

This article, regarding health risks involved with men who have unprotected sex with other men (MSM), could easily put other progressive countries “tools of inclusion” to shame. It highlights the forward movement South Africa has made, post-apartheid, in aiding MSM’s with support, guidance, and preventative care, relative to their lifestyle. The South African Health4Men program (with the help of The Anova Health Institute and the Presidents Plan For AIDS Relief), has “served as training and mentoring sites for further expansion of MSM-competent services, both in South Africa and in several other African countries needle” (McIntyre, Struthers: 2). In the development and implementation of these programs, the private and public sectors are given the opportunity to engage in collaborative natural and social science research to employ MSM’s with effective tools, protecting their health and lowering risks for sexually transmitted diseases and infections.

As part of the social research aspect, the authors are respectable in mentioning that though post-apartheid 1996 South Africa bans discrimination on the basis of sexual orientation (McIntyre, Struthers:1), 250 years of repressive politics will take more than constitutional amendments to overturn injustice. To this point, the eradication of an intolerant culture, and disavowing public opinion has been the central concern for individuals working to equalize sexual indifference. As such, I applaud the South African parliament for taking leading, global steps (despite such attitudes) in recognizing MSM’s as whole individuals who should be paid as much attention to as any heterosexual individual. It seems, for this article, that parliament is finding the improvement of MSM’s health to run parallel with the practices of safe sex and precautionary measures used to curb the transmission of heterosexual HIV/AIDS. For, if men who engage in sexual relations with men use protection, it is less likely those men who are married and involved in such exchanges will become carriers of fatal illness.

On the subject of women, I certainly would have liked the research to reflect the disadvantage females encounter even with changes in policy, post-apartheid. It is the understanding of many that a hostile environment towards the sexual minority will be of greater overarching relevance, than the force of the political system. If this is true for South Africa, then it is hard to imagine that the implementation of The South African Health4Men Program can have much impact due to the implications an individual assumes when living as an openly gay or bisexual male. Furthermore, men who secretly sleep with other men outside of their heterosexual marriages would seemingly be less likely to touch base with available care, as they might fear community shunning, divorce, or shaming their families. I would encourage the political system to find ways to engage with cultural practices and employ the school system with professionals capable of teaching courses on sexuality, sexual practices, and gender, as to educate young people on the importance of sexually inclusive practices.

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