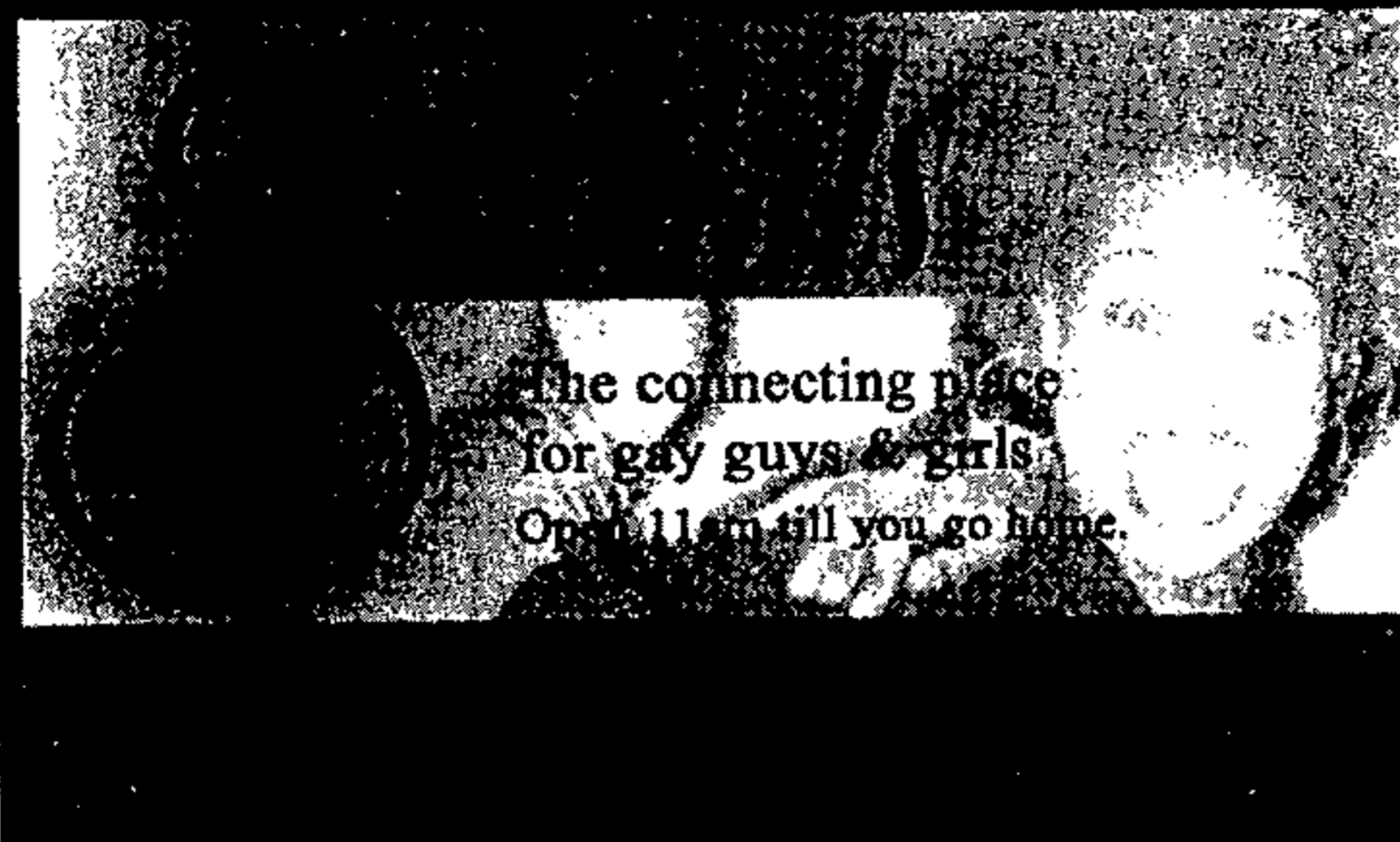
Examples of advertisements for gay clubs and gay bars published in the South African media

**JEB's**  
leather &ucci bar

side parking  
off cameron & bertram rd  
bertams - 072 192 9766



The connecting place  
for gay guys & girls  
Open 11am till you go home.




**A real bar  
for real people.**

Stripper 2nd and 4th Friday  
of each month, 22:30 - no cover charge.

Pool competitions on every  
Tuesday at 20:30. Prizes  
to be won.

Surprise shows on Thursdays.



**SHAFT**

**The Embassy**  
at our new venue. 2000  
place

Wednesday  
Male stripper @22:30

Paul 22h00 till late  
Riaan 23h00-01h00  
Henrich 01h00-03h00  
Antoni 03h00-late

Paul 22h00-01h00  
Zak 01h00-03h00  
Paul 03h00-late

Riaan 23h00-01h00  
Henrich 01h00-03h00  
Antoni 03h00-late

**The Palace**  
Voted best gay venue by Leisure Options!

Wednesday Nights  
Male stripper @22:30

Thursday Nights  
Cabaret with Stardust Showgroup.

Friday Nights  
Main Floor: Gerhard 22h00-01h00  
Surge 01h00-03h00  
Werner 02h00-late  
X-lab: Zak 23h00-01h00  
Richard 01h00-03h00  
Shaun 03h00-late  
Riaan 05h00-late

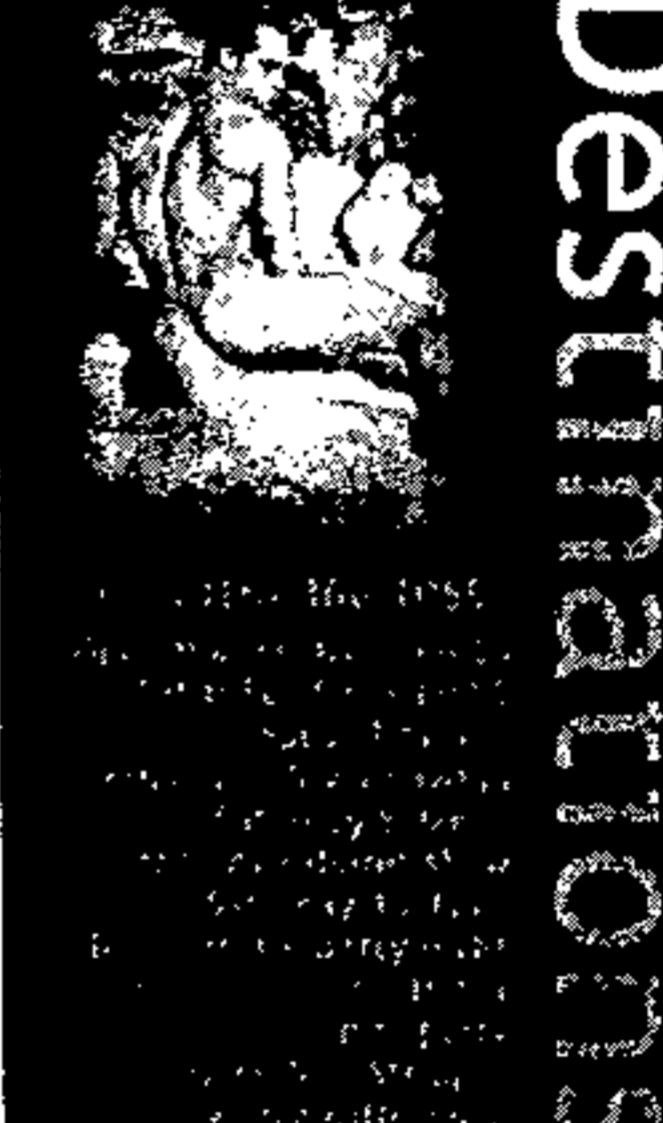
Saturday Nights  
Mainfloor Gerhard 22h00-01h00  
X-lab Patric T 23h00-01h00  
Dr Louder 01h00-03h00  
Dizzy 03h00-05h00  
Riaan 05h00-late

**Stardust**

Stardust Showgroup with their very popular  
show.

**Wishing all our clients a Starstudded 2001**

**Destinations**



**The Gay Heartland**  
live to your heart, party in ours

catering to the controversial in you



the cock's eye

93 Gerard Moerdyk Street  
Sunnyside Pretoria  
(012) 634 4873  
e-mail - cocks@web.co.za

Cum play pool, cum play with the only Juke Box  
in a Gay venue in S.A.

Cum relax, cum have fun, better still just cum

Tuesday nights are "happy hour" from 7pm to 9pm  
on all local beers

Live entertainment the 1st Thursday of every month





## ANNEXURE 6

Examples of selected advertisements in the Gay Media\* which provides directions of how to find public toilets where strange men can be met for anonymous sex

### **Austria: Vienna**

Cruising\* in the toilets situated in the Nepomukberger Platz, City Centre.

### **China: Beijing**

Cruising\*

1. In the public toilets at the intersection of Sidan
2. In the roadside public toilets in front of the Peking Exhibition Centre

### **Croatia: Zagreb**

Cruising\*. Meeting point is at the public toilets at Branimir's Market Place (Branimirova trznica)

### **Czech Republic: Prague**

Cruising\*

1. In the public toilets, bushes and paved walkways near the public toilets Petrin Hill & Petrin Park.
2. In the public toilets at the University of Economy
3. In the public toilets at Namesti Republiky

### **Ireland: Dublin**

Cruising\*

1. In the public toilets at the Balbriggan Railway Station
2. In the public toilets at Conolly Train Station (very cruisy\*)
3. In the public toilets in Killiney Hill Park

### **Japan: Tokyo**

Cruising\*

1. In the public toilets at Hibiya and Higashi Park
2. In the public toilets at Hakata Station
3. In the public toilets at Tabata Railway Station
4. In the public toilets at Ueno Station

### **Norway: Oslo**

Cruising\* inside and outdoors of the public toilets at Sognsvann: take the subway, 2nd car park from station, day and night

### **South Africa: CapeTown**

Cruising\*

1. Any of the public toilets at the Waterfront Centre
2. In the public toilets on Blouberg Beach near Saddles. After dark from 12:00-02:00
3. In the public toilets at Tygervalley in the Mississippi detour area
4. In the public toilets of the Kenilworth Centre (upper level)
5. In the public toilets, Rocklands Beach, Sea Point

### **South Africa: Durban**

Cruising\*

1. In the public toilets of the Beach View Mall (opposite Killarney Hotel)
2. In the public toilets of The Workshop Shopping Centre (near City Hall)

### **Spain: Canary Islands, Las Palmas**

Cruising\* in the public toilets at San Telmo

### **United Kingdom: London**

Cruising\*

1. In the public toilets at Notting Hill Gate, Tottenham Ct Rd. Very busy, especially at lunch-time and the afternoon rush-hour (17:00)
2. In the public toilets at Charing Cross British Station (in the evenings)

\* Gmünder, B. 2002. Spartacus: International Gay Guide. 30th Ed. Berlin: Bruno Gmünder Verlag GMBH.

## ANNEXURE 7

Examples of selected advertisements in the Gay Media\* indicating certain public parks as places where strange men can be met for anonymous sex

### **Australia: Sydney**

1. Centennial Park, Beecroft Rd & Pennant Hill Rd
2. Belmore Park, Issabella Street, Parramatta
3. Chiswick Gardens, Ocean Street, Woolahra
4. Grant's Park, south side of Coogee Beach from Surf Club to Sunstrip Pool, 11:00-02:00
5. Green Park, Darlinghurst

### **Austria: Vienna**

1. Rathauspark, after sunset till dawn, very popular
2. Schweizer Garten, next to Südbahnhof
3. Waldmüllerpark, Landgutgasse/Neilreichgasse

### **Belgium: Antwerpen**

1. Stadspark
2. The wooded park area between Berchem station and Grote Steenweg

### **Belgium: Brussel**

1. The park near Palais de Justice, near lion statues

### **China: Beijing**

1. Tiantan Park, after dark
2. Dingtang Park, after dark

### **Denmark: Copenhagen**

1. Amor Parken, Tagemsvej-Blegdamsvej
2. Orstedsparken, centrally located between Norre Voldgade and Norre Farimagsgade. Action during the day but mostly at night

### **Germany: Berlin**

1. Grunewald at Pappelplatz, Auerbachtunnel
2. Volkspark Wilmersdorf
3. Preussenpark
4. Park U-Turmstasse
5. Viktoriapark

### **Ireland: Dublin**

1. Palmerston Park, best 00:30-06:00
2. Phoenix Park. very busy at night. This park is huge and the most popular cruising\* areas vary, ask locals for exact location of action.
3. Killiney Hill Park

### **Italy: Milan**

1. Piza Leonardo Da Vinci, in the garden on the square at night
2. Parco Nord, near Viale Fulvio Testi at night
3. Idroscalo Park, east side, Lato Est. Sergrate, night and day in summer

### **Netherlands: Amsterdam**

1. Vliegenbos, Meeuwenlaan, Amsterdam Noord
2. Vondelpark, very popular at night
3. Oosterpark
4. Safaripark, busy at night
5. Nieuwe Meer. Take tram 2 and stop before the last stop, then walk direction north, popular in summer, daytime
6. Bilderdijkpark, busy at night

### **South Africa: Gauteng**

1. Rhodes Park, Kensington, Johannesburg below swimming bath
2. The Rose Garden, Emmerentia Lake, Johannesburg
3. Dickenson Park, Vereeniging, on the banks of the Vaal River
4. Phoenix Park in Danie Theron Street, Vanderbijlpark
5. Burgerspark, Pretoria.

### **United Kingdom: London**

1. Russel Square, anytime of night

### **United States of America, San Francisco**

1. Lafayette Park, nights, around the tennis courts
2. Buena Vista Park

\* Gmünder, B. 2002. Spartacus: International Gay Guide. 30th Ed. Berlin: Bruno Gmünder Verlag GMBH.

## ANNEXURE 8

Examples of advertisements placed by M2M\* masseur services in Pretoria and some other cities and towns



**THE BARRACKS**  
Massage and Escort

House or Take out  
Diverse guys  
to cater to all your  
needs  
Field & Waterkant  
Street Greenpoint  
(office in Waterkant)

barracks@excite.com  
thebarracks.co.za  
(021) 425 4700

**M 2 M**  
NOW EVEN MORE  
**STUDS**  
For Your Most Erotic Massage  
Tel (012) 347-0808

**M 2 M EROTIC  
MASSAGE, SLAP &  
TICKLE**  
Experienced Masseurs  
Single/Duo. Live Shows.  
PTA 082-409-2995

**BEST  
M 2 M MASSAGE**  
**JD IS BACK!**  
Tel: 082-391-2303

**M 2 M  
ACTION MASSAGE**  
**R80**  
**AJ**  
Tel: 083-508-6024

**SIMPLY THE  
BEST!**  
Once you have had it with me,  
you will always come back  
**JJ**  
082-907-9842

### NOTES:

1. The above advertisements are typical examples of advertisements by M2M masseurs which appeared in the Personal Columns of South African Newspapers under the Classified Section
2. **None** of the individuals whose advertisements are displayed on this page were involved as informants for this research study



## ANNESURE 9

Examples of advertisements of male brothels in South Africa which appeared in the local press

### Earn big bucks

Are you young  
**good looking** and  
**broad minded?**

**JOIN** the only  
internationally rated  
Male 2 Male agency in  
Johannesburg

**FREE** accommodation  
for successful  
applicants.

**NO** previous  
experience required,  
inhouse training given.

**HUGE** earning  
potential

Contact us at  
**(011) 794-2572**



## BODY TALK

Men beyond expectation.

Now recruiting.

- Hunky masseurs
- Wild boys
- Body builders
- Strippers
- Companions

For national &  
international clients.

Requirements

- Must be over age 18
- Must possess valid  
ID/passport

Contact Zeeva  
083 686 9563

**Explicit**  
Real boys  
(011) 783 6434  
(011) 783 7137  
(011) 883 9366  
083 686 9563

SA's finest man 2 man selection  
of hunks, studs & strippers.  
Free drinks, safe parking,  
videos, poppers, dubs, in/out,  
overnight bookings.

**M 2 M**  
**5 COLLEGE STUDENTS**  
24 hrs non stop Man Action  
Private & Travel  
**(012) 347-0808**



**M2M CAVE MEN M2M**  
Presents a new hot defined and away from town upmarket  
venue to tame you with extreme sun, pleasure, enjoyment,  
and therapy of any kind.  
Private and discreet  
**10 Untamed Cave Men, 24 hours, 7 Days/Week**  
Travel. Safe and Secure Parking  
**082 480 7687**

### NOTES:

1. The above advertisement are typical examples of advertisements placed by male brothels to recruit new sex workers or to advertise their M2M\* services to other males
2. **None** of the individuals from any of the above male brothels participated as informants in this study



## ANNEXURE 10

A description of the disease problems that men who have sex with men may be exposed to

### AIDS

AIDS is the acronym for Acquired Immunodeficiency Syndrome (AIDS) and is caused by infection with the Human Immunodeficiency Virus (HIV). Infection with HIV and the development of AIDS is one of the major epidemics of the latter part of the 20th century and the beginning of the 21st century. In men who have sex with men the major risk factors of acquiring HIV/AIDS are receptive anal intercourse and the swallowing of semen of an infected person after fellatio.

There are multiple complications of HIV infection, including AIDS and AIDS-related dementia. The duration of the asymptomatic period of HIV is highly variable. The mean time for the development of AIDS is 7 to 9 years but may extend to 15 years or longer.

The diagnosis of AIDS is a clinical diagnosis whereas diagnosis of HIV infection depends on demonstration of the virus or antibodies against it in blood or other tissues.

A person is diagnosed as suffering from AIDS when there is laboratory evidence of HIV infection in combination of any one of the following opportunistic infections:

1. Candidiasis of the oesophagus, trachea, bronchi, or lungs.
2. Cryptococcosis (extra-pulmonary)
3. Cryptosporidiosis with diarrhoea persisting for > 1 month
4. Cytomegalovirus disease of an organ other than the liver, spleen, or lymphnodes in a patient > 1 month of age
5. Herpes simplex virus infection causing a mucocutaneous ulcer that persists for longer than 1 month; or bronchitis; pneumonitis, or oesophagitis for any duration affecting a person > 1 month of age
6. Kaposi's sarcoma affecting a person < 60 years of age
7. Lymphoma of the brain (primary) affecting a person < 60 years of age
8. Lymphoid interstitial pneumonia and/or pulmonary lymphoid hyperplasia affecting a child < 13 years of age
9. *Mycobacterium avium* complex or *M. kansasii* disease, disseminated at a site other than or in addition to the lungs, skin, or cervical or hilar lymph nodes
10. *Pneumocystis carinii* pneumonia
11. Progressive multifocal leuko-encephalopathy
12. Toxoplasmosis of the brain affecting a person > 1 month of age (Cunningham,

Mindel & Dwyer, 2000:3-5; Jones & Wasserheit, 1991:28-39; Hirsch, 1990:331-342; Holmberg & Curran, 1990:343-353; Marlink & Essex, 1990:371-377; Quin, 1990:355-369).

### Amoebiasis

Amoebiasis is an invasive enteric illness in humans. The clinical syndrome of Amoebiasis presents as amoebic dysentery. The causative organism is *Entamoeba histolytica*. These organisms infect



**Plate 1:** Photograph of a patient one month prior to him dying from AIDS. The photograph was released by the patient's brother to warn others of the dangers of AIDS.



10% of the world's population, although the vast majority are asymptomatic. Invasive Amoebiasis is the third leading parasitic cause of death worldwide. Amoebiasis, for purposes of this thesis, is a sexually transmitted condition and is spread by the faecal-oral route. High risk groups include homosexual men who participate in sexual practices where contact is made with faeces, e.g. anal intercourse, finger/fist insertion into someone's anus/rectum, and anilingus. Symptoms of amoebiasis are often absent in homosexual men. When present, symptoms may vary from mild diarrhoea to fulminant bloody dysentery. Extension of the infection to the liver, lung, or brain sometimes occur (Guerrant, Weikel, & Ravdin, 1990:493-505).

### Candidiasis

Candidiasis is an infection with a yeast like fungus of the genus *Candida*. Candidiasis is characterised by formation of pseudomembranes on mucous surfaces of the respiratory and intestinal tracts and the vagina, skin lesions that resemble eczema and sometimes granulomata. *Candida* are generally found in the gastrointestinal tract. In men who have sex with men *Candida* can be spread through anal intercourse. (Chaisson, Gerberding & Sande, 1990:691-701; Sobel, 1990:515-523; Stolz, Menke & Vuzevski, 1990:717-735)



**Plate 2:** Scrotal candidiasis  
(Holmes, Mardh, Sparling, Wiesner, Cates, Lemon, & Stamm, 1990: Plate 53)

### Condyloma acuminatum

A wart is an epidermal tumour cause by a pipillomavirus. *Condylomata acuminata*, 'pointed condylomas' are warts with a particular clinical appearance. Anogenital warts are caused by a human papillomavirus (HPV) and are often diagnosed in people who attend clinics for sexually transmitted infections. Most genital warts are seen in young adults. The age of onset in men has been reported as between 16 and 25 years.



**Genital HPV:** As a rule, genital HPV infections are transmitted by direct sexual contact.

The average incubation period is 2-3 months.

Genital warts in men are

pleomorphic. They are soft, fleshy, and vascular. They often appear first on the frenum, coronal sulcus, glans penis, and the lining of the prepuce, areas which are liable to trauma during intercourse, allowing entry of an infecting agent. They can also present on the shaft of the penis and the scrotum. Papular warts appear on relatively dry areas, particularly the shaft of the penis; they are usually multiple, and vary between 1 and 5 mm in diameter. Common warts occasionally appear on the shaft of the penis, usually in association with similar lesions on non-genital skin. The urethra is often affected by exophytic condylomas, either alone or in association with other lesions.

**Anal HPV:** Perianal warts are usually condylomata acuminata. They are multifocal, and may reach a substantial size. Internal condylomas affect over 50% of men with external warts; most of these are in the anal canal, but they can occur above the pectinate line.

**Oral HPV:** Oral infection can occur through oral-genital contact (Cunningham, Mindel & Dwyer, 2000:17-19; Oriel, 1990:433-441; Shah, 1990:425-431; Quinn & Stamm, 1990:674,675).

**Plate 3:** Extensive penile condylomata acuminata  
(Holmes, Mardh, Sparling, Wiesner, Cates, Lemon & Stamm, 1990: Plate 85)



### **Cytomegalovirus infection**

Cytomegaloviruses (CMV) are a group of viruses within the beta-herpesvirinae subfamily of the herpesviridae family. They are widely distributed and have been isolated from human, green monkey, squirrel monkey, chimpanzee, horse, mouse, guinea pig, and many other low mammalian species. Infection with this group of viruses typically results in a characteristic enlargement of cells with the appearance of distinctive intranuclear and cytoplasmic bodies which has led to the common name of cytomegalovirus. CMV infections are ubiquitous and usually asymptomatic. Viral transmission occurs by intimate person-to-person contact. Potential sources of virus include saliva, urine, semen, breast milk, blood, transplanted donor organs, and cervical and vaginal secretions. Sexual transmission is a significant mode of spread for CMV. Primary CMV infections in normal adults are usually asymptomatic but may be associated with a mononucleosis-like illness involving fever, lethargy, myalgias, headache, and mild hepatitis. CMV mononucleosis often resembles mononucleosis due to Epstein-Barr virus (EBV). Complications of CMV infection include rash, granulomatous hepatitis, Guillain-Barré syndrome, meningoencephalitis, myocarditis, pneumonitis, haemolytic anaemia, and thrombocytopenia (Cunningham, Mindel, & Dwyer, 2000:16,17; Spear, 1990:379-389; Smiley & Huang, 1990:415-423).

### **Enteric diseases**

Epidemiologic reports have implicated the sexual transmission of several enteric pathogens such as shigella, salmonella, *Campylobacter jejuni* and *Chlamydia trachomatis*. These conditions are transmitted by the oral-faecal route and oral-anal contact in homosexual men is responsible for the spread of enteric diseases amongst this group.

**Shigella infection:** Although several species of shigella are responsible for human disease, *Shigella sonnei* and *Shigella Flexneri* account for most of the infections. Since shigella is highly infectious, transmission of the organism can occur rapidly and is commonly seen in children and travellers, in mental or penal institutions, and in localised outbreaks traced to contaminated food or water. The sexual transmission of shigella occurs mostly in homosexual men. Clinically, shigellosis presents with an abrupt onset of diarrhoea, fever, nausea, and cramps. The diarrhoea is usually watery but may contain mucus or blood. Sigmoidoscopy usually reveals an inflamed mucosa with friability not limited to the distal rectum. Diagnosis is made by culturing the organisms from the stool on selective media.

**Salmonella infection:** There are several species of salmonella with more than 1700 different serotypes that cause a variety of clinical entities in humans. *Salmonella typhi* and *Salmonella enteritidis* have been reported with increasing frequency in homosexual men and AIDS patients.

**Cambylobacter jejuni infection:** *Cambylobacter* sp. can be transmitted by sexual activity and the organisms have been isolated in homosexual men. *Cambylobacter jejuni* produces an acute diarrhoea of several days duration with fever, chills, myalgias, and abdominal pain. Although the infection normally involves the small intestine, involvement of the colon and rectum has also been described in men who have sex with men (Quinn & Stamm, 1999:672,673).

### **Epididymitis**

For purposes of this thesis epididymitis is inflammation of the epididymis as a complication of a sexually transmitted infection. Inflammation of the epididymis causes pain and swelling which is almost always unilateral and usually relatively acute in onset. Causative organisms of epididymitis include *N. gonorrhoeae*, *C. trachomatis*, *T. pallidum*, *T. vaginalis*, and *N. meningitidis* (Berger, 1990:641-651).



## Escherichia coli infection

*Escherichia coli* are gram-negative bacteria and a natural inhabitant of the intestinal tract in man. They are usually non-pathogenic, but pathogenic strains can cause a variety of infections in man. In men who have sex with men the organisms are spread through unprotected anal intercourse and are known to have caused urinary tract infections, cystitis, and epididymitis. In men who practice anilingus these organisms are known to have caused enteritis and peritonitis (Berger, 1990:641-651).

## Fungal Infections

Fungal infections that are often transmitted sexually include tinea cruris, vesicular ringworm, chronic ringworm, and candidiasis (*moniliasis*, *oidomycosis*). These fungal infections are acquired through close body contact.

**Tinea cruris:** is a type of ringworm (dermatophytosis) infection of the inguinal area. It is popularly known as 'jock itch' and is often sexually acquired. It can be caused by *Epidermophyton floccosum*, *Trichophyton rubrum*, and *Trichophyton mentagrophytes*.

**Vesicular ringworm:** is also a type of ringworm infection. It is often accompanied by small blisters and is usually caused by *Trichophyton mentagrophytes*. The eruption tends to be moist, eczematous, and pruritic. Almost invariably there is also a vesicular eruption at the site of infection.

**Chronic ringworm:** The chronic form of ringworm is due to *Trichophyton rubrum*, which produces a dull red, rather sharply demarcated, dry, non-pruritic eruption.

**Candidiasis (Moniliasis, Oidomycosis):** This groin and anal eruption is caused by *Candida albicans*, a pathogenic yeast not related to the fungi that cause ringworm infections. The eruption is usually acute, pruritic, macerated, and rather sharply defined, and may be accompanied by involvement of the fingernails known as candidal paronychia. It is common among men who have sex with men (Stolz, Menke, & Vuzevski, 1990:717-735).



**Plate 4:** Tinea Cruris infection  
(Stolz, Menke & Vuzevski, 1990: Figure 60-1)

## Giardiasis

Giardiasis is an infection with the protozoan *Giardia lamblia*. There are often no definite symptoms, but occasionally gives rise to diarrhoea and dysentery. The incubation period is between 5-20 days. Symptoms include diarrhoea, abdominal cramps, nausea, vomiting, low grade fever and chills. The primary routes of infection among sexually active homosexual men are faecal-oral and rectal-genital spread (Guerrant, Weikel & Ravdin, 1990:493-498).

## Gonorrhoea

Gonorrhoea is a sexually transmitted infection caused by the *Neisseria Gonorrhoeae* organism. Clinical gonorrhoea is manifested by a broad spectrum of clinical presentations including asymptomatic and symptomatic local infections, local complicated infections, and systemic dissemination. The following gonococcal infections can be diagnosed in men who have sex with men: urethral infection, rectal infection, pharyngeal infection, and ocular infection.

**Urethral infection:** Acute anterior urethritis is the most common manifestation of gonococcal



infection in men. The incubation period ranges from 1-14 days or even longer, however, the majority of men develop symptoms within 2-5 days. The predominant symptoms are dysuria or urethral discharge. Complications include epididymitis, acute or chronic prostatitis, seminal vesiculitis, lymphangitis, urethral stricture, and infections of Cowper's and Tyson's glands.

**Rectal infection:** Infection of the rectal mucosa is frequently found in men who have sex with men.

Rectal gonorrhoea is due to direct inoculation through receptive anal intercourse. The symptoms range from minimal anal pruritus, painless mucopurulent discharge, and scant rectal bleeding to symptoms of overt proctitis, including severe rectal pain, tenesmus, and constipation.

**Pharyngeal infection:** Infection is transmitted to the pharynx by orogenital sexual contact and is more efficiently acquired by fellatio than by cunnilingus. The infection can again be transmitted to another man by means of active fellatio.

**Ocular infection:** Infection can be transmitted by means of getting urine in the eye or eyes during *golden showers*\* (Cooper, 2000:177,18; Hook & Handsfiel, 1990:149-165; Lyons, 1999:97-117; Sparling, 1990:131-147; Zenilman & Deal, 2000:369-385).



**Plate 5:** Gonococcal gonorrhoea (Holmes, Mardh, Sparling, Wiesner, Cates, Lemon & Stamm, 1990: Plate 1)



**Plate 6:** Acute gonococcal conjunctivitis in an adult (Holmes, Mardh, Sparling, Wiesner, Cates, Lemon & Stamm, 1990: Plate 9)

### Granuloma inguinale

Granuloma inguinale is also known as Donovanosis. It is a chronic, progressively destructive bacterial infection of the genital region, generally regarded to be sexually transmitted. The infectious agent is *Calymmatobacterium granulomatis*. Anal intercourse is closely associated with rectal lesions in men who practice receptive anal intercourse and with penile lesions in men who practice penetrative anal intercourse. The incubation period is 8-80

days. The disease begins as single or multiple subcutaneous nodules which erode through the

skin to produce clean, granulomatous, sharply defined lesions which are usually painless. These lesions bleed readily on contact and slowly continue to enlarge. Secondary infection may contribute to necrotic debris on an ulcer or at its margin. Fibrosis occurs concurrently with extension of the primary lesion and phimosis or lymphoedema of distal tissues is common in the active phase of the

disease. Inguinal involvement may mimic



**Plate 7:** Granuloma inguinale (Holmes, Mardh, Sparling, Wiesner, Cates, Lemon & Stamm, 1990: Plate 36)



**Plate 8:** Perianal granuloma inguinale (Hart, 1990: Fig. 25-5)



the buboes of other genital infections. The genitalia are involved in 90% of cases with anal involvement in 5-10% of cases. In males the lesions most commonly occur on the prepuce or glans penis. Distant primary sites include the mouth, lips, throat and face and can follow on oro-genital contact (Callahan & Bond, 1999:167-193; Cunningham, Mindel & Dwyer, 2000:3-42; Hart, 1990:273-277).

### **Hepatitis**

Although hepatitis is an ancient disease, it has only emerged in recent years as a sexually transmitted disease. Hepatitis is today classified as hepatitis A virus (HAV), hepatitis B virus (HBV), hepatitis delta virus (HDV), and at least two agents of non-A, non-B hepatitis (NANB), so-called because of the absence of associated serologic markers of hepatitis A and B. Sexual activity profoundly influences the transmission of both HAV and HBV, even though both viruses are also commonly transmitted by other means. The role played by sexual transmission in the spread of HDV and the NANB viruses are known but require further investigation.

**Hepatitis A:** Spread of HAV between individuals is almost uniformly due to faecal-oral transmission. Virus transmission is facilitated by conditions which favour faecal-oral spread, including sexual practices involving oral-anal contact. Saliva may contain very small amounts of infectious HAV, but it is likely that virus in saliva represents a trivial source for transmission in comparison with the much greater titres of virus present in the faeces.

**Hepatitis B:** Spread of HBV is known to be by sexual contact and is common among prostitutes and individuals attending sexually transmitted infections clinics. The most striking serologic evidence relating HBV transmission to sexual practices has been found among homosexual men. Involvement in either receptive or insertive anal intercourse is an important factor influencing the risk of acquisition of HBV among active gay men.

**Delta virus hepatitis:** Delta virus hepatitis (HDV) only occurs in persons with active HBV infection. It, therefore, occurs as a 'co-infection' with acute hepatitis B in an individual who was previously susceptible to HBV, or as a 'superinfection' in an HBV carrier. It is not altogether clear whether HDV is sexually transmitted, but research so far seems to confirm that it is sexually transmitted among men who have sex with men.

**Non-A, non-B hepatitis:** Very little is known about non-A, non-B hepatitis (NANB). Research has indicated the presence of NANB virus particles in faeces which have been responsible for the outbreak of non-A, non-B hepatitis. Oral-anal contact is, therefore, a major source of infection (Cunningham, Mindel & Dwyer, 2000:23,24; Lemon & Newbold, 1990:449-466; Vandepapelière, 2000:309-338; Zuckerman & Zuckerman, 2000:295-308).

