

Spring 2010

HIV Risk Factors Among Moroccan and Turkish Same-Sex Attracted Youth in Amsterdam

Daniel Woznica
SIT Study Abroad

Follow this and additional works at: https://digitalcollections.sit.edu/isp_collection

 Part of the [Epidemiology Commons](#)

Recommended Citation

Woznica, Daniel, "HIV Risk Factors Among Moroccan and Turkish Same-Sex Attracted Youth in Amsterdam" (2010). *Independent Study Project (ISP) Collection*. 840.
https://digitalcollections.sit.edu/isp_collection/840

This Unpublished Paper is brought to you for free and open access by the SIT Study Abroad at SIT Digital Collections. It has been accepted for inclusion in Independent Study Project (ISP) Collection by an authorized administrator of SIT Digital Collections. For more information, please contact digitalcollections@sit.edu.

**HIV Risk Factors among Moroccan and Turkish Same-Sex Attracted Youth in
Amsterdam**

Woznica, Daniel

Academic Director: Connors, Kevin
Advisor: Oomen, Antony

Washington University in St. Louis
Women, Gender, and Sexuality Studies

Europe, Netherlands, Amsterdam
Submitted in partial fulfilment of the requirements for
The Netherlands: International perspectives on sexuality & gender,
SIT Study Abroad, Spring 2010

World Learning SIT Study Abroad

Consent to Use of Independent Study Project (ISP)

(To be included with the electronic version of the paper and in the file of any World Learning/SIT Study Abroad archive.)

Student Name: _____

Title of ISP: _____

Program and Term: Netherlands: International perspectives on sexuality & gender. Spring 2010

1. When you submit your ISP to your Academic Director, World Learning/SIT Study Abroad would like to include and archive it in the permanent library collection at the SIT Study Abroad program office in the country where you studied and/or at any World Learning office. Please indicate below whether you grant us the permission to do so.

2. In some cases, individuals, organizations, or libraries in the host country may request a copy of the ISP for inclusion in their own national, regional, or local collections for enrichment and use of host country nationals and other library patrons. Please indicate below whether SIT/World Learning may release your ISP to host country individuals, organizations, or libraries for educational purposes as determined by SIT.

3. In addition, World Learning/SIT Study Abroad seeks to include your ISP paper in our digital online collection housed on World Learning's public website. Granting World Learning/SIT Study Abroad the permission to publish your ISP on its website, and to reproduce and/or transmit your ISP electronically will enable us to share your ISP with interested members of the World Learning community and the broader public who will be able to access it through ordinary Internet searches. Please sign the permission form below in order to grant us the permission to digitize and publish your ISP on our website and publicly available digital collection.

Please indicate your permission by checking the corresponding boxes below:

<input type="checkbox"/>	I HEREBY GRANT PERMISSION FOR WORLD LEARNING TO INCLUDE MY ISP IN ITS PERMANENT LIBRARY COLLECTION.
<input type="checkbox"/>	I HEREBY GRANT PERMISSION FOR WORLD LEARNING TO RELEASE MY ISP IN ANY FORMAT TO INDIVIDUALS, ORGANIZATIONS, OR LIBRARIES IN THE HOST COUNTRY FOR EDUCATIONAL PURPOSES AS DETERMINED BY SIT.
<input type="checkbox"/>	I HEREBY GRANT PERMISSION FOR WORLD LEARNING TO PUBLISH MY ISP ON ITS WEBSITES AND IN ANY OF ITS DIGITAL/ELECTRONIC COLLECTIONS, AND TO REPRODUCE AND TRANSMIT MY ISP ELECTRONICALLY. I UNDERSTAND THAT WORLD LEARNING'S WEBSITES AND DIGITAL COLLECTIONS ARE PUBLICLY AVAILABLE VIA THE INTERNET. I AGREE THAT WORLD LEARNING IS NOT RESPONSIBLE FOR ANY UNAUTHORIZED USE OF MY ISP BY ANY THIRD PARTY WHO MIGHT ACCESS IT ON THE INTERNET OR OTHERWISE.