### **Herpes**

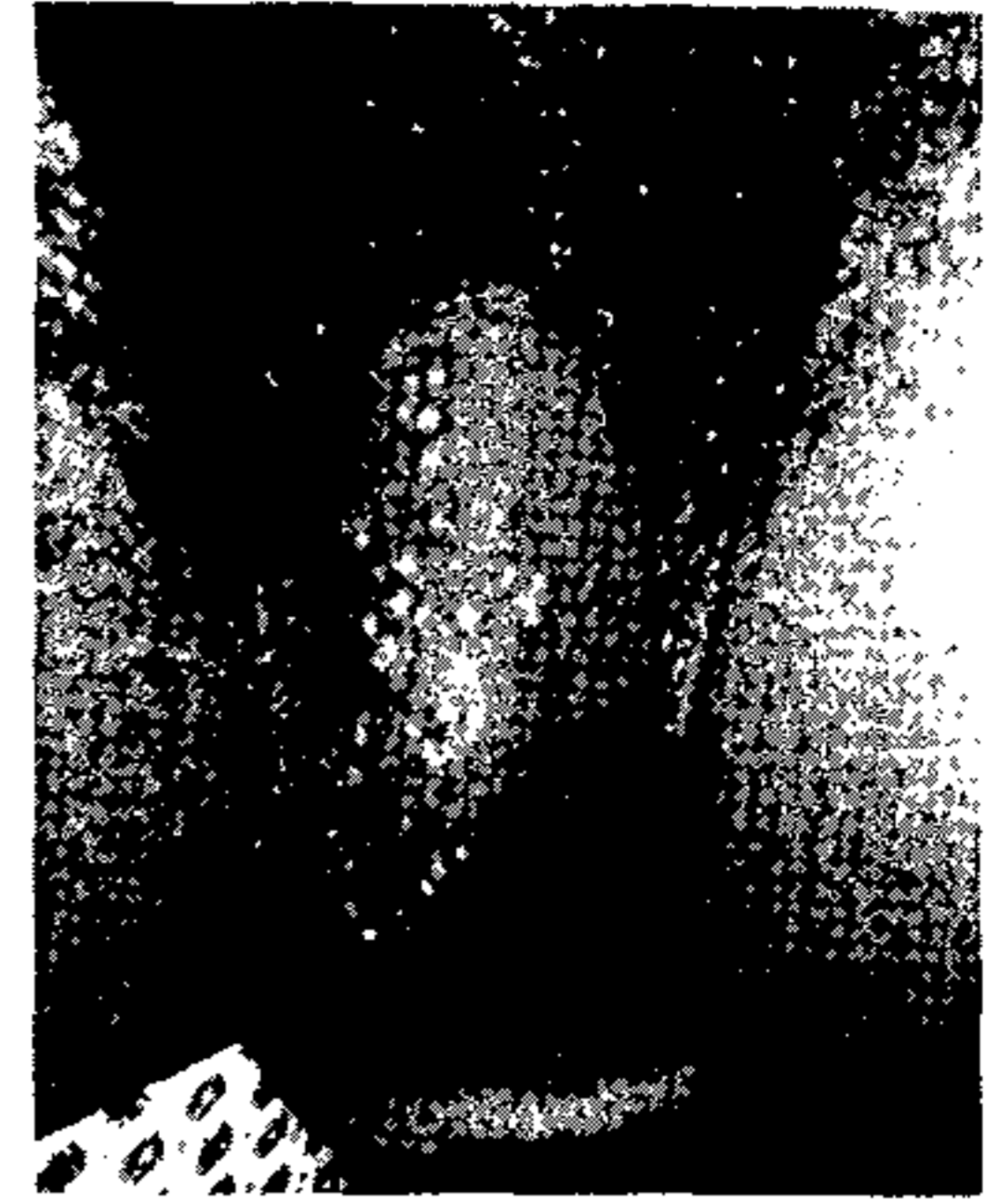
Herpes is a viral infection caused by the herpes simplex virus (HSV) and is recognised as a disease of public health importance. It is recognised as a sexually transmitted disease and transmission of HSV is most frequently through close contact with a person who is shedding virus at a peripheral site, mucosal surface, or secretion. Infection in men who have sex with men occurs via inoculation of virus onto susceptible mucosal surfaces, namely that of the oropharynx, penis and anal area or through small cracks in the skin. Complications include the spread of virus to extragenital sites and development of central nervous system involvement and fungal superinfection.



**Plate 9:** Recurrent herpes simplex virus infection, showing grouped vesicles of the glans penis (Holmes, Mardh, Sparling, Wiesner, Cates, Lemon & Stamm, 1990: Plate 27)



**Genital herpes:** The clinical manifestations of genital herpes vary greatly, depending in part on whether the patient is experiencing the first episode of infection or has recurrent disease. First episodes of genital herpes often are associated with systemic symptoms, involve multiple genital and extragenital sites, and have a prolonged duration of viral shedding and lesions. Genital herpes can either be HSV-1 or HSV-2 type infections. Primary genital HSV-2 infection is characterised by high frequency and prolonged duration of systemic and local symptoms of fever, headache, malaise, and myalgias. Systemic symptoms appear early in the course of the disease, usually reach a peak within the first 3-4 days after onset of lesions, and gradually re-



**Plaste 10:** Severe primary HSV infection  
(Holmes, Mardh, Sparling, Wiesner, Cates, Lemn & Stamm, 1990: Plate 25)

cede over the subsequent 3-4 days. Pain itching, dysuria, urethral discharge and tender inguinal adenopathy are the predominant local symptoms. Painful lesions occur in 95% of men.

**Pharyngeal infection:** HSV infection of the pharynx is commonly seen in association with primary genital herpes and may be the presenting complaint in about 20% of patients with either primary HSV-1 or HSV-2 infections. Pharyngeal infection of both HSV types are associated with oral-genital exposure to the source contact. Clinical signs of HSV pharyngitis may vary from mild erythema to a diffuse ulcerative pharyngitis. Most patients also have tender cervical nodes, and constitutional symptoms such as fever, malaise, myalgia, and headache.

**Ano-rectal infection:** HSV infection often occurs in homosexual men and patients present with symptoms of rectal discharge and pain. In men with non-gonococcal proctitis, HSV was the most frequent pathogen isolated. HSV proctitis presents with acute onset of rectal pain, discharge, tenesmus, constipation, and blood and/or mucoid rectal discharge. Fever, malaise, and myalgia are common and urinary retention, dysesthesia of the perineal region, and impotence may be reported. External perianal lesions are seen in about 50% of cases. Anoscopy and/or sigmoidoscopy generally reveals a diffuse, friable rectal mucosa (Cooper, 2000:70; Corey, 1990:391-413; Cunningham, Mindel & Dwyer, 2000:12-16; Stanberry, 2000:187-191).

## HIV

For purposes of this thesis HIV is the acronym for an infection with the Human Immunodeficiency Virus (HIV). The virus was first isolated in 1983 and was confirmed by electron microscopy and sequence analysis to be a retrovirus. The lentivirus genus of the viral family Retroviridae includes HIV-1 and HIV-2. Lentiviruses are characterised by long incubation periods prior to the onset of disease, clinically progressive disease leading to cachexia and death, a diversity of organ systems affected, and the failure of the infected host to recover from infection. Based on genomic structure and sequence homology, the lentiviruses that infect primates are classified into five groups at approximately equal phylogenetic distances from each other:

1. HIV-1 of humans
2. HIV-2 of humans
3. SIVAGM of the African green monkey
4. SIVMMD of the mandrills
5. SIVSYK of Syke's monkeys.

HIV is transmitted in three major ways: through sexual intercourse, in blood, and from mother to



child. It is mainly a sexually transmitted disease, with sexual transmission accounting for over 75% of all HIV infections worldwide. Initially, in developed countries homosexual or bisexual male to male transmission was the major risk factor identified, leading to a male predominance. Heterosexual transmission and injecting drug use have now increased in many of these countries and in most parts of the world heterosexual transmission predominates. HIV infection may cause Acquired Immunodeficiency Syndrome (AIDS) (Cunningham, Mindel & Dwyer, 2000:4,5; Hirsch, 1990:331-342; Holmberg & Curran, 1990:343-353; Quin, 1990:355-369; Marlink & Essex, 1990:371-377).

### **Lymphogranuloma venereum**

Lymphogranuloma venereum (LGV) is a sexually transmitted infection caused by *Chlamydia trachomatis*. Acute LGV most frequently corresponds to the age of peak sexual activity. Extra-genital and adolescent infections have also been reported and material from ruptured buboes and other infected tissue poses a risk to research and health care personnel.

**Primary lesion of LGV:** The primary lesion of LGV may take one of four forms: a papule, a shallow ulcer or erosion, a small herpetiform lesion or non-specific urethritis. The most common form is the



**Plate 11:** Early lymphogranuloma inguinale showing superficial, primary preputial erosion, dorsal penile lymphangitis, and right inguinal bubo (Perine & Osoba, 1990: Fig17-1)

herpetiform ulcer, which appears at the site of infection after an incubation period of 3-12 days or longer. The ulcer heals rapidly and leaves no scar. The most common site of occurrence in men is the coronal sulcus, followed by the frenum, prepuce, penis, urethra, glans penis, and scrotum. If located intra-urethrally, the ulcer or erosion may cause non-specific urethritis with a thin, mucopurulent discharge. Other types of primary lesions are balanitis and nodular ulcerations. Primary LGV lesions in men may be associated with a cordlike lymphangitis of the dorsal penis and formation of a large, tender lymphangial nodule or 'bubonulus'. Bubonuli may rupture and form draining sinuses and fistulas of the urethra as well as fibrotic, deforming scars at the base of the penis. Lymphangitis is very often accompanied by local and regional oedema, which may produce varying degrees of phimosis in men.

**Secondary lesion of LGV:** Inflammation and swelling of the inguinal lymph nodes is the most common manifestation of the secondary stage of LGV in men and is the reason why most men seek medical attention. The incubation period for this manifestation is 10-30 days, but it may be delayed for as long as 4-6 months. The inguinal bubo is unilateral in two-thirds of cases. It begins as a firm, slightly painful mass which enlarges over 1-2 weeks. The skin becomes red, and is then found to be adherent to the surface of the tumour, over which it could be previously moved. The bubo increases rapidly in size and the patient complains of a throbbing pain. Some degree of fever sets in, with tachycardia, anorexia, insomnia and a general feeling of indisposition. Other constitutional symptoms are associated with the systemic spread of chlamydia and include hepatitis, pneumonitis, and arthritis. Within a further 2 weeks the bubo becomes fluctuant, and the skin overlying the bubo takes on a characteristically livid colour (blue balls), that predicts rupture of the bubo. Rupture through the skin usually relieves pain and fever. Numerous sinus tracts are formed which drain thick, tenacious, yellowish pus for several weeks or months with little or no discomfort. Healing takes place slowly, leaving callous and contracted scars in the inguinal region. The disappearance of the inguinal bubo usually marks the end of the disease. Extra-genital primary lesions produce lymphadenitis and bubo formation in the lymph nodes draining the



lesions. These extra-genital buboes do not differ symptomatically or pathologically from inguinal buboes.

**Anogenitoretal syndrome:** The subacute manifestations of this syndrome are procto-colitis and hyperplasia of intestinal and peri-rectal lymphatic tissue. The chronic or late manifestations are peri-rectal abscesses, ischio-rectal fistulas, anal fistulas, and rectal stricture or stenosis. In men, the rectal mucosa can be directly inoculated with chlamydia during receptive anal intercourse or by lymphatic spread from the male posterior urethra. The vast majority of patients with anogenitoretal syndrome are men who have sex with men.

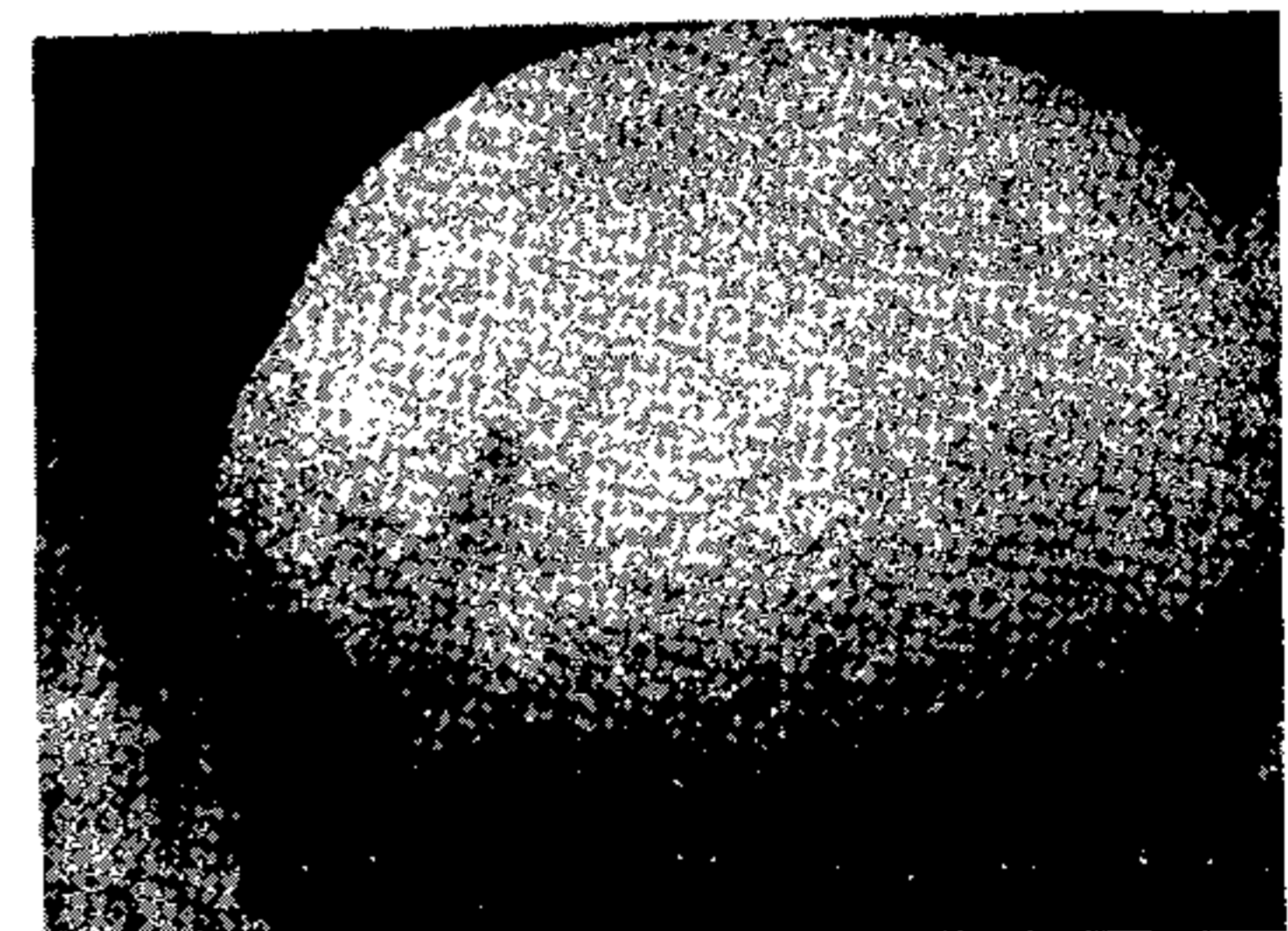
**Other manifestations of LGV:** Primary LGV lesions of the mouth and pharynx can also occur as a result of fellatio or anilingus. This results in lymphadenitis of the submaxillary or cervical lymph nodes (Amat.Roze, 1999:43-64; Brunham, 2000:339-345; Cooper, 2000:75-77; Cunnigham, Mindel & Dwyer, 2000:28; Pellow, 1999:17-41; Perine & Osoba, 1990:195-204; Setel, 1999:119-142).

### **Neisseria meningitidis infection**

Infection with *Neisseria meningitidis*, a sexually transmitted infection, may occur at all mucosal sites compatible with sexual transmission. There is sufficient data to suggest that meningococcal infections may mimic nearly all the clinical manifestations of gonorrhoea. Major sites of infection in men who have sex with men include genital, anorectal and pharyngeal. Complicating conditions include urethritis, epididymitis, proctitis and pharyngitis (Hook & Handsfield, 1990:156,157).

### **Non-gonococcal urethritis**

*Chlamydia trachomatis* has been recognised as a genital pathogen responsible for an increasing variety of clinical syndromes, many closely resembling infections caused by *Neisseria gonorrhoeae* and tend to attack various mucosal linings of the body. Prevalence and site of mucosal infection strongly correlate with age and sexual preference. Chlamydia infections have been found to be common in the sexually active age groups and among men who have sex with men. Site of infection include the urethra, rectum, pharynx and conjunctiva. Complicating conditions include



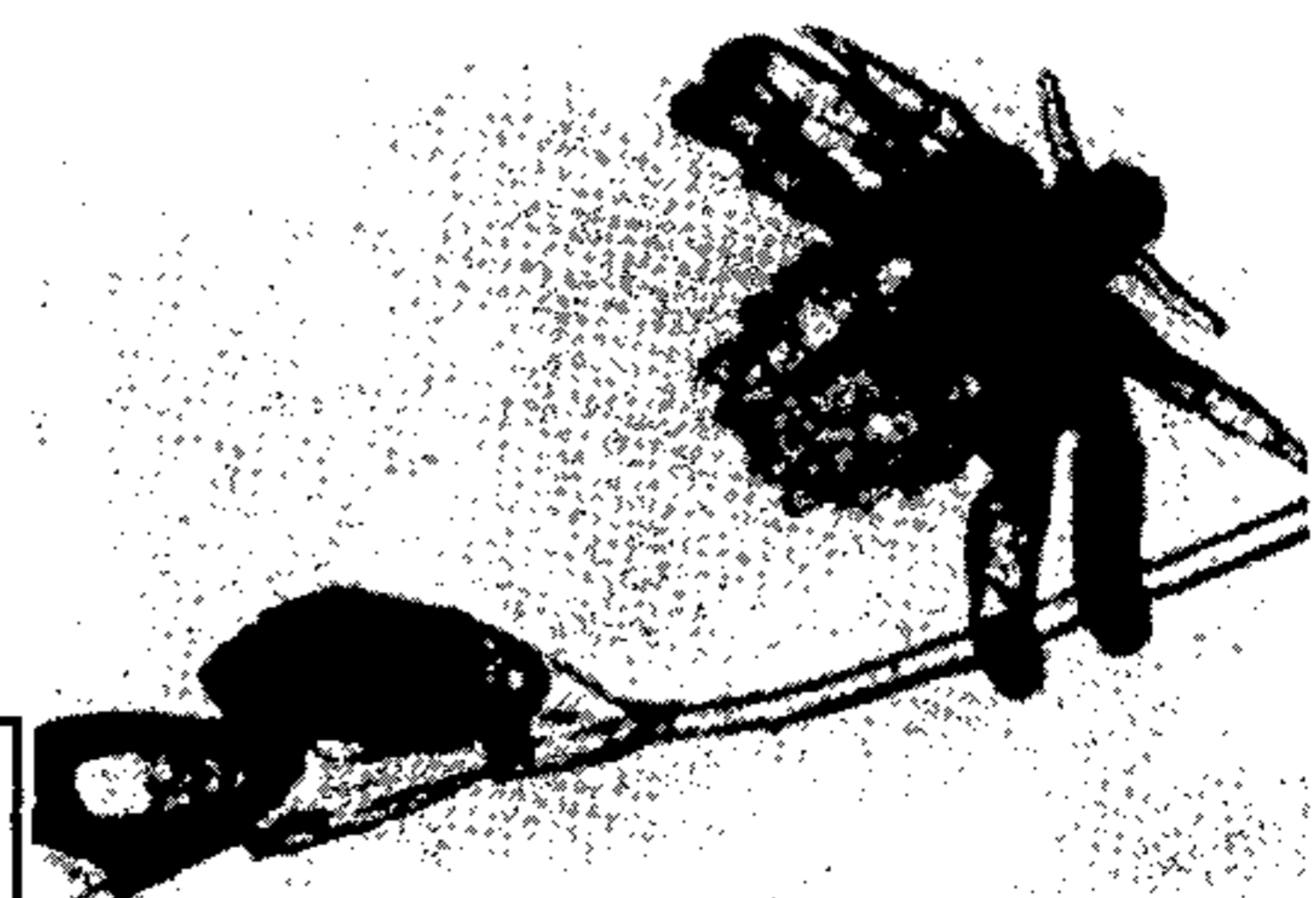
**Plate 12:** Chlamydial urethritis  
(Holmes, Mardh, Sparling, Wiesner, Cates, Lemon & Stamm, 1990: Plate 2)

conjunctivitis, prostatitis, epididymitis, and Reiter's syndrome. Chlamydial infection is a cause of proctitis and urethritis in men who have sex with men and who practice receptive and penetrative anal intercourse without condom protection. Pharyngeal infection has been demonstrated in men who practice orogenital sex and anilingus (Brunham & McClarty, 2000:341,342; Schachter, 1990:167-180; Stamm & Homes, 1990:181-193).

### **Pediculosis Pubis**

Pediculosis refers to the infestation with human lice. Three species of lice infest human beings: *Phthirus pubis* (crab louse), *Pediculus humanus humanus* (body louse), and *Pediculus humanus capitis* (head louse).

**Plate 13:** Pubic louse and nits on a hair follicle  
(Billstein, 1990: Figure 41-4)





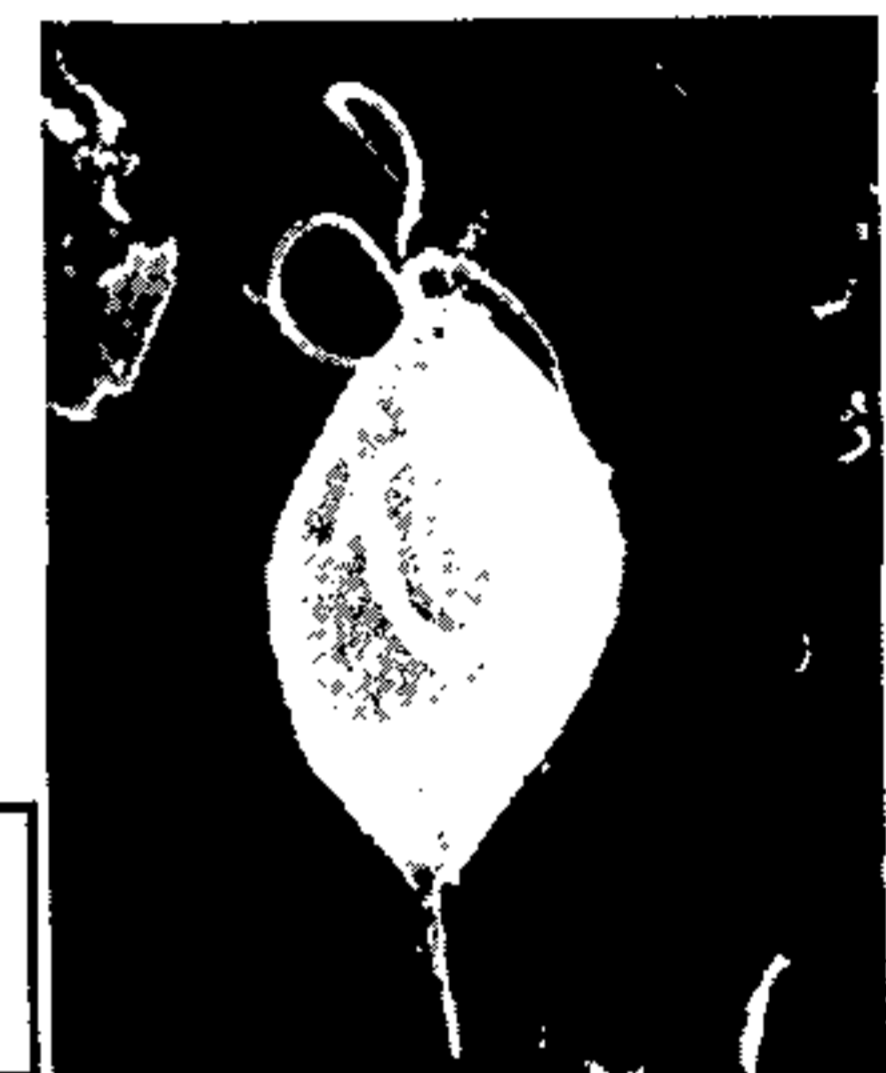
Human lice are transmitted from one person to another primarily by intimate contact. Sexual transmission is considered to be the most important means of pubic lice transmission. Diagnosis of live infestation is made by careful examination of the patient. Both adult lice and their eggs (nits) are easily seen by the naked eye. Upon examination of the groin or pudendal area, pubic lice may be perceived as scabs over what first were thought to be 'scratch papules'. When taking a closer look, if nits appear on the hairs, the proper diagnosis becomes obvious. When no adult lice are available, the demonstration of nits under the microscope will confirm the diagnosis. Lice infestation may cause anxiety and embarrassment, but it is totally curable with no long-term effects (Billstein, 1990:467-471).



**Plate 14:** Adult pubic lice and nits on eyelashes  
(Billstein, 1990: Figure 41-6)

### Prostatitis

For purposes of this thesis prostatitis is inflammation of the prostate gland caused by one of the sexually transmitted infections. Causative organisms include: *E. coli*, *N. gonorrhoeae*, *C. albicans*, and *T. vaginalis*.



**Plate 15:** Scanning electron micrograph of *Trichomonas vaginalis*  
(Rein & Muller, 1990: Figure 43-1)

### Salmonellosis

Salmonellosis is an infection with a *Salmonella* organism. They belong to a genus of motile rod-shaped, gram-negative bacteria of the family *Enterobacteriaceae*. They are parasitic in man in whom they are often pathogenic. There are three species of *Salmonella*, *S. typhi*, *S. choleraesuis*, and *S. enteritidis*, the last of which contains almost 2000 distinct serotypes. Person-to-person spread is particularly the mode of spread among homosexual men. Like shigellosis, spread of salmonella between male sexual partners is promoted by the practice of anilingus and of fellatio after anal intercourse. Salmonella cause four clinical types of infection: acute gastroenteritis, enteric (typhoid) fever, septicaemia with or without focal systemic lesions, and an asymptomatic carrier state. Clinical manifestations of salmonella gastroenteritis, include fever, vomiting, abdominal pain, and diarrhoea (Chirwa, W.C. 1999:143-166; Keusch, 1990:295-303; McCulloch, 1999:195-216).

### Scabies

Scabies refers to the infestation of the human body with the itch mite *Sarcoptes scabiei*. The mites are transmitted by close personal contact. The long incubation period may make it difficult to trace the source. Sexually active young adults are the most likely individuals to contract the condition. Scabies



**Plate 16:** *Sarcoptes scabiei* mite with eggs in faeces scraped from scabetic burrow  
(Holmes, Mardh, Sparling, Wiesner, Cates, Lemon & Stamm, 1990: Plate 80)



is one of the few sexually transmitted diseases which is also commonly non-sexually transmitted. Diagnosis is made on the following signs and symptoms: nocturnal pruritus, presence of papular lesions which usually occur on the hands, wrists, elbows, anterior axillary folds, areola of female breasts, abdomen, genitals, and buttocks. Secondary bacterial infections may complicate scabies (Orkin & Maibach, 1990:473-479).



**Plate 17:** Scabies of the penis  
(Holmes, Mardh, Sparling, Wiesner, Cates, Lemon & Stamm, 1990: Plate 83)

## Syphilis

Syphilis is usually acquired by sexual contact with the important exception of congenital syphilis, where the infant innocently acquires the infection by transplacental transmission of the causative organism. The causative organism is known as *Treponema pallidum*. The organism is not visible by light microscopy - hence, the reliance upon the dark field microscope in clinical practice or upon electron microscopy in special clinical and investigational situations. Syphilis is a systemic disease and is described as occurring in



**Plate 18:** Penile chancre in primary syphilis  
(Holmes, Mardh, Sparling, Wiesner, Cates, Lemon & Stamm, 1990: Plate 38)

stages, namely: primary, secondary, and tertiary syphilis. It can also involve other body parts and could result in cardiovascular syphilis and neurosyphilis.

**Primary syphilis:** The first clinical manifestation is usually a local lesion at the site of entry of the causative organism. This usually occurs in the form of a chancre at a site of genital trauma, such as the coronal sulcus, glans, frenum, prepuce, shaft of the penis, or the anal canal or rectum in homosexual or bisexual men. Primary syphilitic chancres can also occur on the lips, tongue or inside the mouth. If untreated, the chancre will persist for 3-6 weeks and will then heal. Relapse of the primary chancre is rare.

**Secondary syphilis:** *Treponema pallidum* disseminates widely throughout the body. Wherever organisms lodge they may multiply, and about 3-6 weeks after the appearance of the chancre the symptoms and signs of secondary syphilis appear. The disease now becomes systemic. The more common symptoms include sore throat, malaise, headache, weight loss, variable fever, and musculo-skeletal pains. The common signs include a rash in 75-100% of individuals, lymphadenopathy and mucosal ulceration. With or without treatment all manifestations of secondary syphilis resolve.

**Latent (tertiary) syphilis:** Latent syphilis usually manifests itself in the form of neurosyphilis, cardiovascular syphilis or late benign syphilis. Tertiary syphilis is relatively rare today (Healy, 1990:247-250; Jochelson, 1999:217-243; Kampmeier, 1990:251-262; Mindel & Estcourt, 2000:387-420; Musher, 1990:205-211; Sparling 1990b:213-219; Swartz, 1990:231-246; Thin, 1990:221-230).



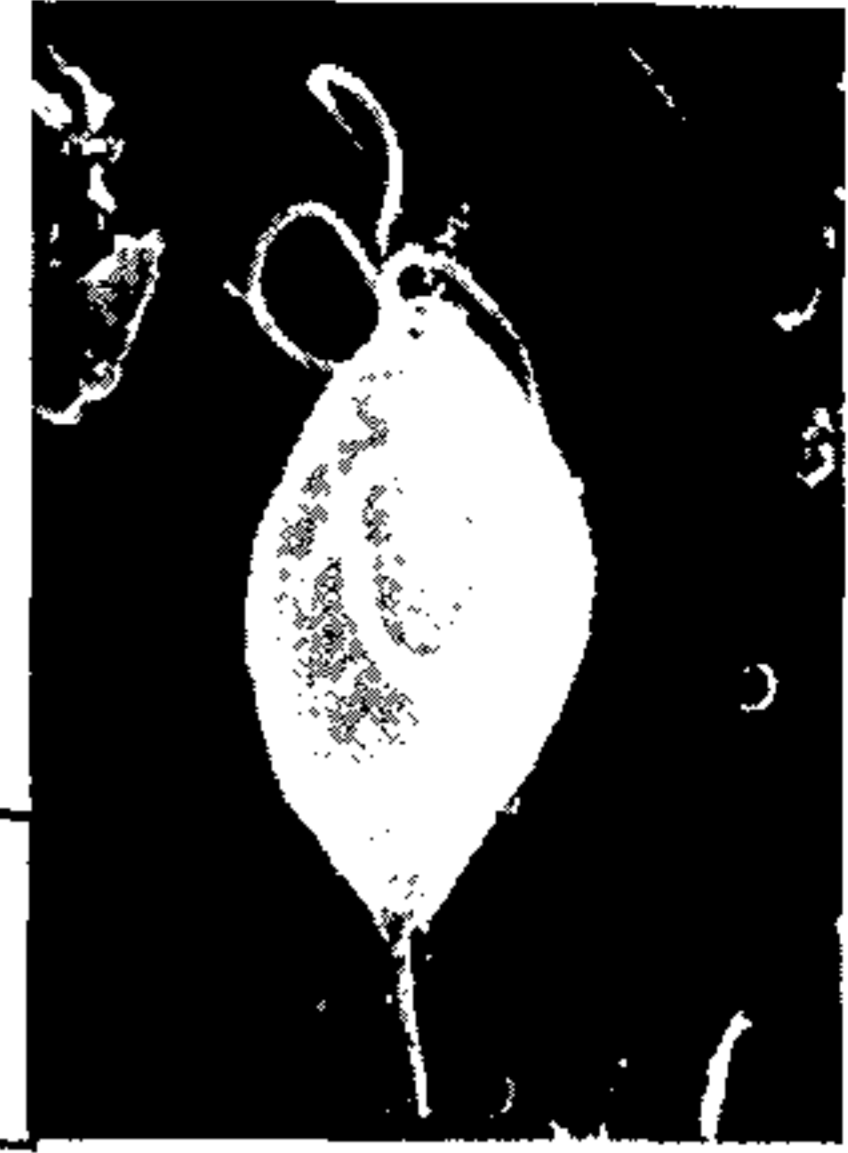
**Plate 19:** Secondary syphilitic lesions on the penis  
(Holmes, Mardh, Sparling, Wiesner, Cates, Lemon & Stamm, 1990: Plate 45)



### Trichomoniasis

Trichomoniasis, an infection with a flagellated protozoon, *Trichomonas vaginalis*, is a common sexually transmitted infection. The condition occurs among men who have sex with men and is most prevalent among the sexual partners of persons with documented infection. Trichomoniasis is an infection almost exclusively of the urogenital tract and causes urethritis in men (Cooper, 2000:72; Cunningham, Mindel & Dwyer, 2000:32; Rein & Müller, 1990:481-492).

**Plate 20:** Scanning electron micrograph of *Trichomonas vaginalis*  
(Rein & Muller, 1990: Plate 43-1)



### Warts

See: condyloma acuminatum

**ANNEXURE 11**

Copy of booklet: "Safer Sex for Men Who Have Sex with Men"  
which was handed to each informant upon completion of the  
in-depth research interviews.

Safer Sex  
for Men  
Who Have Sex with Men



**Michael C Herbst**



**Okhuthela**

615 Duniel Street, Elardus Park, Pretoria, 0181  
Telephone/Facsimile: +27 (0) 12 345-1070  
E-mail: <okhuthela@mweb.co.za>

All rights reserved. No part of this booklet may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or by any information storage and retrieval system, without permission in writing from the publisher.

This book was set in Times New Roman Regular 10pt

Page Layout: **Okhuthela**  
Sponsored and Printed by:  
**Okhuthela**, PO Box 905, Wingate Park, 0153  
South Africa



This booklet is based (in part) on information obtained through intensive research conducted on men who have sex with men (MSM). This research was conducted between 2000 and 2002. The results of the research was written up in the form of a thesis towards the degree of Doctor of Literature and Philosophy (D Lit et Phil) through the University of South Africa (UNISA).

**Michael C Herbst**

This booklet is dedicated to all those guys who shared their lived experiences with the author and, through their sharing, made the publication of this booklet possible. They are: *Ben 1, Ben 2, Brad, Chris, David, Divjesh, Edwin, Gareth, Giel, Govind, Jacob, Jacques, Johan, Leonardo, Louis, Michael 1, Michael 2, Moolman, Moses, Patrick, Peter, Phillip, Pieter 1, Pieter 2, Seun, Stef, Stefan, Sujeeth, Tristan, Willem 1, & Willem 2.*

## Table of Contents

INTRODUCTION	5
USING A CONDOM CORRECTLY	8
WEARING A COCK RING SAFELY	10
DOUCHES AND ENEMAS	11
ALCOHOL, DRUGS AND SEX	12
POPPERS	12
MEETING STRANGERS FOR SEX	13
SEX IN DARK ROOMS	14
RIMMING	14
SEX TOYS	15
FISTFUCKING	16
S&M, LEATHER AND BONDAGE	17
WATERSPORT, BROWN SHOWERS AND SCAT	18
EXCHANGING SEX FOR REWARD	19
SOME USUALLY SAFE SEXUAL ACTIVITIES	20
SOME POTENTIALLY SAFE SEXUAL ACTIVITIES	21
DEFINITELY UNSAFE SEXUAL ACTIVITIES	22
IMPORTANT INFORMATION OF SUPPORT AND OTHER GROUPS	24
General Support Groups	24
Medical and Psychological Support	26
Legal Assistance and Support	27
Sports and Activity Groups	27
Religious and Spiritual Support Groups	28

## Introduction

### ***You, I and Sex***

To have sex is natural. To want to have sex is normal. To want to have sex with the person of your choice is crucial, and to actually have the type of sex that you enjoy is imperative.

Sex is as normal as breathing, eating, and sleeping. Except that sex is necessary for the survival of the human species, it is also there to be enjoyed!

Even though sex is a normal and enjoyable activity, it is a fact of life that there is social regulation and control of sexual behaviour in all societies. This control is associated with family relationships and marriage. It is also a fact that society generally gives preference to heterosexual behaviour between married adults. Sexual intercourse between partners in a conventionally acceptable marriage and family system is, therefore, always acceptable and nearly always the morally preferred ideal. Nearly every other form of sexual behaviour is usually taboo.

### ***Homophobia is a Reality***

A further fact is that there is a lot of homophobia around. Homophobia

can be described as an abnormal fear of gays and lesbians and is manifested in many different ways, for example discriminatory practices (even though this is against the Constitution of South Africa), marginalising of gays and lesbians, exclusion, derogatory remarks being made against gays and men who have sex with men. There is also still many incidents of gay bashing and even murder of gays and those men who are perceived to be gay.

### ***To have Sex with Another Man is OK in South Africa***

In South Africa we are in a much more fortunate position than most people in many countries of the world. We include some of our neighbouring countries of Namibia, Botswana and Zimbabwe where homophobia is rampant and where having sex with another man is just not on!

During 1996 South Africa adopted a new Constitution [The Constitution of the Republic of South Africa, 1996 (Act No 108 of 1996)]. This new Constitution has made discrimination against Gays and men who have sex with other men illegal. It is clearly stated in the Bill of Rights



(Chapter 2 of The Constitution) that:

- Everyone is equal before the law and has the right to equal protection and benefit of the law;
- No one (including the State) may unfairly discriminate directly or indirectly against anyone on grounds of gender, sex, or sexual orientation; and
- Everyone has inherent dignity and the right to have that dignity respected and protected.

So, in South Africa it is quite OK to have sex with another man!

***Being Gay or Deciding to have Sex with Other Men has its Responsibilities***

Even though it is legal and OK to be Gay in South Africa or for a man to have sex with another man, all Gays and those men who have sex with men, have the same responsibilities and obligations as does every other citizen. The mere fact that no one may unfairly discriminate against a Gay man or those men who have sex with men, does not exempt such an individual from his responsibilities as a citizen. We must all live within the law - we must all pay our taxes - we must all be responsible citizens - and added to that - we must all remain

healthy so that we can make a positive contribution to South Africa and its peoples.

Let us then use our freedom in a responsible manner.

***The Purpose of this Booklet***

This booklet was produced with you in mind. You are accepted and respected as a Gay man or as a man who prefers to have sex with another man. Your sexual orientation and choice of a sex partner is also respected.

Your enjoyment of sex is your right.

We would, however, want to see that your health and the health of your sex partner(s) is protected and that you will have a long, healthy and enjoyable life and that you will continue to make a contribution to the future of South Africa.

***What is Safer Sex?***

Safer sex is sex that you feel comfortable with. But it goes beyond that. Safer sex also refers to sex where mutual respect, honesty, and reciprocal responsibility form the basis of the relationship.

As far as the protection of one's health is concerned, safer sex emphasises the implementation of all known

measures to protect and preserve health. as the basis of safer sex, then, is to prevent the sharing of body fluids, especially semen and blood, between partners. Body fluids include:

- semen (cum)
- blood
- blood plasma (plasma is the yellowish liquid part of blood)
- urine
- faeces (excreta or shit)

***Strict adherence to ALL guidelines in this booklet is essential to protect your health***

The guidelines provided in this booklet will empower you to enjoy your preferred form of sex safely and without fear of either being exposed to or exposing any other guy to anything that may be harmful or detrimental

to your or his health.

Remember, strict adherence to ALL the guidelines provided in this book is **ESSENTIAL** to protect your own health as well as the health of your sex partner(s).

***Levels of Safety Associated with Certain Sexual Activities***

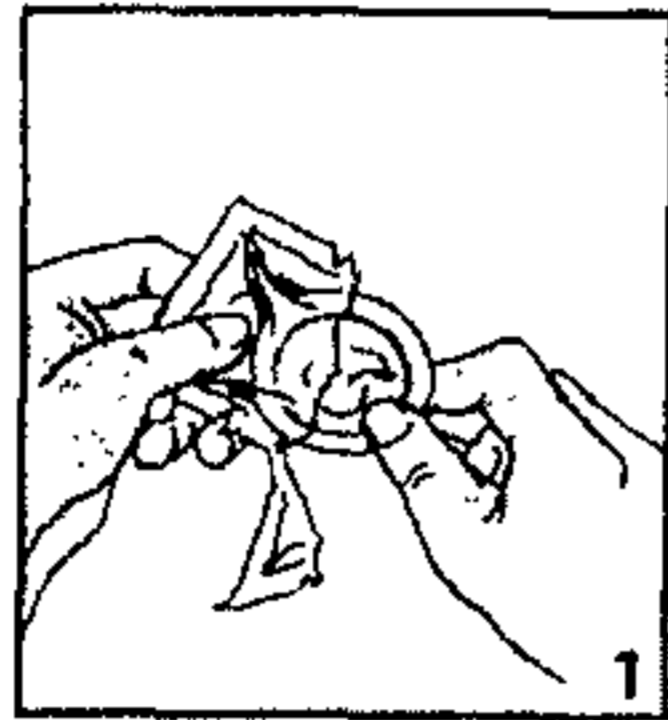
Not all forms or types of sexual activity are equally safe. Some sexual activities are totally safe - others may be potentially safe whilst others may be totally unsafe or harmful **UNLESS** certain precautions are strictly adhered to.

This booklet will guide you in taking the correct and informed decisions regarding the practise of safer sex.

**Michael C Herbst**

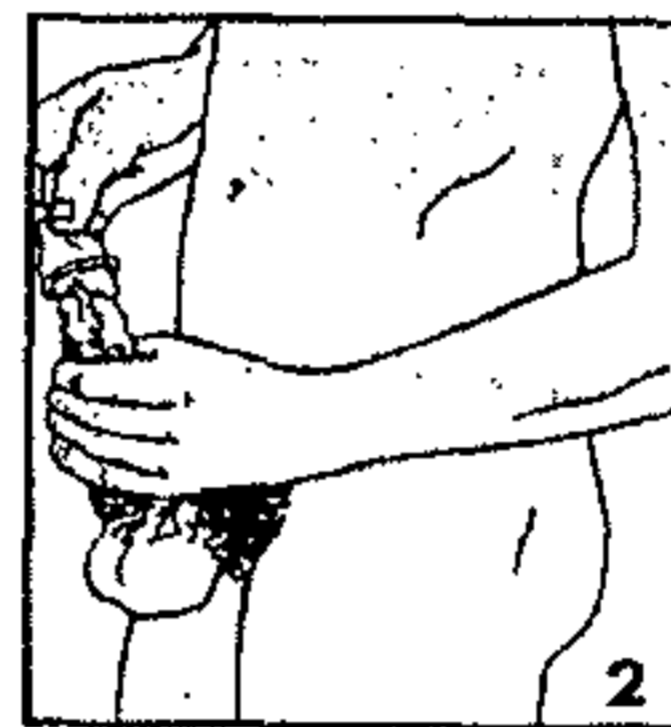


## Using a Condom Correctly



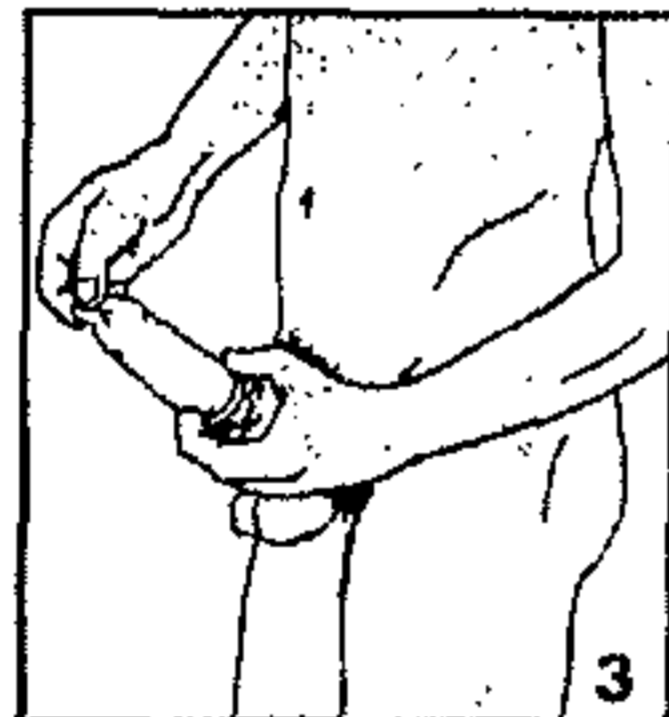
Check the expiry date of the condom. Do not use the condom if it has reached the expiry date. Carefully open the package so the condom does

not tear. Do NOT unroll the condom before putting it on your cock (penis).



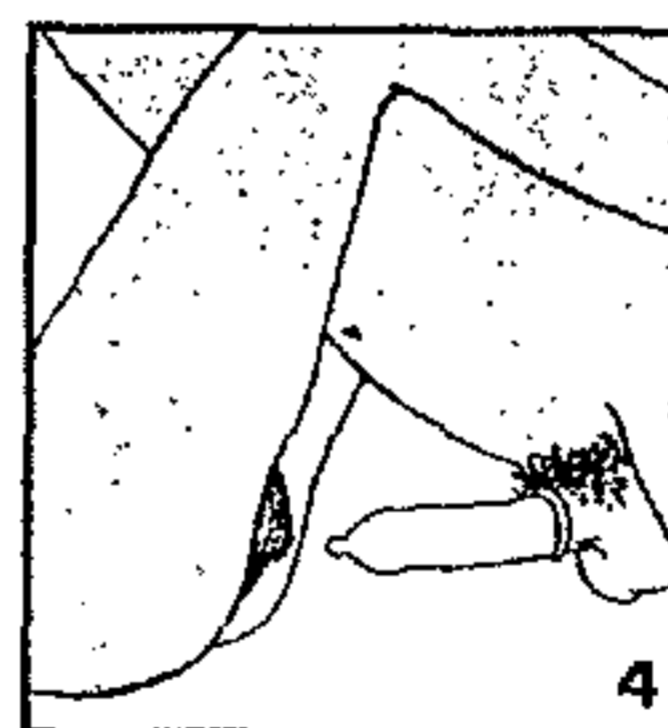
Your cock (penis) must be hard before putting on the condom. If you are uncut (circumcised), pull your foreskin back before putting on the

condom. Squeeze the tip of the condom and put the condom on the end of your stiff cock (penis).



Continue to squeeze the tip of the condom while unrolling the condom until it covers the whole of your cock (penis). Never consider

having sex with anyone unless you are using a condom! Use a condom for your own as well as your partner's protection.

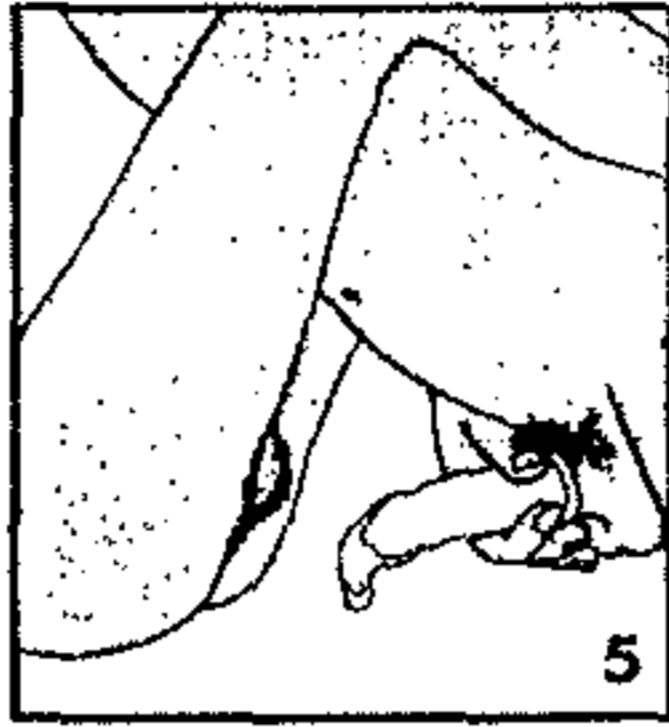


Never penetrate (enter) your partner without a condom on your cock (penis). The main purpose of using a condom is to safeguard your

health as well as the health of your partner. Always demand to have safer sex!

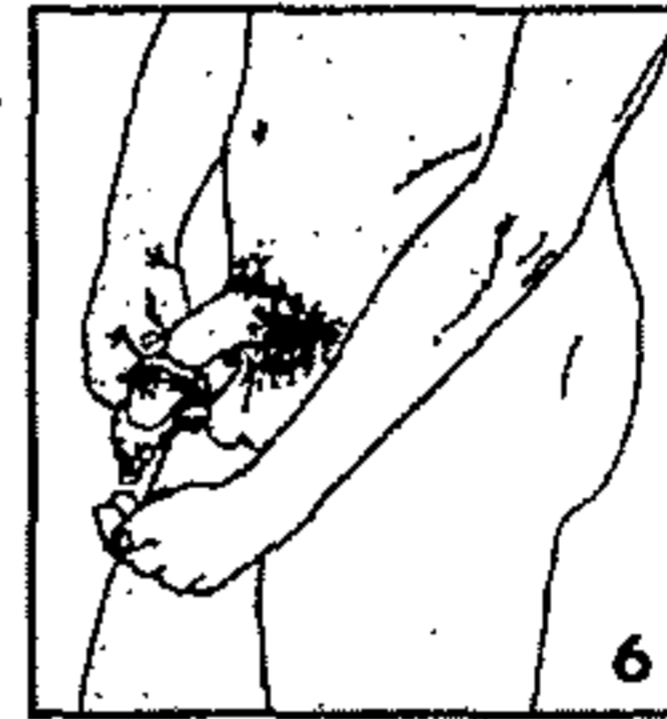


After you have ejaculated (after cumming), hold the rim of the condom and pull your cock (penis) out of the condom before it gets soft. If you want to continue having sex, you must first put on a new condom as shown here.

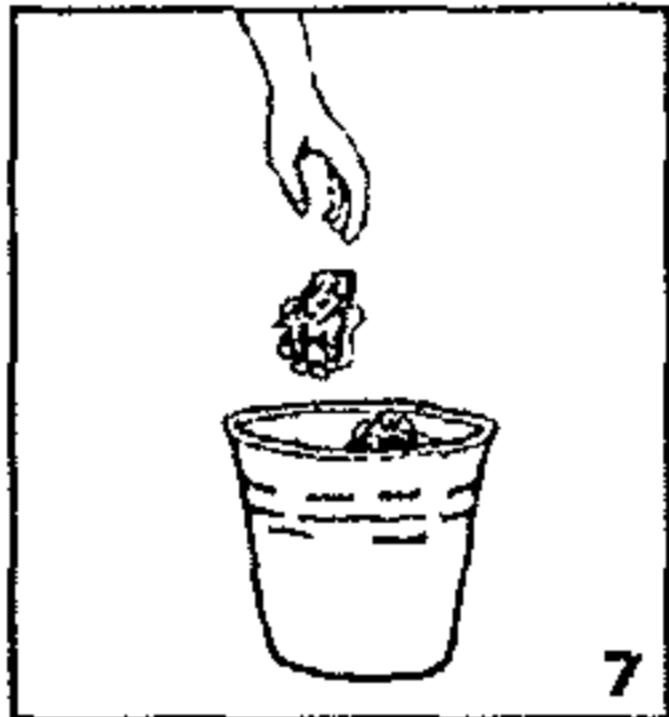


### Using a Condom Correctly (continued)

Slide the condom off your cock (penis) without spilling any of the liquid (cum) inside the condom. If you again develop a hard-on (erection) and want to continue having sex, you must first apply a new condom!



Tie the end of the condom so that the liquid (cum) inside cannot spill out. Wrap the condom in a tissue or piece of paper (if available) and throw it in the dust bin. Never throw used condoms in the toilet or allow used condoms to lie around. Now go and wash your hands!



If you live in an area where there is no refuse removal service, burn or bury the condom together with other trash. Remember to go and wash your hands! Never let used condoms land where others can pick them up!



## Wearing A Cock Ring Safely



### What is a Cock Ring?

A cock ring is an object that typically goes around the base of both your cock (penis) and balls (scrotum). Since veins are closer to the surface of the body than arteries, putting on a cock ring has the effect of allowing the blood to flow into your cock but restricts its ability to flow back.

This, in turn, makes your cock get hard and assists in making it stay hard for longer. Obviously, for this to work effectively, the cock ring must be put on correctly when your cock is still soft.

Most cock rings are made of chromed steel.

One can also get cock rings made of leather and rubber. Most of the steel cock rings are little more than high priced gasket rings of chrome plated circular chain links which one could purchase at any hardware store. Cock rings must be chosen carefully, especially as far as size is concerned. It should be carefully sized for your own specific use.

A too large cock ring will have no effect - a too tight cock ring will prevent blood from returning back into circulation, and will prevent your cock from getting soft. This may sound like fun, but can be very painful after a few hours. This may result in a trip to the hospital where the cock ring will most probably have to be removed under general anaesthetic. Leather and rubber cock rings will not cause this problem as they are more elastic and, therefore, easier to remove. Most leather cock rings have snaps at different places making it easier to size correctly and to remove.

The best cock rings are much simpler. You can merely use an ordinary piece of leather or soft rope and tie it around your cock and balls. This home made cock ring is infinitely adjustable and easy to remove or cut off with a pair of ordinary scissors and will serve all the purposes of the toy version.

Never keep a cock ring on for too long as this may result in a medical emergency which may have serious consequences for your sexual health.

### How to Put on a Cock Ring

Putting on a solid cock ring can be very tricky, and taking it off can be even trickier! Your cock must be soft to do either. When putting on a cock ring, first put your balls through the ring and then your cock, since at that stage your cock should be softer and more flexible than your always solid balls. When taking the cock ring off the procedure is reversed, but since the main purpose of the cock ring is to keep your cock stiff, this can sometimes be easier than done!

## Douches and Enemas

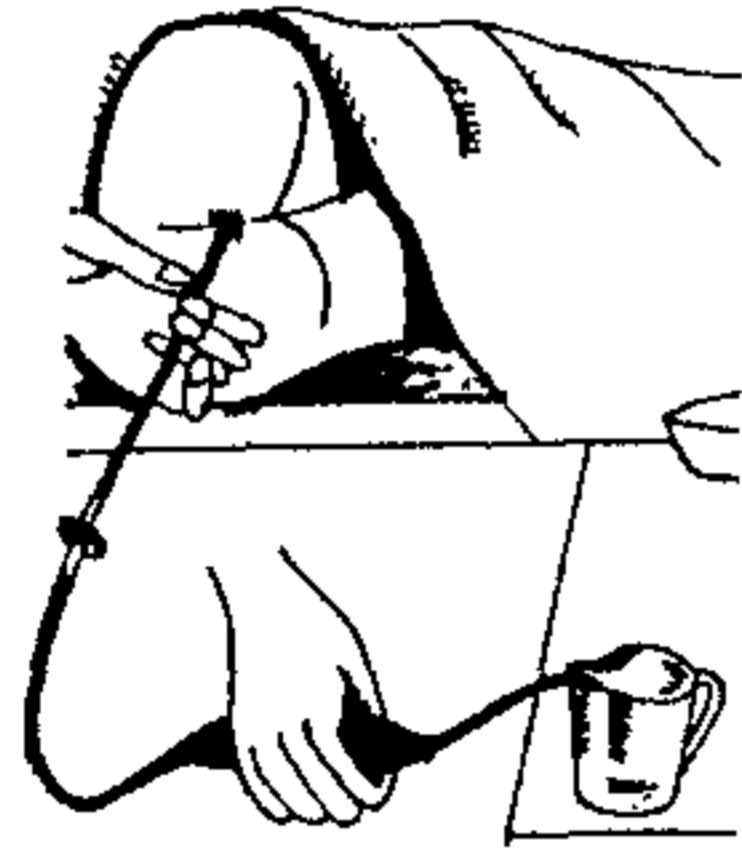
### What are Douches and Enemas?

Douches and enemas are used to clean the rectum and colon of any faecal matter (shit) before fucking (anal sex), rimming or fist-fucking (insertion of finger, hand or arm up someone's arse (rectum)). By cleaning the rectum of any shit, it makes the sex that follows far more enjoyable for both parties as offensive smells are eliminated. The hand or cock that is inserted also does not become covered in shit.

### How to Give Yourself a Douche or Enema

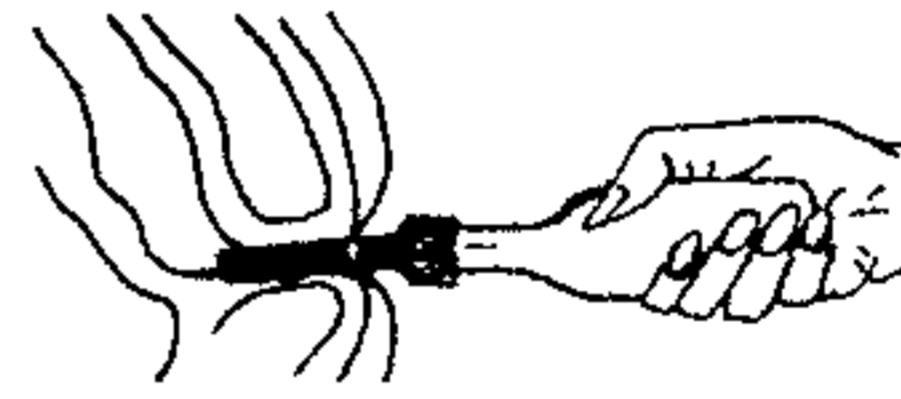
douches or enemas can be given by making use of a douche or enema can, a enema syringe or special pre-filled plastic enema containers. These can be acquired from your pharmacist or home medical supplier. You can use ordinary tap water or, if you prefer, you can make a

solution of tepid water and some mild soap. Never use soap powder as it contains various chemicals for the removal of stains, etcetera, from material. Special enema solutions can also be purchased from your local pharmacy.



Lie on your side or on your back and carefully insert the nozzle into your rectum. Before inserting the nozzle, make sure that it has been well lubricated using a water soluble lubricant, like KY Jelly. Be careful not to injure the tender lining of

your rectum. Never insert more than 500ml of solution at a time. Rather repeat the douche or enema several times until you are sure that your rectum and colon has been thoroughly cleaned of any shit. Allow the solution to remain inside you for a few minutes before going to the toilet to let it out.



### The Danger of Douches and Enemas

Apart from the danger of injuring your anus or the lining of your rectum when administering the douche or enema, there are other health related issues that need consideration.

Hot liquids may burn the inside of your rectum and colon.

Soap powder used for washing clothes or scented soaps may irritate your rectum and colon.

It must, however, be remembered that even when using a special enema solution or ordinary tap water, the lining of your rectum and colon may become very sensitive and irritated and germs can then more easily gain entry into your blood stream.

Never have unprotected sex after a douche or enema. Always make sure that your partner uses a condom.



## **Alcohol, Drugs and Sex**

### **Alcohol, Drugs and Sex Do Not Mix**

If you have ever seen how someone behaves when they have taken alcohol or drugs, you will know that such individuals react in an 'abnormal' manner. They tend to care less about what happens around them or even what happens to them. They tend to do things that they would normally not do. It is often for this reason that some individuals will resort to taking alcohol or drugs in the belief that it gives them courage to do the things they cannot otherwise do.

The same will also happen to you if you take alcohol or drugs and then decide to have sex. It will lower your resistance and you will do things which you will never normally do. For example, you may have sex without a condom or you may become involved in some form of sex which you would not become involved in otherwise.

For your own protection and for your own health's sake - NEVER TAKE ALCOHOL OR DRUGS before having sex with strangers!

## **Poppers**

### **What is Poppers?**

Poppers is a chemical substance known as Amyl Nitrite. Many men sniff poppers when they have sex or when they masturbate. It is said to increase the sensation of cumming (reaching orgasm). It is also said to extend the sensation of cumming.

Poppers are said to be a light and recreational drug. It can be bought from most 'Adult Shops' and is rather inexpensive.

### **Some Important Things About Poppers**

Some important things about poppers and the use of poppers that you should know include:

- Poppers is a volatile liquid which means that it evaporates very quickly and at very low temperatures. Merely holding the bottle of poppers in your hand will cause enough heat for increased evaporation of the poppers to take place.
- Poppers can cause irritation of the skin. It is known to cause a rash around the rim of the nostrils in individuals who regularly sniff poppers. It can also cause irritation or allergic reactions of the skin elsewhere on the body.
- Poppers is highly flammable and ignites very easily.
- Never smoke when sniffing poppers - neither should you sniff poppers when you are near any open flame.
- Men over 40 years or men who have heart problems should never sniff poppers as it alters the blood pressure and affects the respiratory system. Older men and those with heart problems are known to have died from sniffing poppers.

## Meeting Strangers for Sex

### Why Do Men Like to Have Sex with Strangers

Many men like to meet strangers for sex. It is not really known why some men do this. There are some folks who say that we do this because we do not really want to become involved with others. We merely want quick sexual gratification without any commitment. It is, therefore, convenient to meet some strange man, have sex with him, and to go home.

Maybe you are one of those guys who like meeting strangers for anonymous sex. Whatever your reasons for doing so, remember that you must take responsibility for your own health. You cannot blame others if your health is adversely affected by your promiscuous behaviour.

### The Dangers of Meeting Strangers for Sex

There are real dangers associated with meeting strangers for sex:

- You do not know the stranger and can, therefore, never be sure whether he may cause you any harm. This is especially so if you meet in isolated places where there are no other people nearby. You may expose yourself to physical assault, theft, blackmail or the possibility of arrest if, by mistake you cruised a policeman!

- You do not know the health status of the stranger and can never know whether he is suffering from one of the sexually transmitted infections including HIV/AIDS. Some of these infections cannot be spotted by merely looking at the individual.

- There are other health problems which you risk in acquiring by having sex with a stranger apart from sexually transmitted infections. These include things like body lice (for example crotch crickets), fungal infections of the skin, liver infections like Hepatitis A, B, or C and a multitude of other illnesses.

### What You can Do if You are in Desperate Need of a Sex Partner?

If you are desperate to have sex and you do not have a partner, you could:

- Visit a safe cruising area. Many commercial cruising areas have opened up in most major centres and for a nominal entrance fee your chances should be good of meeting someone. Visiting such a cruising venue is usually quite safe as there are usually other people around - the patron, at least, will be around.

- Make contact with one of the guys who advertise their services in the personal columns of the newspaper. At least you will have a telephone number and address to refer back to should something go wrong.

- Go to a place where you can go and jack off (masturbate) in private. You can combine your wanking with watching a sexy blue movie or you can look at pictures from your favourite porno magazine.

- Go to the steam baths if there is one in your area.

Steam baths are known as 'safe' cruising venues.

Whatever you do, ALWAYS remember to practise safer sex!

Abstain, be faithful to one partner, or use a condom.



## Sex in Dark Rooms

### Why Sex in Dark Rooms?

Some men like to meet strangers in dark rooms for sex for example in commercial cruising areas and steam baths. They seem to find the anonymous sex very exciting. Added to this, they claim that the excitement of not knowing who is going to touch you when and from which angle, adds to the excitement of having sex in dark rooms.

### Dangers of Having Sex in Dark Rooms

All the information provided in this booklet in the Section on meeting strangers for sex on page 13, applies to having sex in dark rooms. One additional and important danger associated with having sex in dark rooms should, however, be added:

- You cannot see the stranger and the risk of having sex with someone who may have one or other infectious condition is so much greater.

### Do Not have Sex in the Dark

If at all possible, do not have sex with someone you meet in the dark. Take him home so that you can, at least, exclude having sex with someone who has one or other obvious infectious diseases.

Remember, though, you can NEVER see if someone is HIV+!

## Rimming

### What is Rimming?

Rimming is the act of licking someone's arse (anus) or pushing your tongue up his arse. By rimming someone, you run the risk of getting some faeces (shit) into your mouth! A minutely small amount of shit in your mouth, may be sufficient to expose you to some serious diseases like Hepatitis and other enteric diseases that may cause you to become very ill.

### How You can Rim Someone Safely

If you are into rimming and like it, there is no need for you to refrain from continuing with it. Provided that you never make direct and unprotected contact with the other guy's arse. Make sure that the guy is clean and that you place a sheet of cling wrap over his arse area. Replace the cling wrap every now and then to ensure that you always have an uncontaminated protective shield between your tongue and his arse.





## Sex Toys

### What are Sex Toys?



Sex toys include a variety of objects used to enhance sexual pleasure and provide variety in sexual practices. Toys include things like vibrators, dildo's, beads, butt plugs and other objects that can be inserted up one's arse (rectum).

### Some Important Rules About Sex Toys

There are some basic, yet very important rules when it comes to sex toys:

- NEVER share your toys with anyone. Sex toys are very individual things and should never be used by more than one person. Chances are that when you allow someone else to use your toys, it may become contaminated with some body fluid of that person and you may then run the risk of acquiring a serious illness like HIV/AIDS. Remember that when toys are inserted up the arse of someone, microscopic bleeding may be present and blood contamination can not be excluded.

- Always keep your toys clean. Wash them immediately after use as suggested by the manufacturer. Toys that are not battery operated are usually easier to keep clean. You can wash them with soap and ordinary tepid tap water. They can then be sterilised by making use of a mild solution of Milton or ordinary bleach. Battery operated toys should be cleaned as directed by the manufacturer. If you are uncertain how to clean them, enquire from the shop where you purchased the particular toy.

- ALWAYS use some form of water soluble lubricant on the toy before inserting it. This will prevent any possible microscopic injuries through which germs can enter.

- If you MUST share a toy with someone, make sure that you cover it completely with a new condom. Before using it yourself again, wash it carefully, disinfect it and cover it completely with a new condom.

- The BEST PRACTICE is to NEVER share toys with anyone else. Make them your personal toys and make sure that you are the only user.



## Fistfucking

### What is Fistfucking?

Fistfucking is a general term which makes provision for describing the insertion of a finger, hand, or whole arm up someone's arse (anus) and rectum. A person's anal area is very sensitive to touch and touching it can be very enjoyable and sexually stimulating.

### Dangers of Fistfucking

The introduction of only a finger into someone's arse may be very pleasant for both parties but problems may arise when larger things like a hand and arm is inserted. It is not something that the average person can tolerate. The sudden introduction of large things up someone's arse is a dangerous practice as it may trigger a nervous system reaction called vagal stimulation. This may cause the person's heart to stop and he could die!



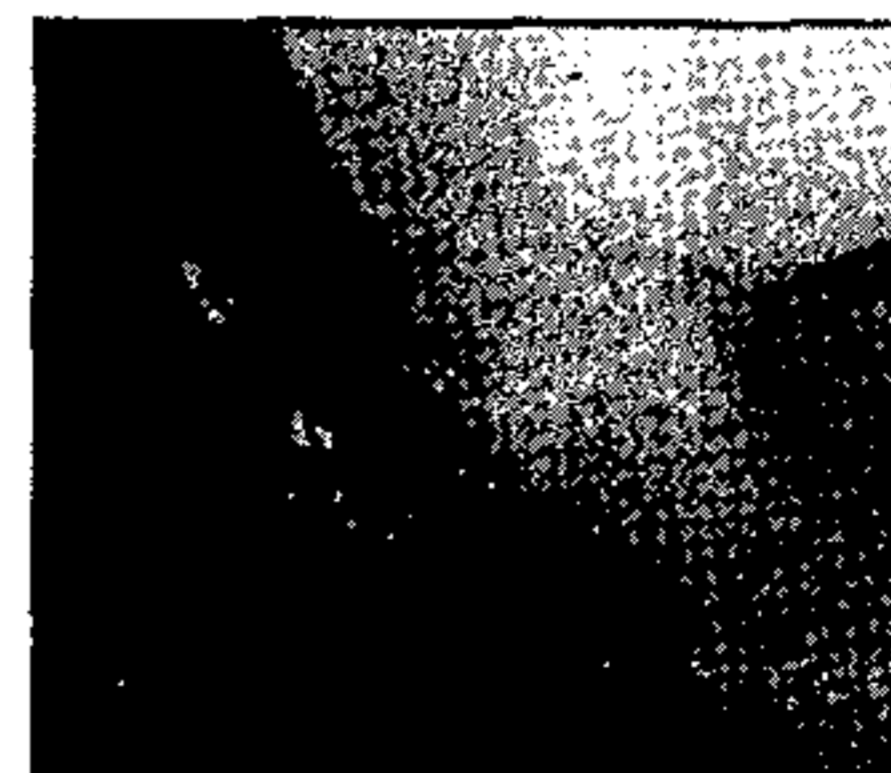
Regular introduction of large objects, whether they are toys or hands and arms will cause permanent dilatation of the arse of that person. This will result in that persons becoming incontinent, which means that the particular person has no control over his bowels and that faeces (shit) may leak from his arse without him being able to control it. Such individuals will have serious social problems in that they may smell offensively without having any control over it. There is a picture of someone's arse on this page that shows

exactly the type of permanent stretching discussed here.

### Rules of Fistfucking

If you are into fistfucking and have taken an informed decision to continue with it, there are some strict rules you should adhere to:

- Always remove any jewellery like rings and make sure that your finger nails are cut short and well filed down to prevent any damage to the other person's arse or inside of his rectum
- Always ensure that your fingers, hand and arm are adequate lubricated before commencing with fistfucking
- Always take your time and slowly introduce first only one finger, then two or more fingers and gradually prepare the person for receive a whole hand or arm
- Always wear adequate protection in the form of latex gloves. They can be purchased from your local pharmacy or home medical supplier. If you have planned to insert your arm as well, make sure that you are wearing long gloves (mortuary gloves are best) that cover your arm as well.



## S&M, Leather and Bondage

### S&M, Leather and Bondage is Not Everyone's Scene

It is not everyone that is into this scene. Those who have a liking for it, enjoys it and says that they would not exchange their experiences for anything else. It could involve very limited restraints or may be so involved that intricate structures and a special room may be necessary. If you are not sure of what it involves and intend investigating it, make sure that you know what you are getting into. Also make sure that you go to someone that can be trusted and who will not harm or injure you in the process. It is always better to be safe



than sorry.

### Implements of the Trade

Various instruments, implements and gadgets are employed in these activities. It may also involve extreme humiliation of the 'slave' by the 'master'. Ensure that you have adequate funds available before getting seriously involved as it may be quite expensive to acquire all the clothing and equipment that you may need.

### Rules of the Game

- NEVER join strangers in any of these activities. Make sure that you ONLY go with someone you can trust
- Make sure that both you and your partner KNOW THE 'SAFE WORD' that will end the encounter.
- Remember that all your pleadings for the encounter to stop will be in vain UNTIL YOU MENTION THE 'SAFE WORD'. Part of the pleasure for the 'master' is hearing the pleadings of the 'slave'
- Be aware of the fact that you may get injured in the process. Accidents are known to have occurred.