Student Signature: _____ Date: _____

TABLE OF CONTENTS

Abstract	4
Acknowledgments	5
Introduction	6
Literature Review	7
i. Background: HIV among ethnic minority young MSM in Amsterdam and the Netherlands	
Definition	9
i. What’s in a name?: Defining “ethnic minority” and “MSM” in HIV research	
ii. Term: “Moroccan and Turkish same-sex attracted (SSA) youth in Amsterdam”	
Theoretical Framework	15
i. Dutch “modernity,” Islamic sexuality, and AIDS: An epidemic of signification	
Methodology	17
i. Assumptions	
ii. Methods	
Results	19
i. Interviews	
a. <i>Laurens Buijs, academic, Universiteit van Amsterdam</i>	
b. <i>Emir Belatoui, sexual and ethnic minority activist, Stichting Secret Garden</i>	
c. <i>Chafik Gadir, sexual and ethnic minority activist, Stichting Nafar</i>	
d. <i>Jerry Haime, sexual and ethnic minority activist, Jerry-Haime.nl</i>	
e. <i>Bertus Tempert, HIV professional, STI AIDS Netherlands</i>	
ii. Discussion	
Conclusion	34
Bibliography	36
Appendix	37
i. Interview guide	

ABSTRACT

This report is the outcome of a month-long exploratory study on the main HIV risk factors among Moroccan and Turkish same-sex attracted (SSA) youth in Amsterdam. Data was obtained by way of interviews conducted with five experts, categorized as: academics, sexual and ethnic minority activists, and HIV professionals. Five main risk factors were determined: cultural differences; language barriers; stigma and taboo around sexuality and HIV within Islamic communities; socioeconomic marginalization; and lack of a positive term for same-sex sexual behavior and identity among the target group. Recommendations for future research include interviews with Moroccan and Turkish SSA youth themselves. Implications for future interventions are discussed.

ACKNOWLEDGMENTS

Thank you to everyone who contributed to this research by way of contacts, interviews, and data. I would like to thank my advisor, Antony Oomen, for his intelligent guidance and excellent coffee talk. My host mother, Anja, made me feel more than at home in Amsterdam Noord, for which I am sincerely grateful. My family and friends provided strong mental and emotional support throughout. Thank you to program directors Kevin Connors, Hannie van Herk, Astrid Runs-Engelhart, and Paul Marlisa, as well as Dutch teacher Eduard Verbree and Critical Theory Seminar lecturer Sudeep Dasgupta. Finally, thank you to my parents, friend Erica, and brother Edgar.

INTRODUCTION

Moroccan and Turkish youth comprise a significant percentage of the Dutch population today. Out of the approximately 16 million people living in the Netherlands, there are over 295,000 Moroccans and 328,000 Turks (Statistics Netherlands, 2006, cited in Azough, et al., 9). Between these two groups, there are approximately 191,000 youth, defined in this instance as people aged 12 to 26. Statistics on the number of same-sex attracted youth within this population are lacking.

My research question is: what are the main HIV risk factors among Moroccan and Turkish same-sex attracted (SSA) youth in Amsterdam? By HIV risk factors, I mean obstacles to the youth's HIV prevention, education, and care. In the first part of this report, I review the existing literature on HIV among ethnic minority young men who have sex with men (MSM) in Amsterdam and the Netherlands. I then discuss issues related to defining the target group, first by reviewing one possible definition, "ethnic minority MSM," and then by arguing for my own definition, "Moroccan and Turkish SSA youth." I situate my analysis within a theoretical framework that holds that the youth's sexual behavior and identity are shaped by Dutch cultural discourse around modernity, sexuality, and Islam.

In the second part of my report, I analyze five interviews that I conducted with academics, sexual and ethnic minority activists, and HIV professionals in Amsterdam. I interviewed these experts about their opinions on the youth's main HIV risk factors. After analyzing each interview individually, I list the main risk factors that emerged in all the interviews. I conclude with recommendations for future research and interventions.

LITERATURE REVIEW

Background: HIV among ethnic minority young MSM in Amsterdam and the Netherlands

HIV infection is increasing sharply among young men who have sex with men (MSM) in the Netherlands. A longitudinal cohort study of MSM in Amsterdam found that annual HIV incidence among MSM under 30 increased from 0.9% in 1997 to 3.8% in July 2009 (Jansen, et al., 2010). New infections among MSM under 30 appear to be transmitted mostly through unprotected sex with casual partners. The percentage of men reporting unprotected sex with casual partners in Amsterdam rose from 12% in 1992 to 30% in 2008, according to the cohort study.