- Be very careful before becoming involved in any encounters where 'suffocation' games are involved
- Make sure that you join a reputable S&M club with an excellent track record of safety
- NEVER mix alcohol and drugs with S&M!

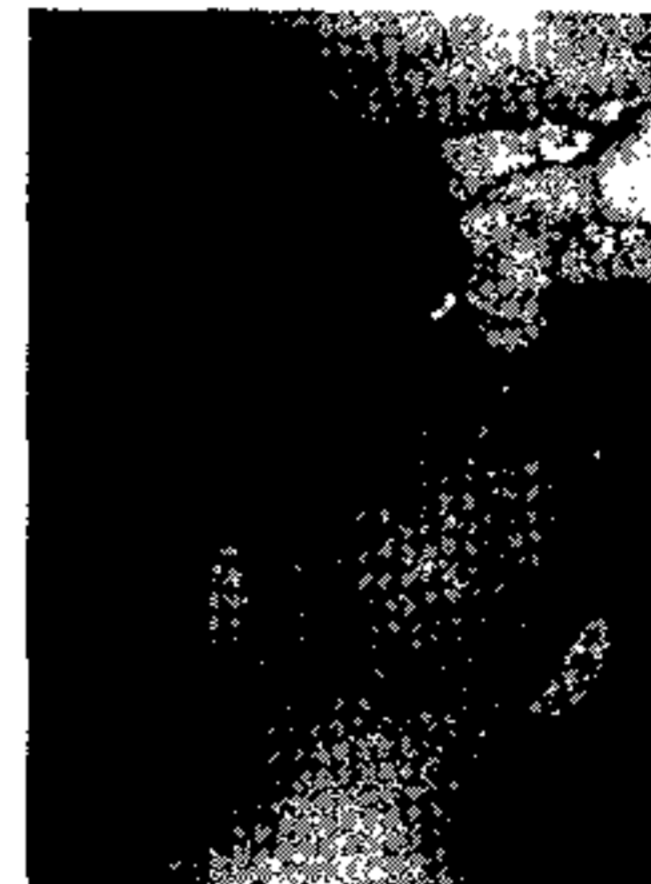




## **Watersport, Brown Showers and Scat**

### **What is Watersport, Brown Showers and Scat?**

Watersport comprises sex games involving piss (urine). Brown showers and scat, on the other hand, comprises sex games involving faeces (shit). Because both urine and faeces are offensive to some people, such individuals will not understand why others can get sexual gratification from being involved in watersports, brown showers and scat.



### **Special Environment may be Required**

For this type of sexual games a special room may be required. The room should be used only for this purpose. The walls, floor and any furniture or equipment in this special room should be washable. The room should preferably be of such a nature that it can be hosed down with ease in order to clean it properly. These types of sex games require very stringent hygiene and cleanliness rules. If not adequately controlled and the environment carefully and regularly cleaned and disinfected, serious health problems could result.

### **Special Care**

Special care needs to be taken to ensure that:

- The environment is always kept clean and hygienic
- The room is cleaned immediately after use
- Urine and faeces do not get into the eyes, nose and mouth of participants. Serious health problems could result
- Urine and faeces do not get into any open wound or places where any of the participants may have areas of broken skin. These areas should be adequately covered beforehand
- After these types of sex games all participants should wash themselves immediately by having a shower or bath. Disinfectant should be added to the bath water to ensure that no germs remain on the skin
- NEVER involve yourself in these types of sex games with individuals who are not known to you. Make sure that they are healthy so as to minimise the risk of infection to yourself
- NEVER become involved in these types of sex games after having consumed alcohol or having taken drugs. This will cause you to do things that you would normally not do
- ALWAYS take care of your health. Health is a precious commodity!

## **Exchanging Sex for Reward**

### **Exchanging Sex for Reward**

There is nothing wrong in exchanging sex for reward. Some people refer to this as sex work (prostitution). Prostitution is in the process of being legalised in South Africa. The High Court has already declared legislation against prostitution as unconstitutional. The matter has been referred to the Constitutional Court but no final decision has yet been taken in this regard.

### **A Very Important Focus is Required**

Individuals who exchange sex for reward must focus themselves on what they are doing, with whom they are doing it, and ALWAYS practising safer sex.

### **Stick to the Following Rules**

- Never take risks with strangers
- ALWAYS be on the lookout. Rather be safe than sorry
- Never make money or reward your main focus
- Focus on maintaining your health and ensuring your own safety at all times.
- It is dangerous to make reward the main focus in this type of sexual relationship. When money or other reward become the main objective, it may cause one not to focus on one's safety and health. Your health and safety are precious commodities
- Always also focus on respecting your sex partner and always keep his safety and health in mind as well. Mutual respect is crucial at all times so that both parties will benefit from the relationship
- Never use alcohol or drugs when having sex for reward. By consuming alcohol or by using drugs, you will lower your resistance to saying no and may do or allow things that you would normally not do, like having unprotected sex
- Remember, ALWAYS protect your health and keep your safety in mind. It is not worth taken unnecessary risks just for monetary or other reward
- NEVER have unprotected sex if you are HIV+
- Rather abstain from sex if you are not prepared to safeguard the health of others

REMEMBER:      Abstain  
                         Be faithful to one partner  
                         OR  
                         Always use a condom

## Some Usually Safe Sexual Activities

### The Following Sexual Activities are Usually safe

If you participate in one or more of the following sexual activities you could expect that your health and safety would not be threatened

**Abstinence:** this is the only sure way of always ensuring your own health and safety



**Voyeurism:** this is a safe activity as long as the voyeurism does not lead to eventual participation in sex with someone else. Make sure that you do not do this where a charge can be laid against you for being a 'Peeping Tom'

**Exhibitionism:** this is also a safe activity provided it does not take place where someone may lay a charge of public indecency against you

**Fantasy:** a very safe activity as long as fantasy does not lead to eventual participation in sex with someone else

**Hugging:** a pleasant and safe activity provided the other person does not have an infectious disease, skin lesions or lice

**Dry kissing:** a very pleasant activity and usually very safe except that you may be exposed to herpes (Type I & II) and possibly also syphilis if the individual has an ulcer on his lips



**Body contact:** this is also a very pleasant activity and is safe. Care should, however, be taken to prevent:

- body lice (body crabs)
- head lice (head crabs)
- pubic lice (crotch crickets)
- scabies
- fungal infection of the skin (ringworm)

**Masturbation (wanking):** this is also a safe activity and can provide a lot of pleasure. Care should be taken to prevent physical abrasions which could result in local infection



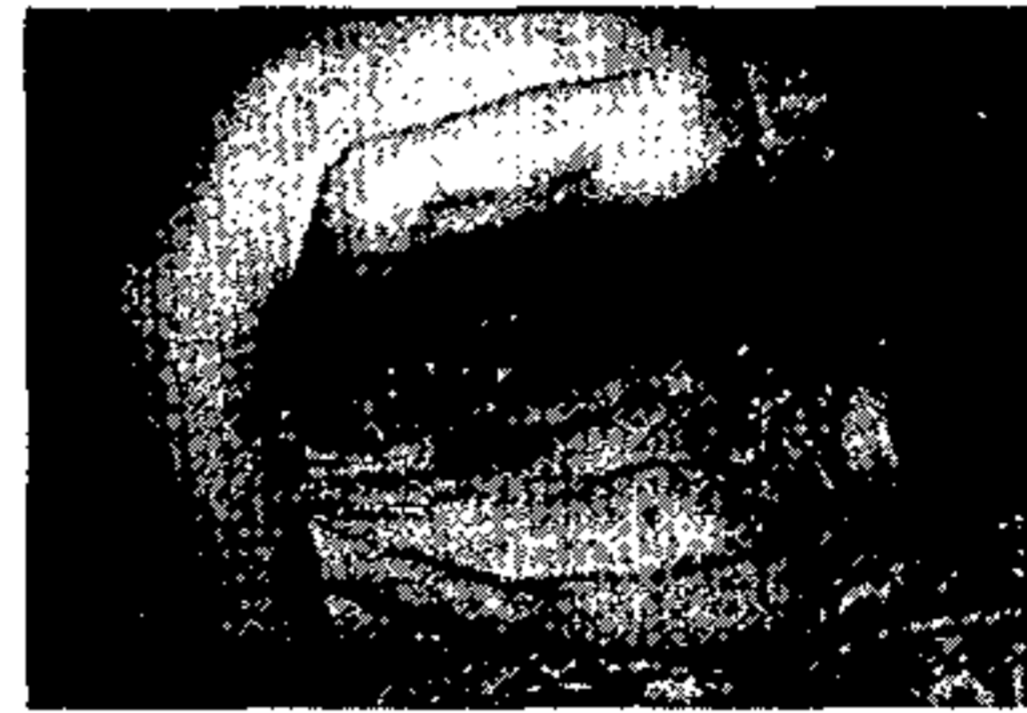
## Some Potentially Safe Sexual Activities

### The Following Sexual Activities are Usually safe

If you participate in one or more of the following sexual activities you could expect that your health and safety would not be unduly threatened:

**Having sex with a condom:** having sex with a condom is usually safe. You must, however, use it correctly. You should also take care that it does not break. Never use an oily lubricant. ALWAYS use a water soluble lubricant such as KY Jelly. NEVER use a condom more than once.

**Masturbating (wanking) with others:** this is a pleasant and usually safe practice. Make sure that you do not acquire any abrasions. They could become infected. If you do acquire any abrasions, disinfect them immediately and observe them carefully until they have healed



### Active fellatio (sucking off someone else):

this is a potentially safe activity. Care should, however, be taken as the following may be acquired:

- gonorrhoea of your throat which you could pass on to others
- non-gonococcal throat infection (e.g. Chlamydia infection)
- herpes infection of your lips or mouth (Type I or II)
- syphilis of your lips, tongue or lining of your mouth
- Hepatitis B
- enteric infections with diarrhoea and other complications

**Passive fellatio (being sucked off by someone else):** When sucking off someone else, take care as the following may happen:

- your cock could get abrasions which may become infected
- you could get herpes on your cock (Type I)
- you could get gonorrhoea
- you could get a Chlamydia urethritis (infection of piss hole)

**Wet or Deep Kissing:** when involved in this type of kissing be careful as you could acquire:

- herpes simplex (type I & II)

**Light S&M Activity:** this could be a potentially safe activity provided that it is very light in nature and that no bruises occur or that your skin does not become broken in any way. This could lead to infection.

## Definitely Unsafe Sexual Activities

### Definitely Unsafe Sexual Activities

Some sexual activities are definitely unsafe. They include:

#### Having sex without a condom

##### ***Being on top and fucking without a condom:***

If you plan to have unprotected anal sex, you must know that you are seriously threatening your own health. By fucking someone without a condom, you could acquire one or more of the following serious conditions:

- non-gonococcal urethritis (infection of the piss hole and piss pipe)
- gonorrhoea (drips)
- syphilis
- Trichomoniasis
- prostatitis (infection of the prostate gland)
- fungal infections of the skin like jock itch
- hepatitis A, B, non-A or non-B
- herpes infection of your cock (type I & II)
- warts on your cock
- HIV/AIDS



##### ***Being at the bottom and fucking without a condom:***

If you plan to have unprotected anal sex, you must know that you are seriously threatening your own health. By being fucked without a condom, you could acquire one or more of the following serious conditions:

- Injury to your prostate gland
- gonorrhoea of your arse (rectum)
- HIV/AIDS
- herpes infection of your arse (anus and rectum)
- syphilis
- hepatitis A, B, non-A & non-B

#### Fistfucking

Fistfucking could cause serious injury as well as other diseases

##### ***Being fistfucked:***

- tears of your anus
- internal scrapes of your rectum and/or colon
- perforation of your rectum and/or colon
- acute abdomen

## Definitely Unsafe Sexual Activities (continued)

### S&M Activities

You could be exposed to serious injuries if you become involved in S&M in an unsafe environment. This could include:

- lacerations
- burns
- other injuries
- HIV/AIDS
- suffocation
- many of the other conditions listed in this booklet depending on what takes place during the S&M activities



### Insertion of Objects Into Your Arse (Anus or rectum)

- allergic reactions to metal, plastic, rubber or leather
- fungal infections
- loss of objects up your arse (rectum) which may require a general anaesthetic to have it removed surgically

### Swallowing Someone Else's Cum (semen)

It is never a good practice to swallow someone else's cum. Doing this could expose you to:

- HIV/AIDS
- hepatitis A, B, non-A or non-B

### Group Sex (daisy chain, clutter fuck, gang bang)

Group sex may sound like a lot of fun. It could be but you must remember that chances of exposure to disease increases because of the number of individuals who are involved. Never participate in group sex after having taken alcohol or drugs - this may make you do things you would normally not do.



### Other Health Problems

Other health risks or problems that you could be exposed to which do not fit into one of the above groups may include:

- physical assault by others which may be very serious, e.g. gay bashing
- alcohol and drug abuse
- abuse of other substances like Viagra or injectable substances used to stimulate erection. This could cause serious health problems including impotence
- rectal incontinence from continuous stretching of your arse through use of toys or fistfucking.



## Important Information of Support and Other Groups

### General Support Groups

AIDS Helpline (National)  
Telephone: 0800 012 322

AIDS Information Centre  
Johannesburg  
Telephone: (011) 313-7988

Gay & Lesbian Helpline  
Cape Town  
Telephone: (021) 422-2500

Activate WITS  
Johannesburg  
Students for GLUT Equality  
Contact: Anthony  
Telephone: (011) 484-6207

AA The Living Sober Group  
Johannesburg  
Alcohol, Drugs or any other  
Addiction  
Telephone: (011) 622-9707

AA Gay Men's Alcoholic Anony-  
mous  
Cape Town  
Telephone: (021) 418-0020

Triangle Project  
Gay, Lesbian and Bisexual  
Helpline  
Telephone: (021) 422-2500

The Family Trust  
Durban  
HIV/AIDS Homecare Initiative  
Telephone: (031) 201-7137

The Community AIDS Info &  
Support Centre  
Johannesburg  
Telephone: (011) 725-6710

DAGSA  
Deaf Association for Gays of  
Southern Africa  
6622 25th Avenue  
Villiera, Pretoria

NAPWA  
National Association for People  
with AIDS  
Telephone: (012) 420-4411  
napnat@sn.apc.org

PE's Lesbigay Social Club  
Telephone: (041) 585-8409

USOF  
UNISA Sexual Orientation Forum  
Contact: Ian  
Telephone: (012) 429-6752  
Telephone: (012) 348-6501

St Mary's Home for people living  
with AIDS  
East London  
Telephone: (043) 736-1880

Caritas Care  
Pretoria  
We support people living with HIV/  
AIDS and their loved ones  
Telephone: (012) 322-7880

OUT (Formerly GLOP)  
Pretoria  
Gay and Lesbian Organisation of  
Pretoria  
Telephone: (012) 344-6500

Open Doors  
Durban  
HIV/AIDS Dropin Support Centre  
Telephone: (031) 304-6701

KwaZulu-Natal Provincial Coali-  
tion for Gay and Lesbian Equality  
Contact: Vasu Reddy  
Telephone: (031) 260-1149

The Red Ribbon  
Johannesburg  
A social and recreational centre for  
people living with HIV/AIDS  
Telephone: (011) 804-7240

OASIS  
Johannesburg  
The Community AIDS Info &  
Support Centre  
Telephone: (011) 725-6710

G.PACT  
Johannesburg  
Gay Parents & Children Together  
Telephone: (011) 646-4567

Friends for Life  
Johannesburg  
AIDS and HIV Support Group  
Also Gay & Lesbian Counselling  
Telephone: (011) 487-1918  
Telephone: (011) 487-3559  
Fax: (011) 487-3568  
E-mail: friends@pixie.co.za

Lesibian & Gay Network  
Telephone: 088 128 1902

Jewish Gay & Lesbian Help Line  
Contact: Selwyn (after 18:00)  
Telephone: (011) 447-1712

KZN Coalition for Gay & Lesbian  
Equality  
Durban  
Telephone (031) 301-2145

SURhivORS Network  
Group for HIV+ People  
Run by HIV+ People  
Contact: Martin  
Telephone: 082 335 4645

ABIGAILE  
The Association of Bisexuals, Gays  
& Lesbians  
Contact: Theresa  
Telephone: (021) 424-1532

Gay & Lesbian Association  
of Cape Town  
[www.glacic.co.za](http://www.glacic.co.za)

Joy for Life  
Support and Home Care Group for  
HIV+ People  
Telephone: (021) 438-8368

### **Medical and Psychological Support**

ATTIC, Bloemfontein  
Telephone: (051) 405-8544  
Telephone: (051) 405-8528

ATTIC, Cape Town  
Telephone: (021) 797-3327

ATTIC, Durban  
Telephone: (031) 300-3104  
Telephone: (031) 300-3020

ATTIC, Pretoria  
Telephone: (012) 308-8743  
Telephone: (012) 308-8744

ATTIC, Vanderbijlpark  
Telephone: (016) 950-5337  
Telephone: (016) 950-5338

SHASHA  
South African Sexual Health  
Association Helpline  
Telephone: (011) 886-6763

OUT Counselling, Pretoria  
Monday to Thursday 19:00-22:00  
Telephone: (012) 344-6500

Life Line AIDS Counselling  
Telephone: 0900 0123 22



HIV/AIDS Counselling Service  
Contact: Dr Elna McIntosh  
Telephone: (011) 787-1222

Time Out Information and Counselling, Durban  
Telephone (031) 216-214 (19:00-21:00)

Triangle Project, Cape Town  
For counselling, testing and holistic health

Telephone: (021) 448-3812  
Telephone: (021) 448-3813

### **Legal Assistance and Support**

GLLAC, Johannesburg  
Gay & Lesbian Legal Advice Centre  
Telephone: (011) 487-3810  
E-mail: evert@ncgle.org.za

The Gay & Lesbian Police Network  
Discrimination by your superiors in uniform?  
Telephone: 088 128 1902

People's Rights Movement  
For Legal Support in marijuana related cases  
Contact: Mark or Andrea  
Telephone: 083 726 9959

### **Sports and Activity Groups**

JOGS  
Jacaranda Organisation for Gay Sport  
Telephone: 083 454 7030

TOGS  
The Organisation for Gay Sport  
Contact: Gary  
Telephone: 083 654 8340  
Contact: Samantha  
Telephone: 082 903 8748

COGS, Cape Town  
Cape Organisation for Gay Sport  
Telephone: 082 716 5719

### **Religious and Spiritual Support Groups**

Good Hope Metropolitan  
Community Church  
Cape Town  
Contact: Pastor Marlow Valentine  
Telephone: 083 668 5935

Reforming Church  
Sunnyside, Pretoria  
Contact: Ds André Muller  
Telephone: (012) 348-9024  
Telephone: (012) 343-4430

Hope & Unity Metropolitan  
Community Church  
Yeoville, Johannesburg  
Contact: Pal Mikgethi  
Telephone: (011) 837-1523  
Contact: Reverend Nokuthala  
Dhladhla  
humcchillbrow@hotmail.com

Gay Christian Community  
Doomfontein, Johannesburg  
Contact: Roland  
Telephone: 082 601 6416

CHAZAK, Johannesburg  
Support Group for Jews with HIV  
Contact: Gill  
Telephone: (011) 883-3296

AGALLIA Ministries  
Contact: Nicky  
Telephone: 082 806 5838

Reforming Church, Durban  
Contact: Reverend Wim Griebenow  
Telephone: 083 513 6281  
Contact: Tony Rickelton  
Telephone: (031) 300-0407  
Telephone: (031) 21-5536

Deo Gloria Family Churches,  
Pretoria  
Contact: Janine  
Telephone: 082 889 1493

Die Reformerende Kerk  
Johannesburg  
Contact: Ds Leon Nel  
Telephone: 082 601 3250

Atara Ministries  
Support Group for Christians with  
AIDS  
Contact: Marius  
Telephone: 082 682 4476

Pilgrims, Cape Town  
Support Group for Gay Catholics  
Contact: Russel  
Telephone: (021) 888-2512

Stellenbosch Christian Support  
Group  
Contact: Nevel Panter  
Telephone: 876-2954  
Telephone: (021) 888-2512

## ANNEXURE 12

Copy of letter dated 30 May 2001 to the Registrar (Academic), University of South Africa, UNISA, requesting permission to publish a booklet based on this research prior to the submission of this thesis for examination



UNISA

### Professor Michael C Herbst

Department of Advanced Nursing Sciences, University of South Africa  
PO Box 392, UNISA, 0003  
Telephone: (012) 429-6021 - E-mail: herbsmc@unisa.ac.za

30 May 2001

The Registrar (Academic)  
University of South Africa  
PO Box 329  
UNISA  
0003

Dear Professor Msimang

#### PERMISSION TO PUBLISH A BOOKLET BASED ON MY DOCTORAL STUDIES

I am currently registered for the degree Doctor of Philosophy and Literature in the Department of Advanced Nursing Sciences. The title of my thesis is *Male Sex Workers in Pretoria: an Occupational Health Perspective*. My promoter is Professor LJ King.

My studies are going very well and I will be requesting permission early next year to hand in my thesis for examination. The main purpose of my doctoral studies is to empower male sex workers (and other men who have sex with men) to protect their own health as well as the health of their clients/partners.

I am writing this letter to you requesting permission that I may now publish a booklet based on my doctoral studies. I have discussed this with Professor King and she support my request. The title of the booklet is: *Safer Sex for Men who Have Sex with Men*. It is intended that this booklet will be distributed (free of charge) to all the respondents of my study. It will also hopefully (later on) be distributed in places where homosexual men will be able to acquire copies.

Your early response will be appreciated.

Thank you for your contributions as Academic Registrar. I wish you everything of the best for your future.

Kind regards

A handwritten signature in black ink, appearing to read 'Michael C Herbst'.

Michael C Herbst (Prof)



## ANNEXURE 13

Copy of a letter dated 31 May 2001 received from the Registrar (Academic), University of South Africa (UNISA), granting permission to the researcher to publish material based on this research prior to the submission of this thesis for examination



UNISA

Office of the Registrar

Kantoor van die Registrateur

Prof MC Herbst  
University of South Africa  
P O Box 392  
**UNISA**  
0003

31 May 2001

Dear Professor Herbst

### PERMISSION TO PUBLISH A BOOKLET BASED ON YOUR DOCTORAL STUDIES

I acknowledge receipt of your letter dated 30 May 2001 in respect of the above.

I learn from the said letter that your thesis has not yet been submitted. What must be borne in mind is that UNISA acquires copyright to your thesis once it has been accepted for degree purposes. This means that at this stage you do not need copyright permission. It is common practice that students would publish articles based on their thesis before or after submission of these for examination purposes. I do not think that one should draw a line between an article and a booklet. But it would be prudent to acknowledge that part of the contents of the booklet come from your doctoral study.

I wish you all the best with this ground-breaking project and all valuable contributions you are making to the Department, the University and scholarship in general.

Sincerely

  
PROF CT MSIMANG  
ACTING REGISTRAR (ACADEMIC)

## ANNEXURE 14

### Profiles of the thirty-one (31) Informants who Participated in this Study

#### 14.1 Profile of Informant Number 1

- *Chosen name of informant*

Ben 1

- *Biographical and family details of informant*

Ben 1 is a black young man of twenty-one. He comes from an average family and lives in one of the townships near Pretoria. He is one of four children and is the second youngest child. He has two older brothers and a younger sister.

He has passed Grade 10 and has not been very successful in getting employment. Except for a few odd jobs, he has been unemployed since leaving school.

- *Sexual experiences of the informant*

The informant says that he learnt all about sex with a man from a white man. The man of approximately 40 years old gave him a lift one day. He was then about sixteen years old. As they were driving the man started talking about sex. Soon afterwards the man put his hand on Ben's leg. Ben 1 immediately knew what it was all about and opened his fly to show the man his penis. They turned off the road and the man fellated him and gave him R20. Ben 1 says that this was the beginning of him earning money in exchange for sexual favours.

As a young boy he can remember masturbating. He says that he did not masturbate a lot - maybe twice a week. He, however, regularly had sex with some of the girls in the area. He has no special preference as far as gender of sex partners are concerned. When he has sex with a man, however, he expects to be paid for it.

- *Age of entry into sex work by informant*

Ben 1 started his sex work at the age of sixteen when he received his first R20 when a white man fellated him. He now works as a masseur at a male brothel. All his clients are white men. He says:

*“White guys know that we [black men] have huge cocks\*. Often they would phone the house where I work from and specifically ask for me. I have a huge cock\* and the guys know it.”*

He is not a *call boy\** because he sleeps over at his parents' place to look after the other children. He, therefore, cannot take calls after hours. He also does not have his own transport.

Ben 1 earns about R180 from each client. He averages about five clients per week. Sometimes a client would pay him a little more. All the money is not his - he has to give some of it to the male *madam\** who runs the house where he works.

- ***What motivated the informant into sex work***

the informant categorically states that he likes the money he is earning.

- ***What keeps the informant in sex work***

Ben 1 says that the good money he is earning keeps him in sex work. He will continue with his sex work for as long as he can. It provides enough money for him and his family. He is responsible to provide money for his family as well.

- ***How the informant perceives himself***

The informant sees himself as bisexual. He likes sex with girls but prefers sex with men because he can earn money that way. He dresses well and can also take care of his family.

Ben 1 believes that he will take a wife one day. His involvement with men at present is not a big issue. He says that having sex with another man is not such a big issue.

*“Men have been doing this for a long time and will continue to do so. It does not prevent them from taking care of their wives and children as is the case with white men.”*

- ***Sexual preferences of the informant***

Ben 1 is prepared to do anything as long as he gets paid for it. At the male brothel where he works he sometimes also uses toys\* with his clients. He says:

*“There are quite a lot of guys who bring their own toys\* with them. All you have to do is to let them have fun while you fuck\* them with a huge rubber cock\* or something similar.”*

He has been anally penetrated many times by clients and is not particular about the use of a condom. He likes to suck\* guys and likes to go sixty-nine\* with someone. He is not too keen on kissing other men.

- ***Health history of the informant***

According to Ben 1 his health seems to be fine. He says that he has never had any sexually transmitted infection. He does not know his HIV status and says that he will go for a test some time in the future.

- ***Experiences of the informant regarding drug and alcohol abuse***

The informant has a history of glue sniffing as a youngster. He now prefers to sniff poppers\*. They keep poppers\* at the male brothel where he works and he likes to sniff it before he cums\*.

- ***Experiences of the informant regarding violence***

Ben 1 has been exposed to a lot of violence as a young boy. He has been assaulted several times by other black men

*“...who were jealous of me getting money in return for sex.”*



- ***Knowledge of sexually transmitted infections by the informant***  
He says that he is fully informed about sexually transmitted infections including HIV/AIDS. When questioned, however, on possible risks associated with *sex toys\** he admitted that he always thought it was safe to use them. He was also under the impression that sharing *toys\** was not risky behaviour.
- ***Knowledge of safer sex by the informant***  
Ben 1 knows about condom use but is not particularly keen on using them. He says that it takes away half of the pleasure and excitement of sex. He also allows clients to anally penetrate him without using a condom,  

*“...because the client prefers it that way. I also get extra money for being fucked\* without a condom.”*
- ***Where the informant sees himself in the future***  
The informant sees himself as getting married one day. This will only happen, he says, once he stops his sex work en gets other employment.

## 14.2 Profile of Informant Number 2

- ***Chosen name of informant***

Ben 2

- ***Biographical and family details of informant***

Ben 2 comes from an Afrikaans speaking family. He is twenty years old. He is the second oldest child and has an older and younger brother. His parents are semi-skilled workers and they live in one of the Pretoria suburbs north of the Pretoria Zoo. Ben 2 says that his father comes home very late at night and they hardly ever see him. His mother is the one who keeps the family together. He thinks the world of his mother and says that he feels very guilty about what he does because it will break his mother's heart if she knows of his sexual activities.

- ***Sexual experiences of the informant***

The informant says that he can remember masturbating from a very young age. He always fantasised about girls when he masturbated.

His first sexual encounter with an older man was when he was about nine years old. His uncle from his mother's side liked to play with him. They would always end up wrestling and it was during these wrestling bouts that his uncle would always 'accidentally' touch his genitals. Once he had a *hard-on\**, his uncle would fellate him. Later on he fellated his uncle as well. He, however, does not fellate other men any more. He only allows them to fellate him.

- ***Age of entry into sex work by informant***

Ben 2 entered sex work at the age of fourteen when he started selling sexual favours in the *tearoom\** in one of the parks in Pretoria.

- ***What motivated the informant into sex work***

The fact that he could earn money practically every day, made sex work very appealing to him, he says. The informant also claims not to enjoy his work, but he sticks to it because it is a sure way of earning some money.

- ***What keeps the informant in sex work***

The ease of earning a living makes him stay in sex work. He is, however, not sure what he will do when he gets older and men may not find him attractive enough any more.

- ***How the informant perceives himself***

He does not see himself as *gay\**. He says he is also not bisexual. He says that he merely provides a service to those men who are prepared to pay him for it.

- ***Sexual preferences of the informant***

Ben 2 says that he allows men to fellate him. He does not allow them to fondle or caress him at all and says that:

*“Enige ou wat iets anders probeer, sal kak\* optel!”*

[“Any guy who tries something else, will encounter problems (*shit\**)!”]

He says that while he is being fellated, he closes his eyes and fantasises about girls.

- ***Health history of the informant***

The informant has had gonorrhoea three times which cleared up every time after treatment from the clinic. He has also had pubic lice and ringworm infection but did not know that he most probably got it from his sexual activities.

- ***Experiences of the informant regarding drug and alcohol abuse***

Ben 2 takes heroin. He says that he takes only half a *bag*\* at a time. He pays about R60 for a *bag*\* of heroin and says that heroin is freely available in Pretoria if you know where to go and get it.

- ***Experiences of the informant regarding violence***

The informant admits to having been involved in several episodes of violence. Three of his friends in the park, and himself, formed a gang and they usually 'look out for each other', meaning that they are there to provide protection to each other. They (the gang) have often assaulted clients in order to get additional money from them. They also sometimes steal jewellery from clients.

- ***Knowledge of sexually transmitted infections by the informant***

Ben 2 says that he knows about some diseases but is not sure how they are spread.

- ***Knowledge of safer sex by the informant***

He claims to know about condom use but says that because he does not have sex with other men, condoms are of no use to him.

- ***Where the informant sees himself in the future***

The informant sees himself one day being a married man with children. He says this will be when he is about twenty-eight years old. He must first earn some more money before he can get married one day.



### 14.3 Profile of Informant No 3

- ***Chosen name of informant***

Brad.

- ***Biographical and family details of informant***

Brad is a twenty-five year old male *madam\**. He is co-owner of a male brothel. They usually have about seven boys working for them. The ages of the boys range from eighteen years to about twenty-five years. As *madam\** of the brothel, he is entitled to half the income earned by boys who work under his protection.

Brad says that he has not seen his family in a long time. He originally comes from an Afrikaans speaking family and is the youngest child. He has two older sisters. His parents are both unskilled workers. His dad works for Metrorail and his mother is in charge of a group of cleaners at a big business concern.

- ***Sexual experiences of the informant***

The informant says that he had his first sexual encounter with another boy when he was about seven. The other boy was about twelve years old at the time. At a very early age he was introduced to passive anal penetration and says that he likes to *bottom\** for someone else.

Brad claims that he is prepared to do anything his clients request. He was also, several times in the past, involved in *golden showers\** and *brown showers\** with a client. At first he did not like it but says that he got to like it eventually. When involved in one of these two activities, he is usually the active partner and told the researcher:

*“Ek is die een wat op die ou kak\* en pis\*. Dit is lekker om te sien hoe die ou dit enjoy. Terwyl ek op hom pis\*, lê hy en draadtrek\* totdat hy kom\*. Dit is genoeg vir my om ook te kom\*.*

[“I am the one who defaecates (*shits\**) and urinates (*pisses\**) on the other guy. It is nice to see how he enjoys it. While I urinate (*piss\**) on him, he lies and masturbates until he ejaculates (*cums\**). That is enough for me to also reach orgasm (*cum\**).]

- ***Age of entry into sex work by informant***

Brad started in sex work when he was about sixteen. That was when he started selling sexual favours to older men at the *tearoom\** at the Pretoria station.

- ***What motivated the informant into sex work***

The informant admits that he likes what he is doing. He is surrounded by nice young guys and enjoys peeping when some of the boys are involved with clients. He also likes the money he gets from providing boys to clients.

- ***What keeps the informant in sex work***

Brad says that it is purely the financial gain that keeps him in sex work. He cannot sell his body to anyone any more as he is totally impotent.

- ***How the informant perceives himself***  
The informant has accepted his role as a male *madam*\*. He is very proud of how well he takes care of the boys who work for him.
- ***Sexual preferences of the informant***  
Brad has no sexual preferences any more apart from observing others involved in sex. He is totally impotent at present.
- ***Health history of the informant***  
The informant says that he is healthy except for the fact that he is impotent. He says that he believes his impotence comes from his very active sex life which he was involved in earlier. In order to take on the number of clients who demanded his services, he had to start taking tablets (the informant did not want to confirm that it was *Viagra*) in order to get a *hard-on*\*. He claims that *Viagra* can be purchased on the Internet.

The researcher was able to confirm this. The reader is referred to *Annexure 12* for a print-out of an e-mail from [freeyankee@lists.postmastergeneral.com](mailto:freeyankee@lists.postmastergeneral.com) which provides information on how to obtain *Viagra* (and other medicines) without a prescription from a medical practitioner.

Later on the tablets were not enough to give him a *hard-on*\* and he started injecting himself around the base of his penis with injections he got from a medical doctor. This helped for a time until he landed in hospital with an erection that would not go away. Brad says that the doctor had to operate on him and this resulted in his inability to get an erection. Since then he has been a male *madam*\*.

- ***Experiences of the informant regarding drug and alcohol abuse***  
Brad says that he is very frustrated because of his impotence and by taking heroin he gets to forget about his problem. He claims to pay approximately R50 to R60 for a *bag*\* of heroin. He also admits to regular binge drinking.
- ***Experiences of the informant regarding violence***  
The informant says that he is very softhearted and not capable of injuring someone else. He claims never to have been involved in any form of violence.
- ***Knowledge of sexually transmitted infections by the informant***  
He claims to be well informed of sexually transmitted infections including HIV/AIDS and says that he teaches the boys who work for him about these problems. He also tries to convince them of the importance of using condoms. He supplies them with plenty of condoms which he obtains from the local family planning clinic.
- ***Knowledge of safer sex by the informant***  
Brad says he knows about safer sex practices. He says that he teaches the boys who work for him about this as well. He cannot guarantee, however, that they listen to him.
- ***Where the informant sees himself in the future***  
Brad says that he will have to remain a male *madam*\* for as long as he can. He has never

done anything else. He only knows about sex work.



#### 14.4 Profile of Informant No 4

- ***Chosen name of informant***

Chris.

- ***Biographical and family details of informant***

Chris comes from an Afrikaans speaking family. He says that they live amongst the poor. His dad worked for a steel company in Pretoria and when the factory closed, his dad lost his job. Ever since this his dad has had to be satisfied with little odd jobs to keep the family going. He is one of five children and is the second oldest. He has an older sister and three younger brothers. He is currently 20 years old.

He has passed Grade 12 but has, so far, been unsuccessful in finding employment. His parents, however, look up to him to assist them in keeping the family going. He says that this responsibility lies very heavy on his shoulders.

- ***Sexual experiences of the informant***

The informant says that his childhood has been very 'normal' and that he never had any exceptional sexual experiences. He can recall that he regularly masturbated while thinking of girls. He sees himself as *straight\**. He feels very strongly about this. His strong feelings are expressed by the following statement made to the researcher:

*“Ek is nie ‘n moffie nie en sal nooit een wees nie. Ek naai\* ander mans omdat ek die geld nodig het.”*

[“I am not *queer\** and will never be. I have sex with (*fuck\**) other men because I need the money”].

- ***Age of entry into sex work by informant***

Chris entered sex work at the age of sixteen when his dad lost his job. He was still at school then. He says that he heard from another boy at school that other men are prepared to pay boys for sexual favours. He made enquiries and says that he was pleasantly surprised at how easily he got into the business.

He started off by allowing himself to be fellated for payment. He now prefers to have active anal sex with other men. He does still, however, allow other men to fellate him. He charges R50 to be fellated and if he has to anally penetrate another man, he charges R60.

- ***What motivated the informant into sex work***

The informant says that he is in sex work exclusively for the money. If he could find alternative employment, he would immediately stop being sexually involved with other men. When being fellated, he usually closes his eyes and pretends that it is a beautiful woman fellating him. When having anal sex with another man, he imagines himself having sex with a woman.

- ***What keeps the informant in sex work***

Chris is determined that he will stay in sex work only as long as he does not have other employment. As soon as he can find another job, he will immediately stop his sex work.

- ***How the informant perceives himself***

He sees himself as heterosexual.

*“Ek is straight\*. Ek is so reguit soos ‘n paal. Ek lewer ‘n diens waarvoor ander ouens bereid is om te betaal. Ek doen dit net om my familie te help.”*

[“I am *straight\**. I am as straight as a ruler. I provide a service for which other guys are prepared to pay. I do it in an effort to support my family.”].

Chris is currently a *streetwalker\** and earns an average of R150 per day. His family does not know what he does for an income. He tells them that he performs odd jobs which other people are not inclined to do. So far, he says, they believe him.

- ***Sexual preferences of the informant***

His sexual preferences are very limited. He says:

*“Of ek naai\* die ou, of hy suig my piel\*. Niks ander nie. En hy moet betaal!”*

[“Either I have sex with (*fuck\**) the guy, or he sucks my *cock\**. Nothing else. And he must pay me!”]

- ***Health history of the informant***

Except for having had gonorrhoea twice, Chris claims that his health is generally good.

- ***Experiences of the informant regarding drug and alcohol abuse***

Chris believes that he is very ‘normal’. He has a few beers now and then. Apart from that, he does not use any drugs or alcohol.

- ***Experiences of the informant regarding violence***

The informant acknowledges that he has been involved in quite a few acts of violence. He says:

*“Ek het al ‘n paar ouens dik gedonner as hulle my wil soen of aan my wil vat. Daar is net twee goed: ek naai\* hom of hy suig\* my af. Ek waarsku nou die ouens vooraf dat ek geen kak\* vat nie. Ek soek net geld en in ruil daarvoor gee ek my piel\* om gesuig\* te word of ek naai\* hom.”*

[“I have already assaulted a few guys because they tried to kiss me or touch me all over. There are only two things: I have sex with (*fuck\**) him or he fellates me (sucks my *cock\**). I now warn the guys that I do not take any nonsense (do not take any *shit\**). I am only looking for money and in exchange for that I provide my penis (*cock\**) to be fellated (sucked) or I have sex with (*fuck\**) the guy.”].

- ***Knowledge of sexually transmitted infections by the informant***

Chris says that he has learnt about gonorrhoea the hard way. He is, however, prepared to take risks as long as he can get money to help look after his family. He knows about condom usage but says that most guys don’t want to *suck\** someone who uses a condom.

Chris does not know his HIV status. He says that he knows he is HIV negative and will remain so.

- ***Knowledge of safer sex by the informant***

He only knows about condom usage. He, however, does not use a condom regularly.

*“As die ou verkies om genaai\* te word sonder ‘n FL\* dan doen ek dit.  
Hy betaal vir wat ek hom gee.”*

[“If they guy prefers to have sexual intercourse (be *fucked\**) without a condom (FL\*) then I will do so. He pays me for what I give him.”].

- ***Where the informant sees himself in the future***

Chris sees himself as finding a job soon. He also sees himself as getting married. He hopes with all his heart that his children will not have to do what he is currently doing in an effort to keep their family going.



#### 14.5 Profile of Informant No 5

- ***Chosen name of informant***

David.

- ***Biographical and family details of informant***

David is a black young man who currently resides in Pretoria. He is originally from Soweto. He is staying with some friends. He is 21 years old and is the oldest of three brothers. His father is a factory worker and his mother works as a domestic servant in Naturena, Johannesburg. He currently works in a male brothel as a masseur.

- ***Sexual experiences of the informant***

The informant claims that his first sexual experience occurred when he was about 12 years old when his uncle from his father's side played with his genitals. He says that he liked it and soon afterwards started playing sex games with other boys. His first experience with sex with a white man was when he was about sixteen years old. A white man picked him up when he was on his way to Pretoria. The man talked to him about sex and he got an erection. The man then asked him to expose himself, which he did. They turned off the road and the white man had anal sex with him. They did not use a condom.

- ***Age of entry into sex work by informant***

David became interested in sex work at the age of twenty when he read an advertisement in one of the local newspapers advertising for young guys to come forward to be trained as masseurs. He saw the advertisement in the 'adult entertainment' section of the newspaper and immediately thought that there was a possibility of sex being involved.

He went for an interview and got the job. He says that he received very little training in massage. He earns about R250 per week.

- ***What motivated the informant into sex work***

David says that he is involved in sex work because he likes having sex with white men. He says that he also likes the money he gets from it. He usually has some money left to send to his parents.

- ***What keeps the informant in sex work***

The fact that he has sufficient money to live off and also has some to spare for his parents, keeps David in sex work.

- ***How the informant perceives himself***

The informant sees himself as *gay\**. He has accepted the fact that he will remain a masseur for as long as he can and will continue to sell sexual favours to men.

- ***Sexual preferences of the informant***

David has no sexual preferences. He is prepared to do whatever any of his clients asks of him. He has been involved in oral sex (active and passive), anal sex (active and passive), oro-anal contact (passive and active), body contact and mutual masturbation.

- ***Health history of the informant***

The informant claims that he is healthy except for regular spells of an upset stomach with

intermittent diarrhoea. David does not know his HIV status and does not intend to have it done soon.

- ***Experiences of the informant regarding drug and alcohol abuse***

David has started experimenting with heroin and has a few injection marks on both arms. He also regularly smokes *dagga*\*. He says that drugs are freely available in Pretoria as long as one has the money to pay for it.

- ***Experiences of the informant regarding violence***

This informant has been assaulted a few times by other guys because he was perceived to be effeminate. This has not happened since he started working in the male brothel. Previously when he also tried to be picked up in one of the parks in the central business district of Pretoria, he was assaulted. He claims that he has never assaulted anyone.

- ***Knowledge of sexually transmitted infections by the informant***

David has had several attacks of gonorrhoea. He went to a private black doctor and the gonorrhoea cleared up every time. He claims to be knowledgeable about sexually transmitted infections including HIV/AIDS but is not interested yet to know his HIV status.

- ***Knowledge of safer sex by the informant***

The informant says that he tries to stay clean by using a condom whenever he can. He has had sex many times (active and passive anal sex) without using a condom. David says that if his client is prepared to pay him extra money (he mentioned R10) he is prepared to allow sex without a condom.

- ***Where the informant sees himself in the future***

The informant has a vision of being taken in by a white man as his *toyboy*\*. He says that he would be a very good companion. He thinks that if he does not get the chance to go and stay with a white man, he will remain a masseur where he is currently working.



#### 14.6 Profile of Informant No 6

- ***Chosen name of informant***

Divjesh.

- ***Biographical and family details of informant***

Divjesh comes from a traditional Asian family in Durban. He is a relative of Sujeeth (one of the informants of this study) and came with Sujeeth from Durban to Pretoria for a year. He is the second son of his parents. His parents have two sons. His brother is also *gay\** but is already married. They live as an extended family consisting of his parents and grand parents.

- ***Sexual experiences of the informant***

He says that he has always been attracted to other men. Even when he was very small, he can recall that he was always interested in watching other boys go to the toilet. He liked watching the other boys urinating. He would:

“... go and jack off\* at the sight of another guy’s dick\*.”

He had his first sexual experience when his older brother (who is 10 years older than him) *sucked\** him off and *rimmed\** him. He was about 9 years old at the time. Ever since that experience he has been *wanking\** practically every day of his life whilst thinking of doing to other boys what his brother did to him. When he became older (approximately 16 years old) he started actively seeking out other boys for sex. He states that he has no hangups about his sexuality.

- ***Age of entry into sex work by informant***

Divjesh became a sex worker at the age of eighteen (18) together with his cousin Sujeeth (one of the informants to this study). He is currently a masseur and *call boy\** at a male brothel in Pretoria.

- ***What motivated the informant into sex work***

He knows that he will have to get married one day. It appears to be no problem to him. He is confident that he will be a good husband and father to his children. He knows that there will always be opportunities to have sex with other men. He knows this from seeing how happy his older married brother is.

- ***What keeps the informant in sex work***

Nothing is keeping him in sex work. He states that he is enjoying it as long as it lasts. It provides him with plenty of pocket money in addition to what his father sends him every month. He can afford to have

“...a wonderful youth before taking on the responsibility of adulthood.”

- ***How the informant perceives himself***

Divjesh sees himself as a ‘normal’ young man who is interested in other men for sex. He does not see himself as *gay\** although he admits that in terms of Western culture he may be labeled as such.



- ***Sexual preferences of the informant***

Divjesh provided a long list of activities he is prepared to be involved in. He listed the following:

- giving and receiving *blow jobs\**
- *wanking\** with someone
- *fucking\** (both ways - *tops\** and *bottom\**)
- *rimming\**
- being *rimmed\**
- playing with *toys\**.

He states that he is definitely not into *S&M\**, *B&D\** or *leather\**.

- ***Health history of the informant***

He has had several spells of *drip\** and has experienced regular bouts of diarrhoea. He once also had a nasty ulcer in his mouth - he is not sure what it was - he, however, got injections and tablets for it from his doctor and it disappeared. He is, otherwise, healthy. Divjesh does not know his HIV status.

- ***Experiences of the informant regarding drug and alcohol abuse***

He uses no alcohol or drugs but is aware of alcohol and drug abuse among some of the other young men who work in the brothel with him.

- ***Experiences of the informant regarding violence***

He has not been involved in any form of violence.

- ***Knowledge of sexually transmitted infections by the informant***

Divjesh claims to know about gonorrhoea and syphilis. He also knows about HIV/AIDS but has never had his HIV status determined. He does not plan to have that done. He sees this as admitting to being homosexual.

- ***Knowledge of safer sex by the informant***

Divjesh knows about condoms and that they can help prevent sexually transmitted infections. He is, however, not keen on using them as he finds it

“...a bother to put on and get rid of at the end of having had sex.”

He is unaware of the health hazards associated with some of his other sexual activities, for example *rimming\**.

- ***Where the informant sees himself in the future***

He sees himself as a married father within a few years and is looking forward to it.

“If my brother can be gay\*, married and happy, so can I!”

He stresses, however that

“...Indian gays\* are Indian first and gay\* second.”

#### 14.7 Profile of Informant No 7

- ***Chosen name of informant***

Edwin.

- ***Biographical and family details of informant***

Edwin is a nineteen year old boy from an Afrikaans speaking family. He comes from a family of 'colour'. He is the oldest of five siblings and has two younger brothers and sisters. He has passed Grade 10 and is currently a sex worker who works from one of the parks near the central business district of Pretoria. His father is a teacher and his mother is a home executive. His parents are not aware of his sexual activities.

- ***Sexual experiences of the informant***

The informant says that his first sexual experience was with a boy of sixteen when he was twelve years old. This sixteen year old boy introduced him to fellatio and mutual masturbation. At age fourteen, Edwin became sexually involved with an older white man who paid him R10 in exchange for allowing the man to fellate him.

- ***Age of entry into sex work by informant***

Edwin formally entered into sex work at the age of sixteen by selling sexual favours to other men from a park near the central business district of Pretoria. He states that he earns about R25 to R50 on a good day. He claims that he often has to drastically lower his fees to about R5 per *trick*\* in order to attract clients.

- ***What motivated the informant into sex work***

The informant says that he started with sex work because it was the easiest way for him to earn some money. He originally saw another friend of his walking off with a white man. He told the researcher that he followed them to a public toilet where he saw them engaging in sexual activity. When he confronted his friend about this, the friend informed him that this is how he earns a living. He was introduced to *cottaging*\* by his friend.

- ***What keeps the informant in sex work***

Edwin says that his school record is not good. He finds it difficult to find employment and by selling sexual favours he is assured of some income. He gives some of his money to his mother to assist her in managing the family.

- ***How the informant perceives himself***

The informant perceives himself as a *gay*\* sex worker. He says that he has no interest in girls whatsoever.

- ***Sexual preferences of the informant***

Edwin is prepared to do whatever his clients request of him. Should they request additional things like anal sex, he charges them an additional R5. For an additional R5 he will allow passive anal penetration without the use of a condom.

- ***Health history of the informant***

The informant says that he is not too healthy. He has chronic chest problems and recently started developing swollen glands in his neck area. He is not sure what his HIV status is. He says that he does not have the money to go to the doctor. According to Edwin he had

the *drip*\* a few times and was treated at the primary health clinic.

- ***Experiences of the informant regarding drug and alcohol abuse***

Edwin uses heroin and showed the researcher some ulcers on his arms which developed at some of the injection sites. According to the informant he acquires his heroin in a park near the central business district of Pretoria. It costs approximately R50 to R60 per *bag*\*. Because he earns so little money, he can only afford heroin once every week or so. Edwin says that on certain days he feels like going crazy with desire for heroin.

- ***Experiences of the informant regarding violence***

Edwin has been taken into police custody twice for assaulting some of his clients. He says that he had to force the client to pay him for sexual favours and was only trying to get what was rightfully his.

*“As ek nie vir myself sorg nie, wie sal dit doen? Die man kan mos nie sommer net wegloop sonder om te betaal nie!”*

[“If I do not take care of myself, who will do so? The man cannot just walk away without paying me!”].

- ***Knowledge of sexually transmitted infections by the informant***

Having had gonorrhoea more than once, Edwin is aware of sexually transmitted diseases. He says that he is also knowledgeable about HIV/AIDS but cannot afford to have his HIV status confirmed.

- ***Knowledge of safer sex by the informant***

Edwin knows about safer sex practices but says that he is in great need of as much money as he can lay his hands on and, therefore, will allow clients to have unprotected sex with him.

- ***Where the informant sees himself in the future***

The informant is very unsure about his future. He believes that he may be HIV positive and may already be starting to show signs of AIDS. He is desperate for money and tries to have as many *tricks*\* as he possibly can every day.



#### 14.8 Profile of Informant No 8

- ***Chosen name of informant***

Gareth.

- ***Biographical and family details of informant***

Gareth is a white boy of nineteen years old. He comes from an English speaking family. He is the youngest of three children with two older sisters. His father is a police officer and his mother a credit clerk at a big business concern.

He is currently in Grade 12 and intends to go to university upon completion of his secondary education to study to be a teacher.

- ***Sexual experiences of the informant***

The informant says that he was a very normal boy. He was never obsessed with sex and cannot remember masturbating before the age of about twelve. He always had a steady girlfriend throughout his primary school years.

When he went to high school, he met an older boy who was in Grade 10. This boy asked him to come and sleep over one night. They shared the same bed and during the night he woke up realising that his friend was busy fondling his genitals. He recalls that he thought he was in heaven as he had this new and strange sensation going through his whole body. When he was fully awake he realised that he had a *hard-on\** and his friend was busy pulling down his pajamas. His friend then went down on him and gave him a *blow job\**. He says it is difficult to describe what it was like. One thing he remembers well, he says, is that he fellated his friend in return as he wanted to give back to his friend something of this wonderful experience he had just had.

Since that day he became very aware of his sexuality and actively sought out other boys who were prepared to play sex games with him.

- ***Age of entry into sex work by informant***

Gareth entered sex work at the age of sixteen when he joined a male brothel as a masseur. He says that he knew nothing of massage, although he has learned a few things since then. He now earns, on average, about R250 per day as masseur and *call-boy\**.

- ***What motivated the informant into sex work***

The informant says that being close to another man and earning money by sharing one's body with him attracts him to sex work. He likes the work he is doing and also likes the money he makes from it.

- ***What keeps the informant in sex work***

Gareth says that he will most probably stay in sex work for as long as he can. He decided on this because he knows how difficult it is for white men to find employment. He trusts, however, that once he is a qualified teacher things will have changed and that he will find other employment. He would like to be a physical training teacher. This will provide him with the opportunity, he says, of possibly seeing some of the boys naked in the showers.

- ***How the informant perceives himself***  
The informant sees himself as being *gay\**. He has accepted the fact that he is different from most other boys but has no regrets.

- ***Sexual preferences of the informant***  
As masseur and *call-boy\** there is very little room to be too particular about likes and dislikes he says. Gareth says that if one wants to make a real financial success of being a *call-boy\**, one should be prepared to do whatever the clients request.

Gareth has been involved in:

- sucking *dick\**
- *rimming\** (active and passive)
- *fucking\** (active and passive - often without a condom and for an increased fee)
- *sex toys\**
- *water sports\**
- *wanking\** (mutual).

- ***Health history of the informant***  
Gareth says that he is very healthy and trusts that this will remain so. He has no history of sexually transmitted infection or any other ailments except a few coughs and colds.

- ***Experiences of the informant regarding drug and alcohol abuse***  
The informant is quite knowledgeable about drug and alcohol abuse from what he sees around him and what he hears from some of the other boys who work with him. He says, however, that so far, he has been able to stay clear of any involvement. He admits that the pressure on him is great and he hopes that he will not give in.

- ***Experiences of the informant regarding violence***  
Gareth says that he knows of many sex workers who regularly get involved in one form of violence or another. He has been very fortunate so far and only hears of these things.

- ***Knowledge of sexually transmitted infections by the informant***  
The informant seems to have quite a fair knowledge of sexually transmitted infections. He talks about various of these infections with ease. He does, however, not know what his HIV status is and has no interest in going for a blood test. He says that he will not be able to face it should he be informed of being HIV positive.

- ***Knowledge of safer sex by the informant***  
Gareth's knowledge of safer sex seems good. He says that he does not practice safer sex because most clients prefer to have sex without a condom.

*"If the price is right, I will never demand the use of a condom even if the client wants to cum\* inside me."*

- ***Where the informant sees himself in the future***  
The informant sees himself as a lucky physical training teacher who will have many willing boys around him at school.



#### 14.9 Profile of Informant No 9

- ***Chosen name of informant***

Giel.

- ***Biographical and family details of informant***

Giel is a twenty year old boy from an Afrikaans speaking background. He is the youngest of two children and has an older brother. His father is a teacher and his mother a professional person. They live in a good neighbourhood in Pretoria.

- ***Sexual experiences of the informant***

The informant says that he was a late comer as far as sexual awareness was concerned. He only became aware of his sexuality when he was already twelve years old. That was the first time that he had masturbated. He was introduced to masturbation by a girl who was four years older than him. He claims that the two of them never had sex but that she liked to masturbate and fellate him. He says he never touched her while she masturbated or fellated him. She would, however, take off all her clothes and play with herself at the same time.

His first experience with a man occurred when he was sixteen years old. That was when his uncle fellated him. His uncle saw the sexual activities between him and his girl friend and then blackmailed him into allowing his uncle to fellate him. His uncle gave him some money. This made him aware that men were prepared to pay to fellate boys. Informant Giel told the researcher:

*“Ek is not steeds kwaad vir my oom. Hy blackmail my oor ek met ‘n mesiekind speel, maar terselfertyd suig hy my piel\*. Die geld wat hy my gegee het was egter welkom.”*

[“I am still angry at my uncle. He blackmails me because I play with a girl, but at the same time he fellates me (sucks my *cock*\*). Die money he gave me was, however, very welcome.”].

- ***Age of entry into sex work by informant***

Giel says that he entered sex work in a park in Pretoria before he was seventeen years old. This happened soon after his uncle fellated him and paid him. This was the start, he says of earning money through allowing other men to fellate him. He always fantasises about the girl who introduced him to fellatio and masturbation. Every time when a man fellated him he would close his eyes and think of this girl.

- ***What motivated the informant into sex work***

The prospect of earning good money motivated Giel into allowing men to fellate him.

- ***What keeps the informant in sex work***

It is only the money that he earns that keeps him in sex work. If he could find anything else that would provide him with the same income, he would stop letting men fellate him, he says.

- ***How the informant perceives himself***

Giel sees himself as heterosexual. He says he is not *gay*\*.



- ***Sexual preferences of the informant***  
Giel's sexual preferences are having sex with girls. He only allows men to fellate him. He does not permit any other contact by the men who fellate him.
- ***Health history of the informant***  
Apart from a few spells of gonorrhoea, Giel claims to be healthy. He does not know his HIV status and is not interested in having a test done.
- ***Experiences of the informant regarding drug and alcohol abuse***  
Giel has started experimenting with heroin. He says that it is freely available in Pretoria and is not all that expensive. He claims to pay R50 per *bag\**.

*“H\* is freely available. Dit is ook nie expensive nie. Dit kos net R50 vir 'n bag\*. Jy moet net weet waar om dit te koop. Ek koop dit sommer hier in die park.”*

[*“H\* is free available. It is also not expensive. It only costs R50 per bag\*. You must just know where to buy it. I buy is right here in the park.”*].

- ***Experiences of the informant regarding violence***  
The informant admits to being involved in violence. He says that between himself and two other guys who work in the park with him, they regularly assault some of the men who frequent the park in search for young boys. According to Giel there are many boys of about fourteen to eighteen who sell sexual favours in the park. He claims that half their income is derived from stealing from their victims. He says that they are not afraid of assaulting the men because they know the men will not report it to the police, because the police knows about what is happening in the park and the men know that they run the risk of being detained by the police for molesting young boys.
- ***Knowledge of sexually transmitted infections by the informant***  
Giel says that he does not worry about sexually transmitted diseases. He only allows men to fellate him and he believes that he cannot acquire any infection in this way.
- ***Knowledge of safer sex by the informant***  
He knows about condoms but says that he only uses them when he has sex with girls.
- ***Where the informant sees himself in the future***  
Giel says that he will one day get married and have children.

#### 14.10 Profile of Informant No 10

- ***Chosen name of informant***

Govind.

- ***Biographical and family details of informant***

Govind is a twenty-two year old Asian young man from Klerksdorp. He moved to Pretoria for a while so that he could enjoy some sexual freedom. He comes from a Hindu family and is the second oldest child. He has three sibling, one older brother and two younger sisters. His parents are traders in the Klerksdorp area. They live as an extended family in a big house. He says that he is fortunate to still have all his grandparents. Some of his married uncles are also staying with them. He has three male cousins living with them.

- ***Sexual experiences of the informant***

The informant says that sex was never a forbidden subject in their home. He always had the freedom to ask his parents whatever worried him. He believes that they always tried to answer him in an honest way.

When he was about twelve his one uncle from his father's side introduced him to sex games. They would play with each other's genitals and would masturbate each other. Govind says that this continued until he was about sixteen when one of his other uncles saw him and his uncle playing together. His uncle threatened to tell on them if they would continue with this 'filthy' habit.

- ***Age of entry into sex work by informant***

Govind entered sex work when he was twenty-one years old. He moved to Pretoria where he could safely be involved with other men without any of his relatives knowing about it. He works on his own as a *call-boy*\* and claims that his clients are all white married men. He currently earns around R220 per hour and earns on average approximately R5000,00 per month. He sometimes earns more because he also accompanies clients on longer visits. He says that he has already been on two trips outside the borders of South Africa as companion and sex partner to rich businessmen.

- ***What motivated the informant into sex work***

The informant was drawn into sex work by money. He also claims to like what he is doing.

- ***What keeps the informant in sex work***

Money and the love of his work.

- ***How the informant perceives himself***

Govind says that he does not see himself as *gay*\* or bisexual. He sees himself as an ordinary guy who provides the sexual services that other men need. He will one day get married and have children. He feels free to have sex with either men or women, although he currently enjoys having sex with men exclusively.



Having sex with other men is no problem for him. It does not clash with his religion. His religion allows him to do whatever he wants to provided that he does not harm anyone else in the process. So as long as he has sex with other men who want him to have sex with them, he feels free to do so.

- ***Sexual preferences of the informant***

This informant says that he is prepared to do anything his clients ask of him. He has also done everything that he can think of. He says that he has been involved in:

- mutual masturbation
- active and passive anal sex
- *rimming\**
- *toys\** and insertion of other objects up someone's rectum
- *S&M\**.

H says that he also likes to have huge things like fists and big *toys\** to be inserted up his rectum. He also likes *water sports\** and *brown showers\**.

- ***Health history of the informant***

Govind is not too healthy. He claims that he has had gonorrhoea several times. He once also had a syphilitic ulcer on his tongue which healed after injections and tablets from his doctor. He regularly has digestive problems with spells of diarrhoea and constipation.

The informant does not know his HIV status and does not intend to have himself tested soon. He says that he would prefer to die from AIDS without knowing that he has it.

- ***Experiences of the informant regarding drug and alcohol abuse***

Govind does not smoke, drink alcohol or use drugs.

- ***Experiences of the informant regarding violence***

The informant has no experience of violence.

- ***Knowledge of sexually transmitted infections by the informant***

Govind claims to know a lot about sexually transmitted diseases including HIV/AIDS. He does, however, not pay a lot of attention to it because he believes that whatever will happen, will happen.

- ***Knowledge of safer sex by the informant***

Govind claims to be informed about safer sex. He always tries to use condoms but sometimes fails to do so because he does not always carry condoms with him.

- ***Where the informant sees himself in the future***

The informant sees himself as a trader like his parents. He plans to go back to Klerksdorp one day to work in his father's business. He will also get married and hopefully have children. He will, however, continue to have sex with other men. He believes that he will not be able to abstain from homosexual sex altogether.



#### 14.11 Profile of Informant No 11

- ***Chosen name of informant***

Jacob.

- ***Biographical and family details of informant***

Jacob claims to be eighteen years old. He is not sure where his family lives. He has been on the streets since he was about twelve. He ran away from home because there was not enough food and decided that he could take care of himself. Jacob attended only two years of schooling and cannot read or write. He does not know whether he has any siblings. He says that he has no desire to go and look for his family.

- ***Sexual experiences of the informant***

He joined a group of street children after running away from home. The older boys in the group always had sex with the younger ones. He was anally penetrated the first night he slept with the gang and that particular boy looked after him for several years. That boy has since died. Jacob does not know what the cause of death of his friend's was.

He is now one of the older boys in the group and has two boys who are his 'wives'. He takes care of them by protecting them and sees to it that all their food is shared equally between them.

Jacob has been picked up by white men off the street since he was very young. He says that they drive past you and look at you. If you look back and touch your penis, they know that you are ready to be picked up. The man will drive round the block once or twice and will then stop some distance ahead. Then you must run to make sure he will take you with.

Years ago, as a little boy, he accepted as little as twenty cents (R0,20) to be anally penetrated or to fellate the men who picked him up. This provided him with enough money to obtain some glue to sniff. Sometimes he could also buy some food with the money. He now charges anything from R5 to R10 to fellate someone and charges R15 to R20 to be anally penetrated.

- ***Age of entry into sex work by informant***

Jacob earned his first sex money at the age of about ten years and has been on the streets now for about eight or nine years.

- ***What motivated the informant into sex work***

He started having sex with other men because they offered him money. This provided him with money so that he could survive.

- ***What keeps the informant in sex work***

Jacob has sex for money so that he can survive and take care of his two 'wives'.

- ***How the informant perceives himself***

The informant has no perception of himself in particular. He just sees himself as someone who lives from day to day.

- ***Sexual preferences of the informant***  
Jacob has no sexual preferences. He allows anyone who is prepared to pick him up for money to do whatever they choose. He is also prepared to do anything for money.
- ***Health history of the informant***  
The informant says that he has been very sick at times. He even spent some time in hospital. He is very thin and at the hospital they told him that he will die soon. He does not know what is wrong with him.
- ***Experiences of the informant regarding drug and alcohol abuse***  
Jacob has no money for drugs. He has a history of glue sniffing, something which he does not do anymore.
- ***Experiences of the informant regarding violence***  
He has been severely beaten by some of the white men who picked him up for sex. He was beaten and thrown out of the car without receiving a single cent. He says fortunately not all white men are like that. Most of them are prepared to give him some money. He is, however, finding it more difficult to get paying customers lately. He is not sure why that is the case.
- ***Knowledge of sexually transmitted infections by the informant***  
Jacob knows very little about sexually transmitted infections. He has heard about HIV/AIDS but does not know what it is. He only knows a few things from what he hears some of the people talk about when he sits on the pavement.  
  
He does not know anything about tests for sexually transmitted infections or HIV/AIDS and does not know his HIV status.
- ***Knowledge of safer sex by the informant***  
He knows very little about safer sex. He does, however, know about condoms as some of the white men who picked him up used a condom before anally penetrating him. He has never used a condom himself. He also does not know where he could get condoms from.
- ***Where the informant sees himself in the future***  
The informant is not sure about his future. He says that he thinks he will also most probably die as his first friend whom he met on the streets. It does not worry him because he says that there is very little joy in life for him.



#### 14.12 Profile of Informant No 12

- ***Chosen name of informant***

Jacques.

- ***Biographical and family details of informant***

Jacques is a nineteen year old boy from an Afrikaans speaking family. They reside in the Pretoria West area. He is the oldest of three boys. His parents are very conservative. His father lost his job when a steel factory recently closed in Pretoria. The family is currently struggling to make ends meet as the father of the household is mostly unemployed.

Jacques recently passed Grade 12. There was no money for him to go and study and he has been unsuccessful in obtaining employment. He is expected to assist the family by complementing their income. Jacques is heterosexual but has heard about easy money to be made by selling his body to other men. He heard about other boys who sell sexual favours off the streets and parks in Pretoria and decided to try it out. His family does not know what he does for an income.

- ***Sexual experiences of the informant***

The informant says that he is a 'normal' boy who masturbated for the first time when he was about twelve years old. He always fantasised about girls when he masturbated. He had never had any sexual experiences with other men except once. Jacques says

*“'n Trassie\* het eenkeer by my probeer aanlê by die skool. Ek het hom dik gemoer! Almal in die skool het geweet dat ek my nie met moffies\* en queers\* ophou nie.”*

*["A queer\* once tried to court me at school. I bashed his face in. Everyone at school knew that I do not involve myself with gays\* and queers\*."].*

His only other sexual experiences had been with girls. He claims to have had his first sexual experience with a girl when he was in Grade 7.

- ***Age of entry into sex work by informant***

After matriculating Jacques went to a park near the central business district of Pretoria where he was schooled by a friend on how to *cruise\**. He says that he learnt very quickly that most men who pick up guys from the park prefer *butch\** boys. The effeminate boys, according to him, are not picked up as regularly as those who act as the regular *BND\**.

- ***What motivated the informant into sex work***

Jacques says that he originally got into sex work solely for the money to assist his family. He, however, started experimenting with drugs in order to accept the work he is forced to do. He says that he is currently hooked on *junk\** and must have R50 every day to afford a *bag\**.

- ***What keeps the informant in sex work***

Two things are keeping Jacques currently in sex work. Firstly the financial needs of his family and secondly his addiction to heroin.



- ***How the informant perceives himself***

Jacques sees himself as a heterosexual guy who is forced, due to circumstances beyond his control, to be involved in sex work with other men. He despises himself for what he is doing. In an effort to forget what he is involved in he started taking drugs. He started off with smoking *dagga*\* but quickly moved onto heavier stuff and is currently addicted to heroin.

He would like to get married one day. But first he must find a job and be relieved of his responsibility of assisting his family financially.

- ***Sexual preferences of the informant***

The informant says that he only likes sex with girls. He finds it difficult to allow men to fellate him. He does not allow any other form of sexual contact. Jacques says that he will never allow any fondling, kissing or anything else that *queers*\* do.

- ***Health history of the informant***

Jacques is currently healthy but has had to be treated several times for gonorrhoea. He says that he also once got *crotch crickets*\*.

He has never been tested to determine his HIV status but believes that he is HIV negative. According to him he cannot afford to be tested because he does not know what he will do should he find out that one of the men who fellated him caused him to be HIV positive. He stated categorically that he would kill every man who had ever fellated him. He said

*“Ek sal elke man wat sulke siektes oordra doodmaak. Ek sal hulle almal doodmaak en in hulle gesigte lag.”*

[“I will kill every man who transmits such diseases. I will kill them all and will laugh in their faces.”].

- ***Experiences of the informant regarding drug and alcohol abuse***

The informant is currently addicted to heroin. He takes a *bag*\* of heroin about every second day but says that he already feels that he needs it every day. It worries him because he does not know where he is going to get enough money from to buy his *bags*\* and still give money to his family.

- ***Experiences of the informant regarding violence***

Jacques acknowledges that he is a violent person. He also acknowledges that when he finds a job, he will first come and kill a few of the men who so regularly fellated him.

He mentioned that between himself and a few friends who work in the park have beaten up a few men who frequent the park at night. After beating them up they usually burgle them. He is not afraid of doing this. He says

*“Daardie ouens sal nooit polisie toe gaan nie. Almal sal dan weet dat hulle moffies\* is wat jong mans afsuig\* in die park.”*

[“Those guys will never go to the police. Everyone will then know that they are *queers*\* who fellate (sucks off) young guys in the park.”].

- ***Knowledge of sexually transmitted infections by the informant***  
The informant says that he does not know a lot about sexually transmitted diseases. All he knows is what he hears from some of the *streetwalkers\** he works with.
- ***Knowledge of safer sex by the informant***  
All Jacques knows about safer sex is the use of condoms. He does not use condoms because he only allows the men to fellate him. He says that the guys do not want to fellate someone who wears a condom.
- ***Where the informant sees himself in the future***  
The informant is very negative about the future. He is not sure what the future holds for him. He expressed a lot of frustration because he must contribute to the income of his family.