Ethnic minority MSM in the Netherlands appear to be at increased risk for HIV infection. A 2007-2008 Schorer study of 58 men under 30 who have sex (also) with men from ethnic-cultural minorities in the Netherlands found that condom use among the target group was low (Steenbakker, et al., 2009, 22). Target group members rarely got tested for STI and HIV, and the vast majority of them did not know their HIV status. The group members also expressed optimism about the risk they ran for contracting STI and HIV.

Other studies have also found unsafe sex practices among ethnic minority youth in the Netherlands. The 2005 nationwide *Sex onder je 25e* [Sex under the age of 25] survey identified inconsistent condom use among youth from each of the Netherlands' four largest ethnic minority groups—Moroccan, Turkish, Surinamese, and

Antillean (de Graaf, et al., 2007, 276). Compared with Dutch natives, ethnic minority youth in the study were found to be more likely to follow a non-linear sexual trajectory, meaning that they were more likely to deviate from typical progressions of less intimate to more intimate sexual behavior. This non-linear trajectory was associated with an inconsistent use of contraception and condoms.

Within the Netherlands' ethnic minority community, Moroccan and Turkish youth in particular scored relatively low in the Sex under the age of 25 survey's assessment of knowledge about STI and HIV (Soa Aids and Rutgers Nisso Groep, 2005, 6). This finding is supported by a separate 2003 study by MCA Communicatie, which found that only one quarter of Turkish youth and one third of Moroccan youth knew what "STI" stood for (Blom and MCA, 2003, cited in Steenbakker, 12). Additionally, according to the Sex under the age of 25 survey, young men from ethnic minority backgrounds were found to know less about sexual health than young women, and young men who have sex with men were found to know the least among peers (Steenbakker, 10).

Epidemiological evidence suggests that Moroccan young MSM in the Netherlands may be at particularly increased risk for HIV infection. In 2005, an online survey of 204 Moroccan youth found that 13 percent of male respondents reported they were (also) interested in the male sex (Azough, et al., 2007, 29). These youth were more likely to have had an STI on more than one occasion and expressed that they did not think highly of the use of condoms. Comparable data does not exist for Turkish young MSM in the Netherlands.

My research will contribute to the existing data about Moroccan and Turkish same-sex attracted (SSA) youth in Amsterdam. Specifically, it will: redefine the target group in a way that emphasizes both their sexual behavior and identity; explain the youth's sexuality using scholar Judith Butler's theory that Dutch "modernity" is defined over and against Islamic sexuality; and, finally, identify main HIV risk factors and make recommendations for future research and interventions.

DEFINITION

What's in a name?: Defining "ethnic minorities" and "MSM" in HIV research

A primary problem when studying HIV among ethnic minority young MSM in Amsterdam is defining the target group linguistically. Since the beginning of the AIDS epidemic, a variety of terms have been used in public health discourse to describe "ethnic minorities" and "men who have sex with men." Any one term must make both emphases and exclusions, because: ethnically, the target group technically consists of people from Western and/or non-Western minority backgrounds, with either immigrant or migrant status; and, sexually, the group is theoretically made up of male-bodied persons who have sex—typically defined as penetrative and/or receptive anal sex—(also) with men, usually but not always with consent, sometimes for money. In this section, I review one example term from a study of ethnic minority MSM in the Netherlands.

A 2007-2008 Schorer report on men from ethnic-cultural minorities who have sex (also) with men, titled "Having sex with a man doesn't make me gay," takes its target

group's linguistic definition as a main point of focus. The authors begin the report by defining their use of the term "ethnic-cultural minorities." To them, the term "ethnic-cultural minorities" denotes people from ethnic minority and immigrant backgrounds, where "ethnic minorities and immigrants" are defined using the Statistics Netherlands definition of people who are born abroad or who have at least one parent who was born outside the Netherlands (Steenbakker, 9).

Within "ethnic minorities and immigrants," the authors further distinguish between "immigrants" and "migrants," defining migrants as people who move from country to country and immigrants as people who remain in a new country for longer than one year. The authors divide "immigrants" into those of Western and non-Western origin, describing the two groups as follows:

Western immigrants come from other European countries (excluding Turkey) and various other countries including Canada, Indonesia (or the former Dutch East Indies) and Japan, along with other islands in Oceania. Non-Western immigrants come from countries in Africa, Asia (except for countries like Indonesia—or the former Dutch East Indies—and Japan), Asia Minor (e.g. Turkey), Latin America, and the Caribbean.

(9)

Because the study includes immigrants from all these places, the authors ultimately use the term "ethnic-cultural minorities" to signify both Western and non-Western immigrants living in the Netherlands.