#### 14.13 Profile of Informant No 13

- ***Chosen name of informant***  
Johan.

- ***Biographical and family details of informant***

Johan is a twenty-five year old white man from an Afrikaans speaking background. He is the oldest of three children. He has a younger brother and sister. His parents are both professional people. He lives with Louis (also an informant in this study) who is both his lover and business partner. They have been living together since they were both eighteen years old. They then set up a massage parlour together where they combine sexual gratification, M2M\* massage services and aroma therapy to their clients.

- ***Sexual experiences of the informant***

Johan says that he can recall being gay\* as far back as his memory goes. He always fantasised about boys when he masturbated. His first serious sexual encounter was when he was about twelve when he became involved with his current lover, Louis. They have been lovers since then.

- ***Age of entry into sex work by informant***

The informant entered sex work at the age of eighteen years when he and Louis started their massage parlour together. They offer a wide variety of sexual and other services to their clients. All their massage activities are combined with aroma therapy. Johan says that both of them are qualified masseurs and aroma therapists.

- ***What motivated the informant into sex work***

His love for Louis and the excitement of always having Louis around him, made this type of sex work ideal for them. He also earns a good income from the work he does and lives a very comfortable life.

- ***What keeps the informant in sex work***

The good money, the enjoyment of what he is doing and experiencing the pleasure which he provides his clients, keeps Johan in sex work.

- ***How the informant perceives himself***

Johan sees himself as gay\*. He says that he will always be gay\* and will remain a gay\* masseur and aroma therapist for as long as he can.

- ***Sexual preferences of the informant***

Johan has no sexual preferences but is definitely not into S&M\*, leather\* or activities involving urine and faeces.

- ***Health history of the informant***

The informant says that he is very healthy. He knows that he is HIV negative and intends maintaining this status.

- ***Experiences of the informant regarding drug and alcohol abuse***

Johan does not drink a lot of alcohol. His lover is a teetotaller but Johan sometimes has a single beer when they go out together. He has never experimented with drugs except



for sniffing *poppers*\* with clients.

- ***Experiences of the informant regarding violence***  
The informant has knowledge of violence occurring in certain sectors of the sex industry but has never been involved either as victim or perpetrator of violence.
- ***Knowledge of sexually transmitted infections by the informant***  
Johan claims to be very knowledgeable about sexually transmitted diseases including HIV/AIDS.
- ***Knowledge of safer sex by the informant***  
This informant claims to practise safer sex at all times. He always uses a condom involving any penetration.
- ***Where the informant sees himself in the future***  
Johan sees himself as the lover and business partner of Louis and trusts that this will remain so for years and years.

#### 14.14 Profile of Informant No 14

- ***Chosen name of informant***

Leonardo.

- ***Biographical and family details of informant***

Leonardo is the eldest and only son of his parents and says that he is 19 years old. He has three younger sisters. His parents are both professional people. Leonardo comes from an English speaking family. They live in a good neighbourhood in Pretoria and he knows no shortage of love and affection in his family. He did well at school and has completed Grade 12. He cannot find employment and does not wish to go to university just yet. He says that he will consider that in about another year. With permission from his parents he is having some free time before going to university later.

- ***Sexual experiences of the informant***

He sees himself as *gay\**. He has been *gay\** ever since he can remember. He can remember that as a young boy of about five his uncle, from his father's side, played with him and 'accidentally' touched his genitals. He told the researcher that he immediately got a *hard-on\** and

“...I put my uncle's hand back on my cock\*”.

He recalls telling his uncle (who was about 16 at the time) that he liked it when he touched him like that. Ever since that time he and his uncle has been playing with each other. His uncle is currently married and has children of his own.

At school he played a lot of sport and did well in whatever he attempted. He was very popular at school amongst both boys and girls. He never had a real girlfriend although he took one of the girls to the matric dance. After sport he had great fun in going to the showers with the other boys. He enjoyed a lot of sex play with some of his class mates. Because he was a real *butch\** guy his friends never suspected that he was *gay\**. They apparently saw the sex play as mere fooling around.

- ***Age of entry into sex work by informant***

He became a sex worker at age 16. He heard from one of the senior boys at school who was making a lot of money by allowing other men to suck his *dick\** in the toilets at the Pretoria station. He soon tried this out and regularly earned additional pocket money from being fellated by other men. Later on he starting having active penetrative anal sex with the men. He is now a masseur and *call boy\** at a male brothel in one of the eastern suburbs of Pretoria and earns about R200 per session.

- ***What motivated the informant into sex work***

The easy money attracted Leonardo into sex work.

- ***What keeps the informant in sex work***

The easy money that he gets from doing something that he enjoys at the same time.

- ***How the informant perceives himself***

The informant sees himself as *gay\** but not as a sex worker. He says that sex work

“...is prostitution and only women are prostitutes.”

- ***Sexual preferences of the informant***

Leonardo does masseur work at a male brothel. He is also a *call boy*\* and often goes to homes or hotel rooms to service clients. He enjoys any form of sex with other men with the exclusion of S&M\* and he does not allow other men to perform penetrative anal sex on him. He likes his work and also likes the money he makes.

- ***Health history of the informant***

He is rather healthy and still plays a lot of sport. He remembers, however, that he once got body lice from another boy while he was still at school. It caused a lot of anxiety at home because his parents felt that he got this from a ‘dirty’ school. He never told his parents where he got the lice from. After this experience he went back to the other boy and offered him some of the shampoo and special soap his mother got him. They continued to enjoy having sex together.

Recently Leonardo started developing bouts of diarrhoea and he is not sure where it comes from. He is also experiencing regular episodes of sore throat. One of his parents usually takes him to the doctor and he usually recovers quickly after treatment. Leonardo does not know his HIV status.

- ***Experiences of the informant regarding drug and alcohol abuse***

Leonardo once tried out *dagga*\* at school. He did not like it and has not tried out any other drugs. He knows about a lot of drug dealing that went on at school and even among some of the other boys who work with him. He states that he is also not keen on alcohol although he will have an occasional beer.

- ***Experiences of the informant regarding violence***

He has no personal experience of violence although one of the boys he works with has been beaten up by two other men when he went out as *call boy*\* to service the one man.

- ***Knowledge of sexually transmitted infections by the informant***

Because of the liberal atmosphere in their home, Leonardo knows a lot about sexually transmitted infections including HIV/AIDS. He says that he can understand, now that it has been explained to him by the researcher, how some of the other sexual activities he is involved in can make him and his clients ill.

- ***Knowledge of safer sex by the informant***

Leonardo had some knowledge of safer sex and says that now that he has been better informed.

“I will be able to look after my own health better. My clients should also benefit as I will inform them should the occasion arise.”

- ***Where the informant sees himself in the future***

He sees himself as continuing to be *gay*\*. He does not foresee a marriage for himself. He does not know how he will break the news to his parents but will postpone it for as long as possible. He believes that it will be very difficult for him to *come out of the closet*\*.



#### 14.15 Profile of Informant No 15

- ***Chosen name of informant***

Louis.

- ***Biographical and family details of informant***

Louis comes from an Afrikaans family. He is twenty-five years old but at first claimed to be nineteen years old. He stays and works with his male lover and business partner, Johan (also an informant in this study). They run a massage parlour between them which they combine with aroma therapy. He says that they are both qualified masseurs as well as aroma therapists.

- ***Sexual experiences of the informant***

The informant says that he was born *gay\**. He was always interested in boys and was easily sexually stimulated by seeing any naked male person. Louis says that he always liked masturbating while fantasising about boys.

His first sexual encounter with an older man was when he was twelve years old when one of his two *gay\** uncles involved him in sex play. Later on he also became sexually involved with his other *gay\** uncle.

At school Louis became involved with his music teacher. He was taking piano lessons at the time and his teacher would come and sit next to him on the piano stool and would touch his leg and crotch while he was having a lesson. His teacher gave him some money once and he realised that he could earn money by allowing other men to play with his genitals or to fellate him.

His first serious sexual relationship started when he was about twelve years old. He became friends with Johan and they soon became lovers.

- ***Age of entry into sex work by informant***

Louis says that he entered sex work when he was about eighteen years old. Together with Johan (who is the same age as him) they put up a massage parlour while they were studying to become masseurs and aroma therapists. They paid for their own studies.

They provide a *M2M\** massage service and also provides threesome activities. All of their massages are linked to aroma therapy. He claims that their clients love it.

Louis claims that their massage parlour, situated in one of the rich suburbs of Pretoria, is very popular. He says that amongst their clients, eighty-five percent of whom are married men, are lawyers, ministers of religion, other professional men and generally rich guys. They charge anything from R250 per hour for a straight massage. Any extras, like a pelvic massage, fellatio or anal sex pushes up the price to R500 per hour. The price can even go up more if the client wants a threesome.

- ***What motivated the informant into sex work***

The informant says that he entered into this type of sex work for the money and also because he likes what he is doing. He believes that he is well trained for his job and can, therefore, provide his clients with what they are really looking for.

- ***What keeps the informant in sex work***  
Enjoyment of work and good money keeps this informant in sex work.
- ***How the informant perceives himself***  
The informant perceives himself as a *gay\** masseur and aroma therapist. He believes that he will be able to continue with this work for a long time to come.
- ***Sexual preferences of the informant***  
Louis has no sexual preferences except that he prefers not to be involved in *S&M\** or any other form of *leather\** activities.
- ***Health history of the informant***  
The informant says that he is very healthy. He believes in safer sex and never has sex without a condom. He also earns a good income and can afford medical care timeously. Louis says that he is HIV negative because both he and Johan had tests done not too long ago.
- ***Experiences of the informant regarding drug and alcohol abuse***  
Louis is a teetotaler and has never had any experiences with drugs except for sniffing *poppers\** with clients.
- ***Experiences of the informant regarding violence***  
Although Louis is aware of a lot of violence in the sex industry he believes that he has never been involved because all their clients come from the top echelons of society.
- ***Knowledge of sexually transmitted infections by the informant***  
The informant claims to be knowledgeable about all sexually transmitted diseases including HIV/AIDS.
- ***Knowledge of safer sex by the informant***  
Louis claims to always practice safe sex and never has sex without a condom. He also requests his clients to have a shower before any session.

The informant told the researcher that both him and his lover are well aware of the problems associated with oil-based lubricants and the breakage of condoms. He said:

*“Ons weet dat kondome sommer maklik breek wanneer hulle met aromaterapie olies in aanraking kom. Ons maak seker dat ons hande skoon is van enige olies voordat ons kondome hanteer.”*  
[“We are aware that condoms break easily when they get into contact with aroma therapy oils. We always make sure that our hands are clean of any oils before we handle any condoms.”]

- ***Where the informant sees himself in the future***  
The informant sees himself continuing to be a successful business person providing massage, aroma therapy and sexual gratification to his clients.



#### 14.16 Profile of Informant No 16

- ***Chosen name of informant***

Michael 1.

- ***Biographical and family details of informant***

Michael 1 comes from a Chinese family. They own a business in Pretoria. He is the youngest of two children. He has an older sister. He and his parents get along well, although he feels convinced that once his parents know of his sexuality and his involvement in sex work, the position may change.

The informant is 19 years old and recently completed Grade 12. He is currently studying at a technikon and intends to become a civil engineer.

- ***Sexual experiences of the informant***

The sexual experience of this informant commenced at the young age of six years when he was fellated by an older cousin. The cousin was then about twelve years old. He recalls enjoying the experience and asked his cousin for a repetition.

His first experience with an older man was when he was about twelve years old when a teacher at school played with his genitals and fellated him. The teacher gave him R5. He later performed fellatio on the teacher as well. This made him realise that he could make money by fellating others or by allowing them to fellate him.

- ***Age of entry into sex work by informant***

Even though Michael 1 earned his first money for sex at the age of about twelve years old, he intentionally performed sexual acts with other men for money at the age of sixteen. According to the informant he heard from some older boys at school of how some of them were making money by selling sexual favours to men at a park near the central business district of Pretoria. The informant started his sex work at the park but soon realised that it was very dangerous. He then withdrew from sex work until his matric year when he started working part-time as *call-boy\** at one of the male brothels in Pretoria.

He is currently still a *call-boy\** but at another male brothel nearer to where he lives.

- ***What motivated the informant into sex work***

Michael 1 became a sex worker for the quick money he could earn by providing sexual favours to men. He says that he also enjoys what he was doing.

- ***What keeps the informant in sex work***

The money he earns is the biggest motivating factor that keeps him involved in sex work, although he likes the work as well. He says he gets attention, closeness and tenderness from men who pay him for his sexual favours. He says that this is so different to the relationship that he has with his father. Even though he gets along well with his father, they are not that close. His father last hugged him when he was still a young boy of about five years old.



- How the informant perceives himself***  
 The informant perceives himself as *gay\** and as a *call-boy\** who sells sexual favours to other men. He feels very positive about himself and says that he has no problems with his sexuality. He has never felt guilty about what he is doing; neither does he feel upset because he is *gay\**.
- Sexual preferences of the informant***  
 Michael 1 says that he is into anything. He has no sexual preferences although he says that he is proud about his ability to perform a *blow job\** like no one else can. If he has a choice, he says, he would prefer never to be at the receiving end of *S&M\** and neither would he like to be on the receiving end of some of the *sex toys\** some people play with.

He currently works as a part-time *call-boy\** at a male brothel near his home and earns approximately R600 a week.
- Health history of the informant***  
 The informant says that his health is fine although he previously had to receive treatment for syphilis, gonorrhoea, body and head lice, ringworm infection, spells of diarrhoea and a tear of his anus when he was anally penetrated for the first time.

About this incident (the tear of his anus) he told his parents that he and a few friends were playing rough games when he fell onto a stone. He convinced his parents that the stone was responsible for the tear he sustained in his anus. He spent a week in hospital following this incident and for about six months he could not have anal sex. He was about seventeen years old when this incident took place.
- Experiences of the informant regarding drug and alcohol abuse***  
 Michael 1 says that he has experimented with many different drugs including *dagga\** , *Big E\** and *Big C\**. He did not like any of the experiments and is not involved in drug abuse; neither does he consume any alcohol at all.
- Experiences of the informant regarding violence***  
 The informant has not had any experiences with violence.
- Knowledge of sexually transmitted infections by the informant***  
 Resulting from the various episodes of sexually transmitted infections, Michael 1 learned something about them. He says that he currently tries to avoid any exposure that may make him ill. He acknowledges at the same time that he does not have sufficient knowledge to really take care of his own health.
- Knowledge of safer sex by the informant***  
 Apart from some knowledge about the use of a condom, he admits knowing very little about safer sex. This worries him as he is afraid of acquiring HIV/AIDS.

Michael 1 says that he has not been tested to determine his HIV status. He would like to have this done but says that he will have to do this without his parents finding out.

- ***Where the informant sees himself in the future***

The informant sees himself as *gay\**, a *call-boy\** and possibly soon also as masseur. He likes the work he is doing and the money which he earns from it. He is unsure of what he will do once he graduates from technikon. He is not sure whether he will be prepared to give up his sex work. He realises that he may be forced to give it up as his parents will most probably expect of him to pursue work related to his studies for which they have paid.

#### 14.17 Profile of Informant No 17

- ***Chosen name of informant***

Michael 2

- ***Biographical and family details of informant***

Michael 2 comes from a white Afrikaans speaking family. He is fluent in English and speaks it without much of an accent. He was born in Pretoria and is a youthful twenty-two years old. He passed Grade 12 but has been unsuccessful in obtaining employment. His parents are not rich and he is expected to assist the family in bringing in some money. He is the oldest of three children. He has a younger brother and a much younger sister.

Michael 2 did well at school and passed matric with two distinctions. This, however, was not enough to secure him a scholarship and as a result he could not go to technikon or university. He still has a desire to, one day, obtain a degree in some field of applied science.

His parents are unaware of what he does for an income. He told them that he was doing odd jobs during the day and was a waiter at a restaurant at night. This provided him with sufficient freedom and also enabled him to join a male brothel in the Capital Park area of Pretoria where he works as a masseur and *call-boy*\*. The male *madam*\* of the brothel sees to it that he is delivered to, and picked up from, places where he needs to go and service his clients.

- ***Sexual experiences of the informant***

Michael 2 was aware of being *gay*\* from a very young age. He says that he already knew that he liked boys before he was ten years old. He can remember masturbating from a young age and always thought of other boys when he masturbated.

When he was about ten years old an older cousin, who was then about sixteen, introduced him to mutual fellatio and anal penetration. His cousin asked him to *top*\* him. He recalls that his cousin had to explain to him exactly what and how to do it. He can remember, however, that he enjoyed the experience and following on that experience he actively sought out older boys who would want him to *top*\* them. He likes penetrating other men and does not allow anyone to anally penetrate him.

He had his first sex-for-money experience when he was sixteen when one of his teachers kept him behind school because he was naughty. He was the only pupil who stayed behind that afternoon. The teacher made him sit next to him at the front table. He relates the incident as follows:

*“Ek het nog daar gesit en probeer konsentreer toe my onderwyser sy hand op my voël\* plaas. My piel\* het dadelik styf geword. Dit was baie lekker. Dit was die eerste keer dat ‘n groot man aan my piel\* gevat het. Agter in die klaskamer was ‘n kleinerige stoorkamer. My onderwyser het my daarheen geneem en my afgesuig\*. Hy het my toe R5 gegee. Daarna het hy my ‘n paar keer terug gehou na skool om ekstra skoolwerk te doen. Elke keer het ons een of ander seks gehad en hy het my elke keer R5 gegee.”*



["I was still sitting there, trying to concentrate, when my teacher put his hand on my penis (*cock\**). I immediately got an erection (my *cock\** immediately got stiff). It was very pleasant. It was the first time that an adult man had touched my penis (*cock\**). At the back of the classroom there was a small store room. My teacher took me in there and fellated me (sucked me off). He then gave me R5. After that he kept me behind at school several times to do extra homework. Every time we have one or other form of sex and he gave me R5 on every occasion."].

- ***Age of entry into sex work by informant***

Even though the informant received money over a period of a year from one of his teachers in return for sex, Michael 2 does not see this as his entry into sex work. He says that his truly first experience of sex work came when he was in matric.

A friend at school asked him to join him in visiting another friend of his. This friend was an older man and in his twenties. He stayed alone in a big house in the northern suburbs of Johannesburg. He decided to go with his friend and he told the researcher of what transpired that weekend.

*"Ons het laat die Vrydagmiddag by die ou se huis aangekom. Ons was skaars daar toe hy sê dat ons moet gaan stort en spesiale klere aantrek. Toe ek vra waarvoor dit is, het hy net gesê dat ons sal sien. Ons het gaan stort en toe ons in die kamer kom was daar spesiale klere vir ons op die bed. Dit was noupassende kortbroeke met T-hemde. Toe ons klaar aangetrek het, het nog twee ander jong ouens daar opgedaag met presies dieselfde klere aan. Toe hoor ons dat ons daardie aand 'waiters' moet wees vir die gaste en dat ons elkeen R250 sal kry vir die aand se werk. Ons het begin deur eetgoed rond te dra en drankies aan te dra, maar weldra het die gaste (almal mans) ons begin bevoel en bevat. Dit was lekker. Kort voor lank was elkeen van ons in 'n kamer met minstens een van die mans. Ek was saam met 'n man van ongeveer dertig jaar oud en hy het vir my R120 gegee om hom te naai\*. Ek het ook nog my R250 gekry by my vriend se kennis."*

["We arrived at the guy's house late on the Friday afternoon. We were hardly there when he came and told us that we had to go and shower and put on our special clothes. When I asked what it was for, he only told us that we will see. We then went and had a shower and when we got to our bedroom our special clothes were lying on the bed. It was a tight fitting pair of shorts and a T-shirt. After we were dressed, two other young guys also arrived wearing exactly the same outfit. We were then informed that we were going to act as waiters for the guests that evening and that we would each receive R250 for the evening. We commenced by serving the guests with snacks and drinks, but it was not long before the guests (all males) started touching us all over. It was very pleasant. Soon afterwards each of us young guys found ourselves in a room with at least one of the guests. I was with a guy of out thirty years old en he gave me R120 to have sex with him (to *fuck\** him). I also received my R250 from my friend's acquaintance."].

Since the experience related above, Michael 2 has been actively seeking to satisfy other men who were prepared to pay for his sexual favours.

- ***What motivated the informant into sex work***

The fact that he could earn good money and have a lot of fun with other men lured Michael 2 into sex work.

- ***What keeps the informant in sex work***

What keeps the informant in sex work is the vast amounts of money he is currently earning. Apart from being a masseur and *call-boy\**, Michael 2 also does some freelance work when he has some time off. He believes that because he is a youthful blonde that looks more like sixteen than twenty-two, he receives the amount of attention he does.

Michael 2 currently earns approximately R2 000 a week as masseur, *call-boy\** and freelance escort.

- ***How the informant perceives himself***

Michael 2 perceives himself as a very fortunate and happy young man. He has accepted being *gay\**. He says

*“Ek is ‘n moffie\* sedert ek ‘n chicken\* is. Dit is lekker om ‘n moffie\* te wees. Ek geniet dit. Dit is lekker as die ouens na my staar. Dit is nog lekkerder as jy hoor iemand sê ‘wada\*’ en jy sien dat die ouens almal na jou kyk!”*

[“I have been a *queer\** ever since I was very young (a *chicken\**). It is nice to be *queer\**. I enjoy it. It is nice when the guys look at you. It is even nicer when you hear someone shouting ‘*wada\**’ and you realise that they are all looking at you!”]

- ***Sexual preferences of the informant***

The respondent has no sexual preferences. He is willing and prepared to do almost anything his clients request. He, however, will not allow anyone to *top\** him.

- ***Health history of the informant***

The informant says that he is generally quite healthy. He has, however, experienced several bouts of diarrhoea and has also had to be treated three times for having the *clap\**. Added to this he also had a few spells of *jock itch\**.

- ***Experiences of the informant regarding drug and alcohol abuse***

Michael 2 says that because he treasures his youthful appearance and has been informed that smoking, drinking and drugging causes one to age quickly, he has taken a firm stand never to smoke, abuse alcohol or use any drugs whatsoever. The only drug he has experimented with and quite enjoys at times is an occasional sniff of *poppers\**.

- ***Experiences of the informant regarding violence***

Even though the informant is aware of some of his colleagues who have been assaulted or who have assaulted other men, he has never been involved in any form of violence.



- ***Knowledge of sexually transmitted infections by the informant***  
From his experiences with some of the sexually transmitted infections, Michael 2 tries to gain as much knowledge of these conditions as he possibly can and also how to prevent them. He realises how important it is to remain healthy because he has experience that one cannot do sex work while you are ill.
- ***Knowledge of safer sex by the informant***  
Michael 2 claims that he is quite well informed of safer sex practices. He regularly uses a condom when anally penetrating someone else. He says that he tries to wash himself as soon as he can after sexual contact, especially the washing of his genitalia after being fellated by someone.
- ***Where the informant sees himself in the future***  
The informant sees himself as a successful *call-boy\**, masseur and escort for many years to come. Michael 2 believes that his youthful appearance will remain with him for years to come. When he cannot be a sex worker any longer he will consider becoming a male madam\*

*“... en dan sal ek my omring met ‘n paar pragtige jong olives\* en Beulahs\* om vir my geld in te bring.”*

[“... and then I will surround myself with a few pretty young *olives\** and *Beulahs\** to bring in money for me.”].



#### 14.18 Profile of Informant No 18

- ***Chosen name of informant***

Moolman.

- ***Biographical and family details of informant***

Moolman comes from an Afrikaans speaking family. He is 20 years old and has two older brothers. His father is a policeman and his mother is a home executive. Moolman passed Grade 12 and is currently unemployed. He blames his unemployment on the fact that affirmative action has taken away all prospects of employment for white men. Moolman said:

*“Ek was ‘n jong seun toe Apartheid afgeskaf is. Ek het nooit tot Apartheid bygedra nie. Waarom moet ek vir Apartheid se sondes gestraf word?”*

[“I was a young boy when Apartheid was scrapped. I never contributed towards Apartheid. Why must I be punished for the sins of Apartheid?”].

- ***Sexual experiences of the informant***

Moolman says that he can remember being attracted to girls all his life. Whenever he masturbated, he always thought about girls. He remembers that pictures of sexy women always stimulated him sexually and he would often masturbate by watching such pictures.

His first encounter of sex with a male was when he was fifteen years old when a school friend tried to seduce him. He disliked it intensely and immediately ended his friendship with that particular boy.

Moolman says that he has an intense dislike in *gays\** and also in men who have sex with men. However, because he cannot find employment, he was forced into male sex work.

- ***Age of entry into sex work by informant***

The informant says that he entered sex work soon after leaving Grade 12 when he realised that he was going to have problems in finding employment. His parents did not have the money to send him to university. He says that his grades were also not that good.

When he was looking for employment in the newspaper he saw an advertisement requesting young men to phone a particular telephone number should they be interested to be trained as a masseur. He phoned and was granted an interview and was immediately offered a job. He says when he enquired as to what salary he could expect, he was surprised to learn that there was no salary on offer. He then heard that he would be working in a male brothel and would have to offer sexual favours in exchange for money under the disguise of massage work.

Moolman said:

*“Hel, ek is nie ‘n moffie\* nie! Ek kon nie glo wat ek hoor nie. Ek was baie kwaad en het amper die ou geslaan wat my die werk aangebied het.”*

[“Hell, I am not a *queer*\*! I could hardly believe what I was hearing. I was very angry and nearly hit the guy who offered me the job.”].

He recalls that he went home and again tried to find employment. He remained unsuccessful and eventually decided to again make contact with the guy at the massage parlour. He reconsidered his stand and decided that in order to earn a living, he would start immediately. He remembers that he had very little training and was merely told that his clients would tell him what they wanted.

He still does not really enjoy having sex with other men but realises that for the time being this is the best way of earning a living.

- ***What motivated the informant into sex work***  
Moolman claims that it was merely a desire to survive that forced him into sex work.
- ***What keeps the informant in sex work***  
The informant says that he is still looking for other employment and that he would leave immediately should he be successful in getting other employment. He can, however, not just leave because he needs the money. He says that he currently earns about R1000 per month.
- ***How the informant perceives himself***  
Moolman sees himself as heterosexual. He does not see himself as a bisexual guy because he only likes having sex with women. His sexual contact with men always takes place while he fantasises about women.
- ***Sexual preferences of the informant***  
The informant says that he is prepared to do whatever his clients ask. However, whenever he is paraded in front of a prospective client he makes it very clear that he is prepared to do anything except passive anal intercourse.
- ***Health history of the informant***  
Moolman says that he has only been in sex work for a short time. His health status is good and he has not had any illnesses.
- ***Experiences of the informant regarding drug and alcohol abuse***  
The informant comes from a home where alcohol was never in great supply and he, therefore, seldom takes any alcohol. He also has no experience of taking drugs although he tells of heroin addiction amongst some of the other guys who work with him.
- ***Experiences of the informant regarding violence***  
Moolman claims that he has never perpetrated any form of violence.
- ***Knowledge of sexually transmitted infections by the informant***  
Moolman is aware that some of the guys who work with him have had sexually transmitted infections but says that he has been very fortunate so far.

- ***Knowledge of safer sex by the informant***  
The informant claims to be very health conscious and that he always uses a condom whenever he anally penetrates one of his clients.
- ***Where the informant sees himself in the future***  
The informant says that he will get married one day. He cannot do it soon because he must first find other employment. His parents are also unaware of what he does for a living. He tells them that he is employed as a clerk in a office.



#### 14.19 Profile of Informant No 19

- ***Chosen name of informant***

Moses.

- ***Biographical and family details of informant***

Moses is a black young man. He is twenty years old and comes from a rural family. He came to Pretoria together with his uncle to attend school. After completing Grade 12 he decided to find employment. He could not find a job and was introduced to male sex work by a white friend whom he met at a *gay\** bar.

- ***Sexual experiences of the informant***

The informant says that he knew nothing about sex with men. He was surprised to learn about it. He first encountered it through reading about it in a magazine. When he was attending high school one of his class mates, a white boy, asked him to come home with him for a weekend. It was during that weekend that he was first seduced into mutual masturbation and fellatio.

Moses says that he liked the experience and continued with homosexual relationships thereafter.

- ***Age of entry into sex work by informant***

The informant entered sex work soon after completing Grade 12. He says that he has been involved in male sex work for nearly a year.

- ***What motivated the informant into sex work***

Moses entered sex work because he could not find employment. He, however, likes what he is doing now. He also likes having sex with white guys. They have a lot of money and are prepared to pay for sex.

- ***What keeps the informant in sex work***

The informant says that his parents expect him to send money home to assist the family. Sex work provides him with enough money to live a reasonable life. He also earns enough to send some money home to his family.

- ***How the informant perceives himself***

Moses sees himself as being *gay\**. He never knew about being *gay\** before but has accepted the fact that he likes having sex with men.

- ***Sexual preferences of the informant***

The informant states that he has no specific sexual preferences. He is prepared to do anything his clients are prepared to pay for.

- ***Health history of the informant***

Moses claims to be healthy at present. He has had a single incident of gonorrhoea. He is not sure whether he got it from one of his clients at the massage parlour where he is working or whether he got it from someone else. On his days off he goes in search of clients at the pornographic cinemas in Pretoria. The money is not always good there but he has never gone there without finding someone for sex. He sometimes has sex there

for free.

- ***Experiences of the informant regarding drug and alcohol abuse***  
The informant has no personal experience of alcohol or drugs abuse. He is, however, aware of drug and alcohol abuse among some of the guys who work with him.
- ***Experiences of the informant regarding violence***  
The informant says that he has never been involved in any form of violence.
- ***Knowledge of sexually transmitted infections by the informant***  
Moses says that his knowledge of sexually transmitted diseases is limited. He has, however, heard of HIV/AIDS but says:

*“HIV/AIDS is not a problem. Thabo Mbeki says that it is only poor people who get AIDS. I earn enough money and I am not poor - so I can't get AIDS.”*

The informant does not know his HIV status and says that he sees no need to have it determined.

- ***Knowledge of safer sex by the informant***  
The informant says that he knows about condom use to prevent AIDS, but he does not use condoms as he cannot get AIDS. The informant bases his claim on the statement made by President Thabo Mbeki who said that it is only poor people who get AIDS.
- ***Where the informant sees himself in the future***  
Moses has not thought about his future yet. He says that he is just too happy to be living a good life at present.

#### 14.20 Profile of Informant No 20

- ***Chosen name of informant***

Patrick.

- ***Biographical and family details of informant***

Patrick claims to be nineteen years old. He looks very young for nineteen but is very adamant about his age. He is a white English speaking boy and comes from a wealthy family residing in one of the eastern suburbs of Pretoria. Both his parents are professional people.

- ***Sexual experiences of the informant***

Patrick says that his first sexual experience came at a very young age. He can remember masturbating when he was about six or seven years old. He recalls that he was about twelve years old when they visited his uncle's farm. His uncle was about thirty at the time and was married. He remembers that his uncle walked into the outside toilet while he was busy masturbating. His uncle immediately reassured him that everything was fine and that he would not tell anyone. After his uncle had closed the toilet door, his uncle fellated him. He said that he enjoyed it very much. During that holiday him and his uncle met several times, practically every day, and played sex games together. He remember also fellating his uncle.

- ***Age of entry into sex work by informant***

This informant says that he started with sex work when he was about fourteen. He heard at school about boys who claimed that they were making pocket money by allowing men to fellate them in one of the toilets in a major shopping centre in Pretoria. He tried it out and earned R15 on his first day. He remembers feeling very rich. Patrick says that he then regularly visited this public toilet and often accompanied some of the men to various places like hotel rooms to go and have sex in return for money.

- ***What motivated the informant into sex work***

Patrick claims that the ease of earning good money motivated him into sex work. He now works on his own and often accompanies men back to their homes for sex. He owns a cell phone and has his own advertisement in the newspaper as well as in one of the gay magazines. He earns about R150 to R180 with each customer. His monthly income sometimes exceeds R3000,00. He says that if he can get the chance to also have customers over weekends, he would be able to double his current income.

- ***What keeps the informant in sex work***

Patrick likes having sex with men. He says that he likes the attention he gets from the men. His father is very distant and they have very little contact. He also likes the comfortable life he is leading because of all the money he is earning.

- ***How the informant perceives himself***

Patrick perceives himself as *gay\**. He acknowledges that he is a sex worker and has no problem with that. He has accepted it and says that he would like to continue earning money by selling his sexual favours to other men.



- ***Sexual preferences of the informant***

This informant has no specific sexual preferences. He likes to be cuddled, fellated and masturbated. In turn he likes having anal sex with other men and also likes to anally penetrate them with various toys. He also like the *S&M\** scene. He says:

*“I just love ramming things up someone’s arse\*. I also like whipping the guys. It give me a lot of pleasure to hear them shout out because of the pleasurable pain they are experiencing.”*

- ***Health history of the informant***

Apart from having had chronic sore throat over a long period of time and having had a few attacks of gonorrhoea, Patrick claims to be very healthy. He has also had herpes on his penis. Patrick claims that it disappears for some time but often recurs without warning. According to him it is sometimes very painful even though there may be no blisters on his penis. He does not know his HIV status and is not interested in having his HIV status determined now. He believes that he is HIV negative and that he will remain so, although he admits to regularly indulging in sex without the use of a condom.

- ***Experiences of the informant regarding drug and alcohol abuse***

Patrick sniffs *poppers\** on a regular basis. He says that he tries to use it carefully because he noticed that he develops a crust around the left nostril after having sniffed *poppers\**. He says that he sniffs the *poppers\** through his left nostril. He remembers his mother once asking him what was wrong. She thought that he had herpes around his nostril and took him to the doctor. The doctor described it as an allergy and gave him some ointment to apply.

- ***Experiences of the informant regarding violence***

Before Patrick established himself as a solo sex worker, he attempted to be picked up off the streets and parks in Pretoria. This was when he was severely assaulted by some of the other sex workers who claimed that he was trying to take their business away from them. Patrick says that the other guys threatened to kill him if he ever came back to their area to try and take away their customers. Ever since he started working from home, he has not been involved in any violence whatsoever.

- ***Knowledge of sexually transmitted infections by the informant***

This informant says that he knows quite a lot about sexually transmitted infections in general and HIV/AIDS in particular. He is not scared to contract HIV because he believes that he is a strong guy. He does not know his HIV status.

- ***Knowledge of safer sex by the informant***

Patrick says that he knows about safer sex. He does, however, not always use a condom. He also often swallows the semen of men whom he fellates. He says that if they are youngish, he likes swallowing their *cum\**.

- ***Where the informant sees himself in the future***

Patrick is very unsure of where he is going. He claims to be living for today and that tomorrow will take care of itself.

#### 14.21 Profile of Informant No 21

- ***Chosen name of informant***

Peter.

- ***Biographical and family details of informant***

Peter comes from an English speaking family. They reside in the northern suburbs of Pretoria. Peter is the youngest of three children and is nineteen years old. He has an older brother and sister. He has just recently completed Grade 12. According to Peter he is finding it difficult to find employment and ascribes this to the campaign of affirmative action. Both his parents are office workers.

- ***Sexual experiences of the informant***

According to Peter he has always been interested in other men. He recalls that from the young age of about ten years, he always sought the company of older boys whom he tried to seduce into playing sex games with him.

His first sexual encounter with an adult man occurred when he was about fifteen years old when his uncle from his father's side took him on a camping expedition. His uncle was about twenty-five at the time and was still single. They went to the Drakensberg and slept in a tent. He recalls that it was on their first night out on the mountain that his uncle came and lay on his sleeping bag with him. They chatted about a variety of things until his uncle started talking about girls. Peter says that he then told his uncle that he was not keenly interested in girls. His uncle then responded by placing his hand on Peter's genitals. Peter says that he got a *hard-on*\*. Soon afterwards he pulled down his trousers so that his uncle could see his erection. He says that his uncle immediately started fellating him. This was the start of regular sexual activities between him and his uncle. His uncle gave him pocket money every time they were involved in sex.

Peter says that he realised that if his uncle was prepared to give him money in return for sexual pleasure, then other men would most probably also be prepared to do so. He then started frequenting public toilets in order to be picked up by older men in exchange for money.

- ***Age of entry into sex work by informant***

The informant says that he entered sex work at the age of fifteen when he frequented public toilets in order to be picked up by other men.

- ***What motivated the informant into sex work***

Peter says the ease of earning good money motivated him into sex work. Added to this, he says, the fact that he enjoys what he is involved in, makes it so much easier to stay in sex work.

- ***What keeps the informant in sex work***

The fact that Peter could not find other employment keeps him in sex work. He says that he has not tried recently to find other employment as he is earning a good income from doing *tricks*\*. According to the informant he currently earns about R3000 a month. He adds that if one thinks of it that he does not pay tax on this money, it is really worth his while staying in sex work.



- ***How the informant perceives himself***

The informant sees himself as a sex worker selling his services from public toilets in Pretoria. Peter says that another guy works the particular public toilet block with him. They have a good understanding and never interferes with each other's clients.

- ***Sexual preferences of the informant***

Peter says that he has not sexual preferences. He is into:

- passive and active anal intercourse
- passive and active *rimming*\*
- mutual masturbation
- mutual fellatio.

He says that he is not keen on *S&M*\*, *B&D*\*, or any other *leather*\* related activities. Furthermore, he is prepared to try new things and will have unprotected sex if the client is prepared to pay for it. He says that R10 is enough money to allow a client active or passive anal sex without a condom.

- ***Health history of the informant***

The informant says that his health is not as good as it was before he entered sex work. He realises that his health is suffering as a result and is looking forward to receiving information from the researcher regarding aspects of protecting his own health and well as the health of his clients.

Peter says that he has had the following:

- gonorrhoea (three times)
- pubic lice (numerous times)
- ringworm infection (but did not realise that he could get this from a client)
- regular attacks of herpes on his lips and nose.

- ***Experiences of the informant regarding drug and alcohol abuse***

The informant says that he has not tried any drugs yet. He has had some offers of getting involved but is still too scared to try it out. He, however, likes to sniff *poppers*\* with someone while engaged in some form of sex.

- ***Experiences of the informant regarding violence***

Peter says that he was assaulted once by a prospective client who turned out to be:

“...a *BM*\* guy who hated queers\*”.

He has, however, not been involved as a perpetrator of violence.

- ***Knowledge of sexually transmitted infections by the informant***

The informant says that he knows quite a bit about most sexually transmitted infections. He has had some of them and was fortunate in that he was cured.

- ***Knowledge of safer sex by the informant***

Peter says he knows about condoms and condom usage. He does not use condoms regularly because most clients prefer not to use them and it is also not easy to get hold

of condoms. The nurse at the local clinic said to him that he was too young to request condoms from the clinic.

- ***Where the informant sees himself in the future***

The informant sees himself as a sex worker who will continue to sell his sexual services from public toilets in Pretoria for quite some time. He will, in the future, try and find other employment.

#### 14.22 Profile of Informant No 22

- ***Chosen name of informant***  
Phillip

- ***Biographical and family details of informant***

Phillip is a twenty-four year old Afrikaans speaking young man. He comes from a single parent family. His father died when he was two years old. His mother was responsible for his upbringing. He is an only child. He has one uncle from his mother's side who, in the past, contributed to the family income.

Because Phillip's mother was mainly responsible for the family income, she has been working for as long as Phillip can remember. He now also gives his mother some money every month.

- ***Sexual experiences of the informant***

At about the age of twelve Phillip was introduced to homosexual sex by his only uncle from his mother's side. His uncle was about twenty-five at the time and still single. He can recall his uncle taking him to a friend's farm for a weekend. On the farm they went swimming in the cement dam. They swam without costumes. It was during this incident that his uncle dived under the water and touched his genitals. He liked the experience and says:

*“Ek het baie daarvan gehou. Dit was so lekker dat ek ophou swem het en net met my rug teen die kant van die dam bly hang het sodat my oom onder die water kon induik en met my voël\* speel. Hy het later my voël\* en ballas\* in sy mond geneem. Wanneer hy weer bo die water verskyn het, het hy water uit sy mond laat spuit soos 'n walvis.”*

[“I really liked it. It was so nice that I stopped swimming and remained at the side of the dam with my back against the side wall so that my uncle could dive in under the water and play with my penis (*cock\**). Later on he took my penis (*cock\**) and scrotum (*balls\**) into his mouth. When he would eventually appear above the water, he would spurt water from his mouth as if he were a whale.”].

Phillip says that this experience taught him that sex with a man was great. Following this incident he actively sought out other boys for sexual contact. He claims not have had an interest in girls.

- ***Age of entry into sex work by informant***

The informant says that he actively started selling his body on the streets in Pretoria when he was about sixteen years old. He has been on the streets since and earns about R50 to R100 per day.

- ***What motivated the informant into sex work***

The money he is able to earn in easy fashion and without much exertion attracted him to sex work. He also enjoys what he is doing.



- What keeps the informant in sex work***  
 The ease of earning a living, the fact that he is independent, and the fact that he has money to spare every month to give to his mother, keeps him in sex work on the streets and parks of Pretoria.
- How the informant perceives himself***  
 Phillip sees himself as totally gay\*. He claims that he accepts the fact that he is hooked on sex with as many men as he can fit in.
- Sexual preferences of the informant***  
 The informant says that he has no preferences. He, however, prefers not to kiss older men.
- Health history of the informant***  
 Phillip has had quite a few spells of gonorrhoea and once also had a bad anal discharge which was also diagnosed as gonorrhoea. He quite recently also had an ulcer on his tongue which since cleared up following injections and tablets from his doctor. He cant remember what it was. He says that he is generally healthy.

He has never had his HIV status determined and says that he will have it done some time.
- Experiences of the informant regarding drug and alcohol abuse***  
 The informant says that he was quite recently involved in experimentation with heroin. He feels very uncertain as to whether he will continue to experiment with heroin. He likes to sniff *poppers\** when having sex. He says that he thinks that he is becoming allergic to *poppers\** because during the past few weeks every time after having sniffed *poppers\** he develops a skin rash which develops into a weeping dermatitis. It takes about two to three days to clear and interferes with his sex work. He is considering to discontinue the use of *poppers\**, although he first wants to change the brand of *poppers\** to see if that wont help.
- Experiences of the informant regarding violence***  
 Phillip admits to having assaulted two of his clients before. He says that he is not a violent person but in both instances the clients refused to pay him. In both instances he beat them up and took money from them.
- Knowledge of sexually transmitted infections by the informant***  
 Having had a few incidents of sexually transmitted diseases, Phillip says that he feels confident that he knows enough to look after his own health. When questioned about some of his other sexual activities like *rimming\** and other activities involving inserting his hand up someone's rectum, he seemed surprised that those practices could pose health risks as he often inserts an unprotected hand up the rectum of a client.
- Knowledge of safer sex by the informant***  
 The informant knows about the use of condoms to assist in preventing the spread of sexually transmitted diseases. He does not use condoms on a regular basis as many clients are apparently prepared to pay an additional fee if they could have sex without a condom.

- ***Where the informant sees himself in the future***

The informant sees himself as *gay\**. He sees himself as remaining a *streetwalker\** for as long as he can. He says that when he is too old to attract clients, he will most probably start a brothel and employ other youngsters to work for him.

#### 14.23 Profile of Informant No 23

- ***Chosen name of informant***

Pieter 1

- ***Biographical and family details of informant***

Pieter 1 is an Afrikaans speaking white young man. He is currently twenty-six years old. He comes from a family of four children. He is the oldest. He has not seen his family for the past six years. He originally comes from Parys in the Free State and has not been home since he left home six years ago.

Pieter 1 claims that his mother used to hit him without reason. Her favourite was to hit him against the head. He was also beaten by his dad without any apparent reason. He recalls that he used to seek comfort in masturbation after having been beaten by his father. It gave him a lot of pleasure and helped him forget his hardships.

He believes that his love of the *S&M\** scene has a lot to do with him enjoying masturbating himself immediately after his dad had beaten him. He says sex and pain are synonymous for him.

- ***Sexual experiences of the informant***

Pieter 1 masturbated from a very young age. He always masturbated immediately after his dad had beaten him. One day after such a beating he ran away to go and masturbate near the river. He was about fourteen years at the time and can recall taking off his trousers and shirt so that he could lie naked on the grass and have nature close to him while he masturbated and fantasised about how nice it would be to be permanently away from his dad and those terrible beatings. He told the researcher:

*“Ek het nog gehuil toe ek my klere uitgetrek het. Ek onthou nog goed dat ek net begin draadtrek\* het, toe ek iemand langs my hoor. Dit was ‘n ou van ongeveer twintig. Ek het groot geskrik. Voordat ek iets kon doen, het die ou gesê dat alles reg is en dat hy niks aan my sal doen nie. Hy het langs my kom sit en met my piel\* begin speel. Na ‘n kort rukkie het hy my afgesuig\*. Dit was heerlik.”*

[“I was still crying when I took off my clothes. I can still remember that I had just started masturbating (pulling my *wire\**), when I heard someone next to me. It was a guy of about twenty. I got a big fright. Before I could do anything, he said to me that everything was fine and that he meant me no harm. Hy sat down beside me and started playing with my penis (*cock\**). After a while he fellated me (*sucked\** me off). It was most enjoyable.”].

Following this first sexual experience Pieter 1 recalls actively seeking out places to go and masturbate where the possibility existed to be seen by someone. The expectation of being seen and possibly joined by someone, contributed to the pleasure and excitement. Since that day his sexual experiences increased to the extent that he finds it difficult to accurately relate them.



- ***Age of entry into sex work by informant***  
The informant received his first payment for sex at the age of fourteen when he was paid by an older man who requested to fellate him for payment. He cannot even recall exactly how much money he received. what he can recall, however, is having received money for sex changed his life for ever.
- ***What motivated the informant into sex work***  
Pieter 1 says that he was motivated into sex work mostly for the money. Finding a job for a white man is difficult at best. But here he found a means to earn good money. He currently works at a *S&M\** venue and earns approximately R400 per day. The hours, however, are long. He sometimes works from approximately 10:00 until 06:00 the next morning.
- ***What keeps the informant in sex work***  
The informant says that he is into sex work not only for the money. He also enjoys being the master of someone else and being in a position to punish someone else and at the same time having sexual pleasure as well.

Pieter 1 currently works as a *master\** at a *S&M\** club.

- ***How the informant perceives himself***  
Pieter 1 sees himself as just another guy who gives pleasure to others in exchange for a fee. He likes what he is doing. He also knows that he will enjoy a much longer working life than most other male sex workers. The *S&M\** scene, according to Pieter 1, is more than youthfulness and beauty. One's ability to strictly control others and to 'punish' them in a controlled manner, is what counts.
- ***Sexual preferences of the informant***  
The informant is mostly into *S&M\**. He takes an active role in controlling others and administering 'punishment' to them. He also likes the *leather\** that goes with *S&M\**.  
  
He also likes inserting *toys\** up someone's rectum and claims to be an expert at *fist-fucking\** other men.
- ***Health history of the informant***  
Pieter 1 says that he is healthy. He claims to be HIV negative but when questioned on his visits to his doctor he failed to mention that a blood sample was ever taken to determine his HIV status. When questioned he also did not know anything about a finger prick screening test.
- ***Experiences of the informant regarding drug and alcohol abuse***  
The informant does not take any alcohol. He says that alcohol reminds him of his dad and those memories are not pleasant. His dad was drunk too often and he took a decision to never copy his dad in that aspect. Pieter 1 likes sniffing *poppers\** and goes through a few bottles every month. He says that he pays about R60 for a 15ml bottle of *poppers\**.
- ***Experiences of the informant regarding violence***  
Pieter 1 knows all about violence as a child. He vividly recalls the severe beating he

received from his dad as well as his mother hitting him against the head without reason.

- ***Knowledge of sexually transmitted infections by the informant***

The informant claims to be well informed about sexually transmitted diseases and HIV/AIDS. When questioned on the care of *sex toys\** he never once mentioned properly cleaning the toys between clients. Neither was he aware that every person should preferably have their own *toys\** which they should never share with others.

Pieter 1 claims to be HIV negative but this is doubtful as he does not know how the HIV status of an individual is determined. He also cannot recall any pre- or post-test counselling sessions.

- ***Knowledge of safer sex by the informant***

His knowledge of safer sex is lacking, even though Pieter 1 claims to have expert knowledge. He states that he always uses latex gloves during *fist-fucking\** sessions but only uses ordinary (short) latex gloves. When inserting a whole arm up the rectum of a client, his arm is not covered and he does not seem to realise the risk he is exposing himself to.

- ***Where the informant sees himself in the future***

Pieter 1 says that he is not concerned over the future. He believes that he has a long working life ahead of him as 'master' in the *S&M\** venue. He does not foresee himself getting married to a woman. He also does not see himself sharing his life with a man in a permanent relationship.



#### 14.24 Profile of Informant No 24

- ***Chosen name of informant***  
Pieter 2

- ***Biographical and family details of informant***

Pieter 2 is twenty-four years old. He comes from an Afrikaans speaking family and is the oldest of two children. He has a younger sister who is a lesbian. They have great fun together and often go out in a group. According to him most people, including his parents, see them as two heterosexual couples. His parents do not have an idea of his sexual orientation.

According to the informant he comes from a happy home where love abounds. Both his parents are working full-time. This has been the case ever since he started going to school.

The informant has passed Grade 12 and is currently studying through a distance education university. He pays his own university fees.

- ***Sexual experiences of the informant***

The informant's sexual experiences go far back. Pieter 2 says that he can remember masturbating even before he went to school even though he cannot recall deriving any specific sensation from it. The first time he derived a particular sensation from masturbating was when he was eight years old. By then he was involved in regular mutual masturbation with a school friend. They would take turns in sleeping over at each other's homes and would always sleep together in the same bed.

His first sexual experience with an older person came when he was in high school when his science teacher, who was responsible for coaching the junior rugby team, took him home one day after rugby practice. He had just turned fifteen at the time. The teacher took a detour and they stopped along the road. His teacher had a visible *hard-on\**.

Pieter 2 recalls that this excited him immensely and he became aware of getting a hard-on himself. He says:

*“Ek het lekker jags\* geword. My piel\* was styf en ek kon na niks anders kyk as die groot knop in my onnie se broek. Hy het sy piel\* uitgehaal en my kop afgedruk sodat ek hom kon afsuig\*. Daarna het hy my ook afgesuig\*. Toe het hy my by die huis gaan aflaai.”*

[“I really got very randy. My penis (*cock\**) was stiff and I could not look at anything else than the huge bulge in my teacher's trousers. He then took out his penis (*cock\**) and pressed my head down so that I would fellate him (*suck\** him off). Afterwards he also fellated me (*sucked\** me off). He then took me home where he dropped me.”].

The teacher apparently gave him some money so that he would not talk about the incident. This made Pieter 2 realise that he had something which could ensure steady pocket money. Throughout his high school period Pieter 2 regularly received money from this teacher.



Their paths crossed again much later when he answered the door for a client who made an appointment for a full body massage with extras. The informant says that both he and his teacher were very surprised to see each other again.

- ***Age of entry into sex work by informant***

Pieter 2 received his first money for sex at the age of fifteen. This remained his main source of additional pocket money throughout his high school career. Today he pays his own university fees from his earnings derived from sexual favours to other men.

- ***What motivated the informant into sex work***

The fact that a definite source of financial income could be assured, motivated Pieter 2 to enter sex work.

- ***What keeps the informant in sex work***

Both the prospect of money and enjoyment of what he does, keeps Pieter 2 to in sex work.

- ***How the informant perceives himself***

Pieter 2 sees himself as *gay\** and also as a masseur and *call boy\**. He says that he accepts his lifestyle as acceptable to him and has no problems with what he does for a living. According to him few people can really say that they enjoy every minute of their work in the way he does.

Pieter 2 also sees himself as being very successful. Most of his regular clients are professional people and according to him includes: ordinary wealthy men, legal men, educationists including professors, ministers of religion, and high ranking military and police officers. According to the informant approximately 85% of his clients are married men. He qualified this when he said:

*“Sulke ouens is gelukkige ouens. Hulle kan in alle eerlikheid vir hulle vrouens sê dat hulle nie met ander vrouens slaap nie.”*

[“Guys like that are very fortunate. They can, in all honesty, say to their wives that they do not sleep with other women.”].

- ***Sexual preferences of the informant***

The informant has no sexual preferences. He is prepared to do whatever his *John\** requests. Pieter 2 says:

*“Ek het al alles gedoen wat ek in die porno movies gesien het. Elke keer as ek iets nuuts in ‘n movie gesien het, het ek dit uitprobeer. Ek het nou alles geleer en my gereelde kliënte is bewys van hoe goed ek hulle laat voel.”*

[“I tried out everything I saw in the porno movies. Every time I saw something new in a movie, I tried it out. I have now learnt everything and my regular customers are evidence of how good I am and how good I make them feel.”].

- ***Health history of the informant***

Pieter 2 has been treated several times for sexually transmitted infections. He has also had pharyngeal gonorrhoea. One of his clients came back and said that he developed a discharge about three days after Pieter 2 had felled him. The informant's doctor had a throat swab taken which confirmed the presence of gonococci in his throat.

Other ill-health experiences included body lice, ring worm infection and an infection of his anus and rectum.

The informant also reported regular episodes of diarrhoea. With precautions that he now takes his health is much improved.

- ***Experiences of the informant regarding drug and alcohol abuse***

Pieter 2 loves sniffing *poppers*\*. He has also experimented with other drugs including heroin. According to him heroin is freely available in Pretoria. A very easy place to obtain heroin is in one of the parks near the central business district of Pretoria where a *bag*\* of *Big H*\* can be bought for approximately R50. He did not enjoy his experience with heavy drugs and is not into taking drugs other than sniffing *poppers*\*.

- ***Experiences of the informant regarding violence***

The informant reckons that he is very fortunate in that he has never been assaulted or involved in violent acts. Many of his masseur and *call boy*\* colleagues have been assaulted and burgled. Pieter 2 says that he has never been violent towards anyone else.

- ***Knowledge of sexually transmitted infections by the informant***

Pieter 2 reckons that his knowledge of sexually transmitted infections is much improved now compared to what it used to be. He says that he has a very understanding doctor who knows that he is a sex worker. He receives prompt treatment for any of his complaints and regularly goes for blood tests to determine his HIV status. He says that he is proud to say that he is still HIV negative and intends remaining so.

- ***Knowledge of safer sex by the informant***

Having had bad spells of ill-health previously made Pieter 2 aware of the risks involved in sex work. He tries to read as widely as possible and his doctor provides him with good advice as well. He takes every precaution possible to protect his own health as well as the health of his clients.

- ***Where the informant sees himself in the future***

Pieter 2 is looking forward to completing his university education so that he can further take charge of his own future. He says that he would, one day, like to give up his sex work and settle down with the man of his choice.



#### 14.25 Profile of Informant No 25

- ***Chosen name of informant***

Seun

- ***Biographical and family details of informant***

Seun says that he is twenty-two years old. He is a white young man and comes from an Afrikaans speaking background. He is an only child. He is still at school and passed his Grade 12 examinations at the end of last year. Both his parents are teachers. His father teaches at the school which he attended.

He says that his family has very conservative standards and his father will definitely not approve of him being *gay\**. He believes that if he must come out of the *closet\**, his mother would most probably be the one that will understand. He feels very close to his mother and they share many secrets. He has, however, never discussed his sexuality with her. He says:

*“Ek weet my ma is lief vir my en ek is tog bang dat sy teleurgesteld sal wees omdat ek gay\* is en eendag nie vir haar kleinkinders kan voortbring nie.”*

[“I know my mother loves me and yet I am afraid that she may be very disappointed because I am *gay\** and that I will not produce any grandchildren for her one day.”].

- ***Sexual experiences of the informant***

The informant recalls that he has always been interested in other boys. He says that he cannot remember ever really paying attention to a girl because he was sexually interested in her. From a very young age he masturbated whilst fantasising about other boys. He was also regularly involved in sex play with many boys.

His first sexual encounter with an older man occurred when he was twelve years old. At that stage they lived in a flat and he became involved with the neighbour's son who was about sixteen. Both the neighbours were also working and the two boys became close friends and spent most afternoons together. It was during one such afternoon that his friend told him about a pornographic film which he saw at somebody else's home. He borrowed the cassette and suggested that the two of them watch the film together.

It was a *gay\** pornographic film, and no sooner had the film started when his friend was already masturbating. He recalls that it did not take much for him to join in. As the film progressed and more explicit scenes appeared on the screen, he became aware of what two men could really do together. He says that it was he who suggested that they should try out some of the things they saw in the film. Seun reports that about everything he knew about homosexual sex was taught to him during that single afternoon.

- ***Age of entry into sex work by informant***

Seun became involved in sex work at the age of sixteen. He heard about boys earning money by allowing older men to fellate them in certain public toilets. He went to one of these toilets and became involved in selling his sexual favours to whoever was willing to pay for it. He says that he soon realised that he could earn a lot of additional pocket



money this way and eventually demanded certain payment instead of just accepting what the prospective client was prepared to offer.

- ***What motivated the informant into sex work***

After writing and passing his Grade 12 examinations, Seun decided that he did not want to go and study immediately. To his surprise he found out that it was difficult to find a job. He is convinced that it was because he was a white guy that he had difficulty in finding a job. He then decided to concentrate on selling sexual favours in return for money.

He says that his parents did not know the truth about how he earned his money. He told them that he was a financial clerk at a business in town. He continued as a *streetwalker\** for the rest of that year and started his university studies at the beginning of the next year.

- ***What keeps the informant in sex work***

It is the ease of earning good pocket money and liking what he does, that keeps him in sex work. He feels very independent from his parents who are paying his university studies as he earns enough money to buy practically everything he needs. He is currently a final year student and told his parents that he is earning pocket money by tutoring first year students.

He says that he is currently negotiating with a male *madam\** to join a male brothel in Capital Park, Pretoria.

- ***How the informant perceives himself***

Seun has accepted that he is *gay\**. He has also accepted the fact that he can be called a sex worker. His main concern is what he is going to do once he has completed his university studies. He believes that it is going to be very difficult for him to discontinue being a sex worker in exchange for sitting in an office all day.

- ***Sexual preferences of the informant***

The informant says that he keeps a very open mind when it comes to sexual activities. He has no special preferences and is always prepared and willing to learn and try out something new.

- ***Health history of the informant***

Seun has had gonorrhoea four times. He also had an ulcer on the inside of his lip which cleared up after medical treatment. According to him the doctor informed him that it was syphilitic in nature. He says that he regularly experiences gastro-intestinal problems like diarrhoea followed by incidents of constipation. This normally clears up following treatment from a *gay\** friendly medical doctor.

- ***Experiences of the informant regarding drug and alcohol abuse***

The informant says that he did try out some drugs, but never liked the resultant experience. He says that he does not take drugs, does not smoke and only has an occasional beer.

- ***Experiences of the informant regarding violence***  
Even though the informant is aware of violence within sex work, he says that he has been very fortunate in never being involved either as recipient nor as perpetrator of violence.
- ***Knowledge of sexually transmitted infections by the informant***  
Seun is quite aware of various sexually transmitted diseases. On questioning him, he appears to be very well informed, yet is prepared to risk his own health by not making use of condoms in cases where his clients request that no condom be used.
- ***Knowledge of safer sex by the informant***  
As stated above, Seun knows about safer sex practices but is prepared to risk his own health for the sake of earning additional money. He does not know what his HIV status is even though his doctor has suggested that they do a blood test. He says that he is not yet prepared to hear that he may possibly be HIV positive.
- ***Where the informant sees himself in the future***  
Seun has a vision of owning a *gay\** farm one day where all and sundry can come and enjoy themselves in a protected environment. He says it will be a place where men can walk around nude if they so please.

He has accepted being *gay\** and does not foresee himself ever getting married to a woman. If legislation in South Africa should change, he says he would like to be one of the first *gay\** couples to get married legally.

#### 14.26 Profile of Informant No 26

- ***Chosen name of informant***

Stef.

- ***Biographical and family details of informant***

Stef says that he is twenty years old and comes from an Afrikaans speaking family. He appears to be very much younger. He is the oldest of four children. He has three younger brothers. His father is a professional person and his mother is a home executive. Stef is currently a student at a technikon. He is studying engineering. They reside in the eastern suburbs of Pretoria.

Stef claims that his parents love all their children. According to him they are very demonstrative about their love for each other. He greets his father, mother and brothers by kissing them. He says that he especially loves kissing his brother who is eighteen years old.

- ***Sexual experiences of the informant***

This informant says that he can recall his father playing with his genitals when he was a very young boy. Even after his first brother was born his father continued to play with his genitals.

When his younger brother was about four years old and he was about six, he can remember that his father once played with both their genitals at the same time. His father stopped this soon afterwards, but him and his brother continued to play with each other. The two of them still often sleep together without the knowledge of the rest of the family and regularly indulge in mutual anal sex. Stef says that his younger brother is not only his best friend, he is also his lover. They do everything together.

- ***Age of entry into sex work by informant***

Stef says that he earned his first money in exchange for sex when he was only fourteen. He allowed one of his teachers at school to fellate him. This teacher gave him R5 as a 'gift'. Whenever he was short of pocket money, he would entice this teacher to fellate him in exchange for money. Stef says that he soon graduated on to more serious *tricks*\* when he started frequenting various public toilets in order to be picked up by other men.

- ***What motivated the informant into sex work***

The informant says that he was motivated into sex work, not so much for the money, but mostly for the pleasure he got from being fellated by other men. The money issue only came much later when he started realising that one can do a lot with additional money.

- ***What keeps the informant in sex work***

Stef claims that he loves what he is doing. It also provides him with additional pocket money and he never needs to ask his parents for more pocket money than what they are currently giving him.

- ***How the informant perceives himself***

Stef has accepted the fact that he must be a sex worker because he exchanges sex for



money. He would, however, not like to continue with this but would prefer to continue having sex with other men only because he likes having sex with other men.

- ***Sexual preferences of the informant***  
Amongst his preferences are mutual masturbation, active and passive anal sex, *toys\**, *S&M\**, and *rimming\**.
- ***Health history of the informant***  
Apart from one spell of gonorrhoea Stef says that his health is good.
- ***Experiences of the informant regarding drug and alcohol abuse***  
Stef has not experience of dug or alcohol abuse.
- ***Experiences of the informant regarding violence***  
The informant is aware of a lot of violence in the sex work industry bus says that he has been very fortunate so far. He ascribes this to being very careful in whom he accepts as clients.
- ***Knowledge of sexually transmitted infections by the informant***  
Stef says that he has read a lot about all the sexually transmitted diseases.
- ***Knowledge of safer sex by the informant***  
He says that he always tries to be as 'safe' as possible and never has sex without a condom. He says that lately he keeps flavoured condoms which he uses for fellatio.
- ***Where the informant sees himself in the future***  
Stef hopes to be rich one day so that he and his brother, with whom he often shares some of his clients, can live together and be happy.

#### 14.27 Profile of Informant No 27

- ***Chosen name of informant***

Stefan

- ***Biographical and family details of informant***

Stefan comes from an Afrikaans background and claims to be nineteen years old. He says that his family are very close together and they do most things together. He is the oldest of three children with two younger sisters. His father is in the financial sector and his mother manages things at home.

Stefan left school at the end of Grade 10. He is currently not employed in the formal sector and is a *streetwalker*\*. He also regularly visits one of the local pornographic cinemas in search of *Johns*\*.

- ***Sexual experiences of the informant***

The sexual experiences of this informant includes both homosexual as well as heterosexual experiences. He claims, however, that the homosexual experiences were more intense and more enjoyable.

He says that he started masturbating from a young age. He can remember playing with himself before commencing Grade 1. He always actively sought the company of other boys who shared his interest in masturbation. These were usually boys a few years older than himself. His first truly heterosexual experience came at the age of twelve when he had sex with a girl who lived next door to them at the time. According to Stefan this was not a very pleasant experience although the girl came across to their house frequently after that and they did have sex a few more times.

His first sexual contact with an older male occurred when he was fourteen years old. New neighbours moved in across the street from them and they had a son of about nineteen years old. This boy immediately took an interest in Stefan and they began sharing a lot of time together. Stefan was introduced to fellatio, *rimming*\*, and passive anal penetration by the neighbour's son. He says that this changed his life forever and although he likes the company of girls, his real sexual interest lies in being with other men who are older than himself.

- ***Age of entry into sex work by informant***

The informant formally entered sex work at the age of about sixteen when he heard from the neighbour's son that he was earning some additional pocket money by allowing older men to fellate him at the Pretoria station toilets as well as in the park near the Pretoria central business district. Stefan accompanied the neighbour's son one day and was introduced into *cruising*\* and *camping*\* strange men. He says:

*“Ek kon nie glo hoe maklik dit was om deur vreemde mans opgetel te word nie. Sommige van hulle was egter nie bereid om te betaal nie. In die begin het ek saam met hulle gegaan sonder dat hulle betaal, maar later het ek beseft dat ek besig was om geld te verloor. As jy eers gekom\* het, het 'n rukkie gevat voordat jy weer gereed was vir die volgende ou en in daardie tyd verloor jy geld. Ek het gou geleer dat die man eers*



*moet betaal.*”

[“I could not believe how easy it was to be picked up by strange men. Some of them were, however, not prepared to pay. In the beginning I went with them without them paying me, but later I realised that I was busy losing money. Once you have ejaculated (*cum\**), it takes quite a while before you are ready for the next guy and in that time you lose a lot of money. I quickly learned that the guy must pay upfront.”].

- ***What motivated the informant into sex work***

The prospect of earning ‘easy’ money and the manner in which he was introduced into sex work motivated him most.

- ***What keeps the informant in sex work***

Stefan says that the attention he gets from older men and the money they are willing to pay is sufficient motivation for him to remain on the streets in Pretoria.

- ***How the informant perceives himself***

The informant sees himself as bisexual even though he has not been with a girl for several months. He says that he may still marry a girl one day but that may only be in the distant future.

- ***Sexual preferences of the informant***

Stefan is mostly into oral and anal sex. He also likes insertion of *sex toys\** up his rectum and owns a few *toys\** of his own which he inserts up his rectum himself when he masturbates. Fondling, kissing and body contact are also acceptable to him.

- ***Health history of the informant***

At the young age of eighteen years, Stefan is already starting to show signs of a dilated anus with slight incontinence. He says that this is becoming a problem as he must regularly *douche\** himself to prevent soiling of his clothes. He also sometimes places a disposable nappy inside his trousers at the end of a day - especially after having had anal sex with a few men.

Other than this and a few spells of gonorrhoea, Stefan claims to be in good health.

- ***Experiences of the informant regarding drug and alcohol abuse***

Stefan says that he is not into taking drugs. Neither is he a drinker. He likes sniffing *poppers\** and always keeps a small bottle handy. He buys the *poppers\** from one of the local adult shops and pays approximately R50 for a 25ml bottle.

- ***Experiences of the informant regarding violence***

This informant says that he has been assaulted a few times by guys who seem to attract the attention of a *rent\**, take him somewhere where his friends are waiting. They then beat up the *rent\** and leave.

The sex workers in the vicinity where Stefan hangs out mostly now work together as a gang and look out for each other. In this way they have been able to fight back when one of their group was exposed to possible danger. He recalls them also robbing the guys



sometimes especially when they were successful in outnumbering the 'enemy'.

- ***Knowledge of sexually transmitted infections by the informant***  
Stefan's knowledge of sexually transmitted diseases is limited. He knows about gonorrhoea only because he acquired it a few times and had to be treated for it.
- ***Knowledge of safer sex by the informant***  
Knowledge of safer sex is very limited with this informant. He knows about condoms but says that he hardly ever uses them. They are difficult at times to get hold of. When trying to obtain some from the clinic, he is often chased away by the nurses because they say he is too young to be involved in sex. Another reason for not using condoms is that most of his clients prefer to have sex without a condom.  
  
Stefan does not know his HIV status. He has never been tested and does not show a particular interest in knowing his HIV status.
- ***Where the informant sees himself in the future***  
Stefan has accepted himself as a bisexual person. He says that he may marry in the future, but is not too sure. He is currently concentrating on earning money so that he can build up a substantial fund in his saving's account.

#### 14.28 Profile of Informant No 28

- ***Chosen name of informant***

Sujeeth

- ***Biographical and family details of informant***

Sujeeth claims to be an eighteen (18) year old *Spice Boy*\* who comes from a 'traditional' Indian family in Durban. He is a cousin to Divjesh (one of the informants in this study). He is the youngest of three (3) children, and is the only son, of his parents. His parents are wealthy and are traders in Durban. They live as a large extended family consisting of his parents, some uncles, aunts, cousins, and his grand parents. He has passed grade 12 at school. He came to Pretoria with the permission of his parents to:

*"...enjoy a year of freedom before having to take on family responsibilities".*

Sujeeth already knows whom he is to marry one day.

- ***Sexual experiences of the informant***

He claims to have known that he was *gay*\* ever since he can remember. He says that he has always been attracted to other men and from a young age has always tried his utmost to be present where he could possibly see another man without clothes on. He has never shared this information with anyone and none of his family members know that he is *gay*\*. He first became sexually involved with another boy at the age of 10, although he claims to have masturbated from "a very young age". He can remember having his first orgasm with *cum*\* at the age of 12.

His first encounter with an adult person was at the age of 16 when he was:

*"...sucked off\* by a white guy who was in his twenties".*

This happened at a sport match in the toilets while the soccer game was still on.

- ***Age of entry into sex work by informant***

Sujeeth moved to Pretoria recently and entered the sex trade at his current age of 18. He likes what he is doing and realises that some time in the future he will have to return to his family in Durban and will then have to far more discreet. He is currently a masseur and *call boy*\* at a male brothel in Pretoria.

- ***What motivated the informant into sex work***

The most important thing that motivated Sujeeth into sex work was getting to see so many *dicks*\*.

*"...dicks of all sizes and colours - and then to be paid to wank\* or sally\* that dick\* is absolutely heavenly!"*

He currently works from a male brothel in a white suburb of Pretoria. The *madam*\* of the brothel is a white guy of 29 years old. The *madam*\* was previously a *call boy*\*.

- ***What keeps the informant in sex work***  
Knowing that he will have to return to Durban within the next few months to take up his family responsibilities, makes Sujeeth realise that he must try to make the best of his short spell of freedom.
- ***How the informant perceives himself***  
Sujeeth says that, in terms of Western culture, he must be *gay\**, but in his culture the word *gay\** is never used. He is very masculine and prefers to refer to himself as an *MSM\**. He believes that he must be very attractive as some of his white clients have referred to his fine facial features and beautiful dark and smooth skin.
- ***Sexual preferences of the informant***  
Sujeeth states that he is willing to perform whatever his client requests of him. A straight body massage which includes a pelvic massage will cost the client R180. Every additional request of the client is seen as 'extras' and are charged for in addition to the basic fee of R180, for example:  

*"...if the guy wants a blow job\* he must pay an additional R20."*
- ***Health history of the informant***  
He has been rather healthy except that he once had a *drip\** and was given a series of injections by his medical doctor. Sujeeth does not know his HIV status.
- ***Experiences of the informant regarding drug and alcohol abuse***  
Because of his religion he does not consume any alcohol. He claims to not have taken any drugs although he knows many guys who take drugs. According to him many of his colleagues at the brothel takes drugs.
- ***Experiences of the informant regarding violence***  
He has no experience of violence at home. He was, however, bullied at school - his friends called him names and often made him cry.
- ***Knowledge of sexually transmitted infections by the informant***  
Sujeeth knows about gonorrhoea, syphilis, and HIV/AIDS. He does not know his HIV status as he has never been tested. He states that he is not interested in knowing his HIV status as he believes that he will always be HIV negative.
- ***Knowledge of safer sex by the informant***  
He claims to know all about condom use although he admits that if the client is prepared to pay an additional amount of money (he was not prepared to state how much), he will go *top\** or *bottom\** without the use of a condom.
- ***Where the informant sees himself in the future***  
Sujeeth sees himself as a happily married man (and father) when he is about 30 years old. He knows of several of his uncles who are happily married and still have great fun with other men "It is OK ... as long as you don't ask and don't tell". He continued by saying:

*"Our tradition of arranged marriages means that most of us gay\* guys*



*eventually have wives and children. For the most part this is non-negotiable for us. For that matter, few of us would want it otherwise.”*

- ***Any other relevant information***

Sujeeth referred the researcher to a portion of scripture from the Qur’an, S.iv.15-16 to defend his stance on having sex with other men.

This portion of scripture from the Qur’an reads:

“15. If any of your women  
Are guilty of lewdness,  
Take the evidence of four  
(Reliable) witnesses from amongst you  
Against them: and if they testify,  
Confine them to houses until  
Death do claim them,  
Or God ordain for them  
Some (other) way.

“16. If two men among you  
Are guilty of lewdness,  
Punish them both.  
If they repent and amend,  
Leave them alone: for God  
Is Oft-returning, Most Merciful.”

According to Sujeeth the Qur’an states that everything is fine:

*“... as long as I am not caught! If I am caught, however, I will repent and amend and will then be forgiven.”*

In a recent study (Jamal, 2001:1-88) researched the story of Lot in the Qur’an and compared that information with other portions of scripture from the Qur’an to determine how the Qur’an sees same-sex relationships between men. She came to the conclusion that the Qur’an does not specifically condemn homosexual relationships between men. She concluded that the Qur’an, in fact, was very sensitive and understanding towards sexual relationships between men.

#### 14.29 Profile of Informant No 29

- ***Chosen name of informant***

Tristan

- ***Biographical and family details of informant***

Tristan claims to be 19 years old. He comes from a conservative Afrikaans speaking family. He is one of three children and is the middle child. He has an older brother and younger sister. He gets along well with his siblings. His mother is very domineering and bullies everyone in the house, even the father of the household. Tristan states that:

*“Ek kom baie goed oor die weg met my pa. Ek is baie lief vir hom en ek weet dat hy ook vir my lief is. Hy trek my baie voor.”*

[“I get along well with my father. I love him a lot and I know that he loves me too. He spoils me a lot.”].

He is currently doing Grade 12 and believes that he should do well at the end of the year in his matric examinations. Following matric, he intends to go to university to study architecture.

- ***Sexual experiences of the informant***

Tristan believes that he was born bisexual. He has always liked both boys and girls. He, however, admits that he prefers boys over girls.

As a young child he would bath or shower with his dad. He recalls that his dad regularly fellated him when they were showering together. His dad would go down on his knees and take his whole *dick\** and *balls\** into his mouth and:

*“...dan het hy my klein stywe piel\* en ballas\* in sy kieste rondgerol. Ek kan onthou dat dit baie lekker was.”*

[“...then he would roll my small penis (*cock\**) and scrotum (*balls\**) in his mouth. I can remember that it was very enjoyable.”].

He says that should he be a father one day, he will most probably do the same to his son.

He is currently a *streetwalker\** and earns about R50 every time someone fellates him. He often has up to three or four encounters with men per day. He does not allow every client to fellate him to orgasm.

*“As die ou wil hê dat ek in sy mond moet kom, moet hy my ekstra betaal. Ek vra gewoonlik R15 tot R20 ekstra as ‘n ou my wil afsuig tot ek kom\*. Dit hang af hoe oud die ou is. Ouer mans betaal meer.”*

[“If the guy want me to ejaculate (*cum\**) in his mouth, he must pay me extra. I usually ask R15 to R20 if the guy wants to fellate (*suck\** me off) until I ejaculate (*cum\**). Older men pay even more.”].

- ***Age of entry into sex work by informant***

His first experience with commercial sex came at the age of sixteen. He told the

researcher:

*“Ek was by die skaatsbaan toilette besig om te pis. Een van die instrukteurs het ingekom en my dopgehou. Hy het met sy kop in die rigting van een van die toilette geknik. Ek het saam met hom ingegaan. Hy het my R20 geoffer om my piel\* te suig. Ek het die geld gevat en hy het my ge-sally\*”*

[“I was busy urinating in the toilets at the ice rink. One of the instructors came in and I noticed him watching me. He nodded his head in the direction of one of the toilet cubicles. I went in with him. He offered me R20 to fellate me (to *suck\** me off). I took the money and he fellated me (*sallied\** me).”].

- ***What motivated the informant into sex work***

Tristan says that the easy money that is available makes it more than worthwhile.

- ***What keeps the informant in sex work***

The fact that whenever he needs additional pocket money, he knows exactly where to go and get it.

- ***How the informant perceives himself***

When referring to himself, Tristan says:

*“Miskien is ek ‘n moffie\*, miskien nie. Ek is defnitief bi\*.”*

[“Maybe I am a *queer\**, maybe not. I am definitely bisexual (*bi\**).”].

Tristan appears to have accepted his sexuality and states that he enjoys what he does.

- ***Sexual preferences of the informant***

He is not into a lot of things. At present he prefers to merely allow other men to fellate him for payment. He is currently a *streetwalker\** selling his services at various public toilets and sometimes also from the park.

- ***Health history of the informant***

Tristan admits to having had quite a few (he cannot remember how many) incidents of gonorrhoea. He did not tell his family about this and paid for his own treatment. He normally goes to a medical doctor who runs a clinic from a shop in Pretoria.

He says that his health is not too good at present. He has had a lot of colds recently and has developed an irritating cough.

- ***Experiences of the informant regarding drug and alcohol abuse***

He admits to taking a variety of drugs. It consists mostly of *Big E\** and Heroin which he buys in one of the parks in central Pretoria. He also sometimes goes on bouts binge drinking with some friends.

- ***Experiences of the informant regarding violence***

Because he works from the streets and from public toilets, he has been assaulted by guys



who pretended to want to pick him up. He now prefers to work with a friend in the vicinity and the two of them look out for each other.

- ***Knowledge of sexually transmitted infections by the informant***  
Tristan claims to know about sexually transmitted infections including HIV/AIDS. He, however, does not know his HIV status and is currently not interested to know.
- ***Knowledge of safer sex by the informant***  
The only safer sex he knows about is using a condom.

*“Ek gebruik nie FL’s\* nie. Vok my, maar dit is nie lekker om afgesuig te word met ‘n FL\* wat in die pad is nie!”*

*[“I do not use condoms (FL’s\*). (Fuck\* me...), but it is not nice to be fellated (sucked\* off) wearing a condom (FL\*) which tends to get in the way.”].*

- ***Where the informant sees himself in the future***  
Tristan thinks that he will most probably get married one day and have a family. When he goes to university he intends to stop taking drugs so that he can concentrate on his studies.
- ***Any other relevant information***  
The informant does not know his HIV status and is currently not interested to know what it is. He already has a few ulcers on his arms from heroin injection sites, most probably due to some undissolved crystals that have been injected.

#### 14.30 Profile of Informant No 30

- ***Chosen name of informant***

Willem 1

- ***Biographical and family details of informant***

Willem 1 is an Afrikaans speaking young man and is twenty-four years old. He is married to a girl of nineteen and they have a young baby boy who is a few months old. He had to marry his wife because she fell pregnant after they had sex. Willem 1 is currently unemployed and says that he cannot find employment. He blames his state of unemployment on affirmative action.

- ***Sexual experiences of the informant***

Willem's sexual experience includes only one brief encounter of homosexual activity when he, as a fourteen year old youth, was fellated and masturbated by a school friend. He in turn masturbated his friend to orgasm.

All his other sexual encounters were with girls. Whenever he masturbated he always fantasised about having sex with a girl.

- ***Age of entry into sex work by informant***

Willem 1 became involved in sex work soon after marrying his wife. They needed money to prepare for the birth of their baby. Willem 1 says that all his efforts in seeking employment was unsuccessful. He heard about some guys who were making reasonable money by having sex with other men in the park.

He says that in sheer desperation, and after consulting wife, they agreed that he would try to earn some money as a *streetwalker\** in the park near the centre of the Pretoria central business district.

- ***What motivated the informant into sex work***

The informant says that in an effort to survive and provide for his family he had no other option but to try out his luck by selling his body to other men.

- ***What keeps the informant in sex work***

If it were not for the fact that he cannot find other employment, Willem 1 would leave the sex work scene immediately. He says that he despises himself for what he is doing. It is a topic they never talk about at home. Whenever work related matters are discussed with friends, they merely say that Willem 1 is in the service industry.

- ***How the informant perceives himself***

Willem 1 sees himself as a heterosexual person who, because of circumstance beyond his control, has been forced into sex work. He told the researcher:

*“Ek is straight\*. Ek was nog nooit gay\* nie en sal nie gay\* word nie. Ek doen wat ek doen om vir my vrou en kind te sorg. As ek ander werk kan kry, sal ek dadelik ophou met hierdie werk.”*

[“I am *straight\**. I have never been *gay\** and will never be *gay\**. I do what I do so that I can take care of my wife and child. If I can get another

job, I will immediately stop with this work.”].

- ***Sexual preferences of the informant***

The informant says that his desires are totally heterosexual. He does not enjoy what he is doing. He, however, allows other men to have anal sex with him. He penetrates other men as well and also allows them to fellate him.

- ***Health history of the informant***

Willem 1 claims to be healthy. He has, however, had several incidents of gonorrhoea, severe diarrhoeal spells, *jock itch*\*, body lice, and has lately had badly swollen glands in his neck.

He does not know what his HIV status is as he has never been tested.

- ***Experiences of the informant regarding drug and alcohol abuse***

The informant recently started experimenting with heroin. He says it helps him forget the terrible life he is living. He says that he is very angry with himself for making his girlfriend pregnant and for bringing a baby into the world. He also says that he realises that he cannot adequately take care of them and despises himself for this.

- ***Experiences of the informant regarding violence***

In an effort to bring in money for his family, Willem 1 has had to take some risks. He says that he has been the victim of assault and has had to withstand a lot of verbal abuse at times. He has, however, never perpetrated any violent acts against anyone else.

- ***Knowledge of sexually transmitted infections by the informant***

Willem 1 says that he does not know a lot about sexually transmitted diseases. There are more important things on his mind, he says.

- ***Knowledge of safer sex by the informant***

The informant says that he is aware of the use of condoms to protect oneself but most clients are prepared to pay a few Rand extra for not using condoms. The money, he says, is of more importance and he, therefore, performs and allows unprotected sex.

- ***Where the informant sees himself in the future***

Willem 1 says that he is unsure about the future. He has not had a chance to go and sit down and think about it yet.



#### 14.31 Profile of Informant No 31

- ***Chosen name of informant***

Willem 2.

- ***Biographical and family details of informant***

Willem 2 comes from an Afrikaans speaking family. He is twenty-five years old and is the oldest of three brothers. Both his father and mother are teachers. Willem 2 says that they live in a good part of Pretoria. He has never had anything short in his life. Generally, he says, their parents have taken good care of them.

He loves his parents and brothers and would not want to do anything to hurt them. It is for this reason, he says, that he has never told them about what he does for an income. As far as his family is concerned he is working in an office.

- ***Sexual experiences of the informant***

The informant says that he is bisexual.

*“Ek is een van daai gelukkige ouens. Ek kan net so lekker ‘n man of ‘n meisie bykom. Maar dit is lekkerder om ‘n man te naai\*.”*

[“I am one of those fortunate guys. I can easily have sex with either a man or a girl. But it is far nicer having sex (*fucking\**) a guy.”].

He says that he believes that he had a ‘normal’ upbringing and never had many sexual thoughts. It was however, when he was about twelve years old that his grandfather ‘accidentally’ touched his genitals that he all of a sudden realised that there was a part of his body:

*“...wat vir ‘n ou die lekkerste gevoel kan gee! My oupa het groot geskrik toe ek sommer aan sy piel\* ook vat. Ek dink nou nog dit is hoekom hy ‘n paar maande daarna sommer net dood is aan sy hart.”*

[“...which can give a guy the most pleasant sensation! My grandfather got a big fright when I also touched his penis (*cock\**). I still think that is why he died of his heart all of a sudden a few months later.”].

After this first experience with his grandfather, Willem 2 had several other experiences with male friends. It was not long, however, when he was introduced to sex work by a school friend. This friend who was also fourteen years old at the time, told him about men who paid him for *sucking his cock\** at the Pretoria station.

- ***Age of entry into sex work by informant***

Willem 2 was about fourteen years old when he went with his friend to the Pretoria station. He stood at the urinal of the public toilets and pretended to urinate. When he looked back he could see someone was watching him through a hole in the door of one of the toilets. He soon noticed that several of the doors had holes in them and that guys were peeping through these holes. He then saw a man walk over to one of the doors and peeped inside the toilet. The toilet door opened and the guy walked in. Several minutes later the two men left together.

Willem 2 stood at the urinal for another few minutes when one of the other toilet doors opened and a guy beckoned him in. He says that he walked over without any hesitation. The guy fellated him and gave him R2.

When he told his friend about this, his friend said that he was a fool for accepting so little money. Willem 2 says that he learned quickly and was soon making good money. As a boy of fourteen he was earning at least R5 for allowing a guy to fellate him. If he had to play with the other guy's *dick*\* he asked an additional R5.

- ***What motivated the informant into sex work***

Willem 2 says that he is in sex work for the money. He also likes the work he is doing. He earns enough money to keep himself going. The informant says that he is currently earning about R2500 a month from selling sexual services to other men.

- ***What keeps the informant in sex work***

The nice money there is to make and the ease with which the money can be earned.

- ***How the informant perceives himself***

The informant perceives himself as a happy and fortunate bisexual guy who can enjoy all aspects of life:

“...of ek nou tussen mans of meisies is, sal ek altyd geholpe wees.”  
[“...whether I am amongst guys or girls, my needs will always be satisfied.”].

- ***Sexual preferences of the informant***

Willem 2 recognises that he is bisexual but says that having sex with men is far more pleasurable.

- ***Health history of the informant***

The informant claims that he is very healthy.

- ***Experiences of the informant regarding drug and alcohol abuse***

Willem 2 says that apart from sniffing *poppers*\*, he has had no experience of drug or alcohol abuse.

- ***Experiences of the informant regarding violence***

The informant says that he is aware of a lot of violence perpetrated towards sex workers, but he has never been at the receiving end. Neither has he perpetrated any violent acts.

- ***Knowledge of sexually transmitted infections by the informant***

Willem 2 claims to be very knowledgeable about sexually transmitted infections. He says that he tries to read about it as often as he can.

- ***Knowledge of safer sex by the informant***

The informant says that he knows all about condom usage and always tries to use a condom whenever he has sex with a guy. He, however, often fails to use a condom.

- ***Where the informant sees himself in the future***

Willem 2 says that he will most probably marry one day, although he is not so sure about is. He reckons that he loves having sex with men and will most probably miss it one day and this may stand in the way of a happy marriage.



## ANNEXURE 15

### Report on Participant Observation Sessions Conducted by the Researcher at Various Pornographic Cinemas in Pretoria

#### 15.1 Observations made by the Researcher at Pornographic Cinema A

The following observations were made by the researcher at this pornographic cinema:

- Only male clients were allowed into the cinema.
- The cinema has two separate screening rooms inside the complex. In the one screening room heterosexual and bisexual films were screened whilst in the other cinema only homosexual (*Gay\**) films were screened.
- Admission (2002 fees) to this cinema was R30. This fee allowed the client to attend either or both screening rooms inside the complex. The client could also obtain a 'pass-out' (multiple entry) which was valid for the day of purchase.
- Attendees in these screening rooms were observed to be involved in one or more of the following activities whilst watching pornographic films: individual masturbation, mutual masturbation with one or more of the other men attending the cinema. A variety of other forms of sexual activity and sex play which were observed included anal intercourse and fellatio.
- This particular cinema also advertised the services of a 'man-to-man masseur' at an additional cost of R180 for a session of thirty (30) minutes. Private booths were provided in the back of the cinema complex where a variety of sex services were on offer by the 'masseur'. The researcher was informed by one of the 'masseurs' that both he and his client strip completely naked. The session commences with a brief 'massage' of the back and shoulders of the client. According to various informants this brief massage merely serves as introduction to more serious sexual activity between the client and the 'masseur'. The client pays the 'masseur' directly. There is an agreement between the 'masseur' and the owner of the cinema whereby the fee is split between the owner of the cinema and the 'masseur'. The actual percentage of the split of fees was not disclosed.
- Some professional male sex workers were observed to frequent this venue in pursuit of possible paying clients. They were seen to move around from viewer to

viewer in the cinema, talking to them or attempting to touch them. On a few occasions a sex worker was observed leaving the cinema with what appeared to be a prospective client.

- The cinema also has a bar where 'topless' waiters tend to customers.
- Sex shows were staged in the bar over weekends.
- The following were also available in the cinema: *cruising\** area; *darkroom\**; an area with *glory holes\**; and toilet facilities.

## 15.2 Observations Made by the Researcher at Pornographic Cinema B

The following observations were made by the researcher at pornographic cinema B:

- The cinema is situated in the back of an “Adult Shop”, a shop where a variety of pornographic items and sex *toys*\* are on sale.
- Only male clients were allowed inside the video area.
- Clients paid R40 admission (2002 fees).
- On special ‘buddy days/nights’ clients paid R20 admission.
- One condom per client was provided together with a pass-out (multiple entry) ticket. A client could leave and re-enter the cinema area several times on the day of purchase of the ticket.
- The following were provided: *Gay*\* cinema, bisexual cinema, *dark rooms*\*, cubicles, *glory holes*\*, *S&M*\* Room, *cruising*\* area, and toilet facilities.
- Most cubicles have ‘manufactured’ peeping holes through which activities that take place inside cubicles could be observed from outside. The researcher was informed that this is part of the voyeur scene. Some individuals like to be observed by other individuals (but who should not be visible) while involved in sexual activities whilst other individuals have an interest in observing others who are involved in sexual activities (without being seen).
- Clients were observed participating in a variety of sexual activities which included individual masturbation, mutual masturbation, oral sex, anal sex, group sex, and sado-masochistic activities in the *S&M*\* Room (also referred to as the *sling room*\*).
- Some professional male sex workers were seen to frequent this venue in pursuit of possible paying clients. During various visits to the cinema the researcher observed how a male sex worker negotiated payment for sex with a client. The researcher also, on more than one occasion, observed an apparent male sex worker entering a cubicle inside the complex with a client. On other occasions apparent male sex workers were observed leaving the cinema complex with what appeared to be a prospective client. Most of the prostitution, however, that occurred on the premises, took place between apparently consenting partners who were not in a permanent relationship and sex activities generally took place without the exchange of reward.



### 15.3 Observations Made by the Researcher at Pornographic Cinema C

The following observations were made by the researcher at pornographic cinema C:

- The cinema is situated in an upstairs section of a building which houses an “Adult Shop”, a shop where a variety of pornographic items and sex *toys*\* are on sale. Access to the cinema is gained through a staircase in the back of the “Adult Shop”.
- Only male clients were observed inside the video area although female toilets were provided.
- Clients paid R15 admission (2002 fees).
- Free condoms were available at the front counter.
- Clients were given a pass-out (multiple entry) ticket. A client could leave and re-enter the cinema area several times on the day of purchase of the ticket.
- The following were provided: *Gay*\* cinema, bisexual cinema, *dark rooms*\*, cubicles, *glory holes*\*, *cruising*\* area, and toilet facilities.
- Clients were observed participating in a variety of sexual activities which included individual masturbation, mutual masturbation, oral sex, anal sex, and group sex.
- Some professional male sex workers were seen to frequent this venue in pursuit of possible paying clients. On at least one occasion an apparent male sex worker was observed leaving the cinema complex with what appeared to be a prospective paying client. Most of the prostitution, however, that occurred on the premises, took place between consenting partners who were not in a permanent relationship and sex activities generally took place without the exchange of reward.

**ANNEXURE 16**  
**Report on Participant Observation Session Conducted by the Researcher at a  
Steam Bath in Pretoria**

**16.1 Observations Made by the Researcher at Steam Bath A**

The following observations were made by the researcher at the steam bath:

- Only men were allowed to enter the steam bath area.
- The complex housed a dry sauna, steam room, jacuzzi, lounge area with confectionary counter, cubicles, *Gay\** video area (pornographic), *dark rooms\**, *cruising\** area, showers and toilet facilities.
- Condoms were provided free of charge and were placed at strategic places throughout the steam bath area.
- Admission was R40 per person (2002 fees).
- Special 'buddy days/nights' were announced on the bulletin board indicating when two persons could enter for the price of one.
- On certain days, particulars of which also appeared on the bulletin board of the steam bath, visitors had to pay an amount in Rands equal to their age. An identity document, as proof of age, could be requested.
- Each visitor was issued with a large towel for use whilst inside the steam bath. Visitors had to remove all their clothing before leaving the change room. Visitors were, however, allowed to wrap a towel around their waist whilst in the steam bath area should they prefer to do so. Special lock-up cupboards were provided where visitors could lock up their clothing and other valuables. The key to the cupboard was fitted with an elastic band. The key was usually carried around the wrist or ankle of each individual visitor.
- Friday nights were usually "NTN" ('no towel nights') which meant that visitors were still issued with a towel but no one was allowed to be inside the steam bath area with any clothes on - neither were they allowed to wrap a towel around their waste.
- The researcher was informed by visitors to the steam bath that very few, if any,

visitors to the steam baths, go there for any other reason than to have a venue where they could have sex with other men.

- The researcher observed a variety of sexual activities during the visits to the steam baths. These sexual activities took place in the *dark rooms\**, jacuzzi, dry sauna, steam room, and pornographic film viewing area.
- Sexual activities varied from individual masturbation while watching pornographic films or observing other visitors to the steam bath involved in one or other sexual activity, mutual masturbation, oral sex, anal sex, and group sex. Group sex was mostly observed in the *dark rooms\**.
- From the observations made by the researcher, as well as from information obtained from visitors to the steam baths, it would appear that very few professional male sex workers frequent the steam baths in pursuit of possible paying clients. The prostitution that occurred there was mainly between consenting partners who were not in a permanent relationship. No exchange of reward was seen to take place.
- During one visit to the steam bath by the researcher there was some consternation when a strong smell of cannabis was detected. The management were anxiously searching for the source of the smell as they were not supportive of this occurring on their premises.



**ANNEXURE 17**  
**Report on Participant Observations Sessions Conducted by the Researcher at**  
**Gay Clubs in Pretoria**

**17.1 Observations Made by the Researcher at Gay Club A**

The following observations were made by the researcher during a visit to Gay Club A:

- A mixed crowd comprising men and women attended the club.
- A mixed age group was observed with individuals from approximately eighteen (18) years of age, the legal age at which a man may enter a gay club, up to approximately fifty (50) years of age.
- Many visitors arrived in groups or couples. A few individuals were seen arriving alone.
- A lot of dancing took place.
- There was evidence of individuals who were under the influence of various drugs and alcohol. The researcher was informed by informers that trading in various drugs from *cannabis sativa* (dagga) to heavy drugs such as heroin occurred periodically at this particular club. The researcher was informed that *Ecstasy\** was apparently a very popular drug as it is claimed that *Ecstasy\** made it possible for the user to dance throughout the night “without getting tired”.
- The crowd was mostly well behaved and most individuals seemed to be having great fun engaging in various social activities and a lot of dancing.
- ‘Floor shows’, such as strip dancing and beauty competitions, where *drag queens\** competed for a Ms Pretoria or Ms South Africa, was also on offer on certain nights.
- There was no evidence of professional sex workers frequenting the club in search of possible paying clients.
- There was also no evidence of any sexual activities taking place on the premises.

## 17.2 Observations Made by the Researcher at Gay Club B

The following observations were made by the researcher at Gay Club B:

- The club was visited by a mixed crowd comprising men and women.
- The age group of visitors to the club varied from approximately eighteen (18) years to approximately fifty (50) years.
- Many visitors arrived in groups or couples. A few individuals were seen arriving alone.
- A lot of dancing took place.
- Some visitors appeared to be under the influence of drugs and/or alcohol. The researcher obtained information from informants that drugs such as *Ecstasy*\* and heavier drugs such as heroin was 'freely' available at the club.
- The crowd was mostly well behaved. Most individuals seemed to be having great fun with a lot of talking, laughing and dancing taking place.
- 'Floor shows', such as strip dancing and beauty competitions, where both *drag queens*\* and *butch*\* guys competed for various Ms and Mr titles, were also on offer on certain nights.
- There was no evidence of professional sex workers frequenting the club in search of possible paying clients.
- There was also no evidence of any sexual activities taking place on the premises.

**ANNEXURE 18**  
**Report on Participant Observations Sessions Conducted by the Researcher at**  
**Several Gay Bars in Pretoria**

**18.1 Observations Made by the Researcher at Gay Bar A**

The following observations were made by the researcher at Gay Bar A:

- Only males were observed even though no sign could be seen stating that only men were allowed. Most of the men were young. Their ages ranged from approximately eighteen (18) years of age to approximately thirty-five (35) years of age.
- The bar area was quite noisy. The noise emanated from, what appeared to be, a happy and friendly group of young men who were having fun together.
- Most of the clients were consuming alcohol. Beer seemed to be the favourite drink.
- Several visitors appeared to attend as couples or in small groups. There were, however, also a few visitors who attended on their own. These were mostly 'older' men.
- A few of the 'older' men were observed trying to get the attention of a younger man. The researcher was informed by visitors that this was the typical behaviour of older men who were trying to get a younger man to leave and go somewhere else with them, usually with the purpose of having sex. The researcher was also informed by informers that many of these older men were more than willing to reward any younger man who was willing to accompany them.
- There was no evidence of sexual activity taking place on the premises.



## **18.2 Observations Made by the Researcher at Gay Bar B**

The following observations were made by the researcher at Gay Bar B:

- Only men appeared to visit this bar. Most of them were young and appeared to be between the ages of approximately eighteen (18) and thirty five (35) years of age.
- A lot of fun seemed to be had by all present. There was a lot of talking and joking.
- Very much the same observations that were made at Gay Bar A were again made in this bar.
- There was no evidence of sexual activity taking place on the premises.

### **18.3 Observations Made by the Researcher at Gay Bar C**

The following observations were made by the researcher at Gay Bar C:

- Both men and women frequented this bar. Many of them attended in mixed groups.
- Very much the same observations that were made at Gay Bar A applied to this bar as well.
- There was no evidence of sexual activity taking place on the premises.

#### **18.4 Observations Made by the Researcher at Gay Bar D**

The following observations were made by the researcher at Gay Bar D:

- Both men and women frequented this bar. Many of them attended in mixed groups.
- The majority of individuals who attended this bar were older than thirty (30) years of age.
- The atmosphere was less noisy than in any of the previously mentioned bars.
- There was no evidence of sexual activity taking place on the premises.



## **18.5 Observations Made by the Researcher at Gay Bar E**

The following observations were made by the researcher at Gay Bar E:

- Only men frequented this bar.
- Most of the visitors to this bar was under the age of twenty five (25). The obvious reason for this seemed to be that the bar was situated in an area where there was a high concentration of university students.
- A very friendly atmosphere prevailed.
- There was no evidence of sexual activity taking place on the premises.

**ANNEXURE 19**  
**Report on In-Depth Interviews Conducted by the Researcher with a Male**  
**Madam\* at a Male Brothel in Pretoria**

**19.1 Information Obtained by the Researcher at Male Brothel A**

As is the case with all informants to this study, the male *madam\** of the male brothel was also provided the opportunity to select a pseudonym to ensure his anonymity as well as to protect his safety and security. The male *madam\** chose to be known as Chris.

The researcher obtained the following information during several in-depth interviews with male *madam\** Chris. Informant Chris told the researcher:

- The *John\** usually telephones the *M2M\** service house to make an appointment.
- This, Informant Chris said, was necessary to ensure that there is someone available at the time when the *John\** wants to visit the *M2M\** service house.
- According to Informant Chris some *Johns\** regularly return to be serviced by a particular young man - it is, therefore, imperative that the *madam\** will be in a position to ensure that his requirements are met otherwise he may decide to support another *M2M\** service house or another solo *M2M\** practitioner.
- If the particular young man that was requested by the regular *John\** is available at the time when the regular *John\** has requested his services, that particular young man will be kept out of circulation until his regular customer arrives.
- If the particular young man is booked for the time when the regular *John\** has requested his services, one of two things will usually occur:
  - Informant Chris says that he will try and move the appointment on by an hour or so to ensure that the right *M2M\** young man is available.
  - If the regular *John\** is determined to have the booking at the time he originally booked it for, Chris will try and change the appointment of the other *John\** to a different time or will ask him if he would be satisfied with one of the other *M2M\** young men.
- The regular *John\** who already has an appointment will, upon arrival at the *M2M\**

service house, be shown to a room straight away where he will be joined by his regular *M2M\** service person.

· A first-time *John\** to the *M2M\** service house will be taken into a lounge area where he will be served tea or coffee. Some male brothels serve alcoholic beverages to their clients according to Chris. He says that he prefers not to serve alcohol as he has experienced disruptive behaviour by some individuals once they had consumed alcohol.

· The *M2M\** service persons (male sex workers) that are available at a particular time when the first-time *John\** arrives, or who are not already busy with a client, will be paraded into the lounge area one at a time.

· Each of them will then introduce himself to the prospective client (*John\**) by stating the name that he works under.

· He will also provide the prospective client with additional information which may be of importance to the prospective *John\**.

· Such information may include some or all of the following:

- the age of the *M2M\** service person;
- the length of the penis of the *M2M\** service person when soft;
- the length of the penis of the *M2M\** service person when erect;
- whether he is *cut\** or *uncut\**;
- the type of sexual activities he is prepared to provide;
- the type of sexual activities he is prepared to provide as 'extras' including the cost of such 'extras'; and
- the type of sexual activities the *M2M\** service person is not prepared to provide and which may sometimes be non-negotiable.

· Once the last available *M2M\** service person has been introduced to the prospective *John\**, Informant Chris would return to the lounge area to hear which *M2M\** service person the prospective *John\** had selected.

· If the *John\** is satisfied with what is available and indicates his preference for a particular young *M2M\** service person, he will be shown to a room where he will be joined by the *M2M\** service person of his choice.

· The *John\** will pay the *M2M\** service person directly in terms of the fee agreed upon.



After the client had left, the *M2M\** service person will pay over to the male *madam\** the agreed upon portion of the fee.

Informant Chris was not prepared to disclose the portion of the fee which he receives from his *M2M\** service persons. He did, however, disclose that a half hour session consisting of a body massage which usually includes a pelvic massage, costs R180. If the client requests a session lasting one full hour, the fee is raised to R240. If the client requests a threesome (meaning that he requests two *M2M\** service persons at the same time), the fee doubles to R360. The client must then pay R180 to each of the *M2M\** service persons.

In return for his portion of the fees earned by his *M2M\** service persons, Informant Chris provides them with shelter and snacks during the time that they are on the premises. At the time of the in-depth interviews conducted with Informant Chris, only one *M2M\** service person was provided with lodgings on the premises.

**ANNEXURE 20**

Copy of an E-mail indicating that Viagra (and other medicines) can be acquired via the Internet without a perscription from a medical practitioner

Page 1 of 1

**From:** Get Viagra - Safely, Privately <freeyankee@lists.postmastergeneral.com>  
**To:** okhuthete@mweb.co.za <okhuthete@mweb.co.za>  
**Date:** 13 October 2001 12:09  
**Subject:** : No Prescription Required, EASY Doctor Prescribed Rx Orders

---

^^^-----^^^

EASY Doctor Prescribed Rx Orders  
Viagra, Propecia, Claritin, Xenical and MORE  
<a href="http://www.PillsOnTheNet.com/default.asp?rid=1001">  
Viagra, Click Here

^^^-----^^^

Elle Pearson  
FreeYankee.com

<<<<>> <<<<>> <<<<>> <<<<>> <<<<>> <<<<>> <<<<>> <<<<>> <<<<>> <<<<>>

\* To remove yourself from this mailing list, point your browser to:  
<http://inbound.postmastergeneral.com/remove?freeyankee>  
\* Enter your email address ([okhuthete@mweb.co.za](mailto:okhuthete@mweb.co.za)) in the field provided and click "Unsubscribe". The mailing list ID is "freeyankee".

OR...

\* Reply to this message with the word "remove" in the subject line.

This message was sent to address [okhuthete@mweb.co.za](mailto:okhuthete@mweb.co.za)  
X-PMG-Recipient: [okhuthete@mweb.co.za](mailto:okhuthete@mweb.co.za)

<<<<>> <<<<>> <<<<>> <<<<>> <<<<>> <<<<>> <<<<>> <<<<>> <<<<>> <<<<>>

pmguid:2p.jrz.rsqI

01/10/13