When it comes to sexuality, the authors write that they favor the terms "men who have sex with men (MSM)" and "boys who have sex with boys (BSB)" over "gay men" and "gay boys." This is because MSM and BSB emphasize sexual behavior over

identity in a way that the authors argue gives a more accurate description of their target group. This is because the MSM and BSB in their study do not all identify as gay or bisexual. (In fact, very few of them do.) The authors conclude that the terms MSM and BSB shift focus to same-sex sexual behavior in a way that increases "the effectiveness of prevention, since no explicit references are made to personal identity" (Steenbakker, 9).

Term: "Moroccan and Turkish SSA youth in Amsterdam"

In contrast to the authors of the 2007-2008 Schorer study, I use the term "Moroccan and Turkish same-sex attracted (SSA) youth in Amsterdam" to describe my target group. Like "men from ethnic-cultural minorities who have sex (also) with men," my term refers to a historically specific group of ethnic minority and immigrant people who desire to have sex with men in Amsterdam. Unlike the other term, however, my term emphasizes several elements of the target group that I argue are vital to making effective interventions within it. In this section I explain my definition of each of the parts of the term "Moroccan and Turkish SSA youth in Amsterdam," and conclude by arguing for the use of my term in this study.

To begin, I use the phrase "youth in Amsterdam." I define "youth" here as people under 30, as this age group is most at risk for HIV infection (Janssen et al, 2010). There are of course many significant differences within this age group, such as between a pubescent 13-year-old, legally consenting 16-year-old, and fully adult 29-year-old. However, for epidemiological purposes, it is more practical to group all people under

30 together. Following the term “youth,” I use the term “in Amsterdam” to describe my target group’s precise geographic location. This is not only because my research was conducted entirely in Amsterdam, but also because there are marked differences between urban and rural sexual landscapes, with corresponding effects on HIV risk.

My use of the phrase “same-sex attracted (SSA)” to describe the target group is an intentional rebuttal of both the terms “gay, bisexual, and transgender (GBT)” and “men who have sex with men (MSM).” I choose not to use GBT for the same reason as the authors of the 2007-2008 Schorer study: gay, bisexual and transgender are identity labels, and not all—indeed, probably very few—of the members of my target group identify with them. My decision not to use MSM is more complicated, and is based largely on the arguments put forth by Young et al. in an essay published in the *American Journal of Public Health*.

In their essay “The Trouble with ‘MSM’ and ‘WSW’: Erasure of the Sexual-Minority Person in Public Health Discourse,” Young et al. argue against the use of the terms MSM and WSW (women who have sex with women). To the authors, MSM and WSW “obscure social dimensions of sexuality; undermine the self-labeling of lesbian, gay, and bisexual people; and do not sufficiently describe variations in sexual behavior” (Young, et al., 2005, 1145). Young et al. acknowledge the advantages MSM has offered since it was first used in 1994, particularly in the term’s emphasis of sexual behavior over identity. However, they argue that the term has ultimately had a detrimental effect on public health discourse because its focus on sexual behavior has displaced rather than coincided with information about sexual identity.

Instead of MSM/WSW, Young et al. argue for "more nuanced and culturally relevant language" (Young et al, 1147) that describes key features of members of sexual-minority groups. They argue for the use of both general terms like "sexual minorities," which incorporate socio-cultural and political contexts, and local terms, which are respectful of sexual groups' self-identifications. In research samples, they recommend that a full range of identity terms be listed, and for individuals they suggest the use of self-determined labels. In the end, Young et al. call for a more critical and reflexive inscription of terms than MSM alone provides.

I use the term "same-sex attracted (SSA)" for my target group because I believe the term describes the complex relationship between the youth's sexual behavior and identity in a way that is more accurate than "MSM." Specifically, "same-sex attracted (SSA)" not only implies that the youth engage in same-sex sexual behavior, but also connects this behavior with their hormonal, emotional, and psychic sexual identities. By incorporating identity into my definition I do not mean to imply that Moroccan and Turkish SSA youth in Amsterdam are merely closeted, or somehow pre-linguistic in their gay or bisexual identity. Rather, my main purpose for incorporating identity in this way is to acknowledge that there is an ambiguous relationship between sexual being and doing within the target group.

Finally, I use the term "Moroccan and Turkish" to describe the target group's ethnic background. This term serves two functions. First, it distinguishes the group from other ethnic minorities in the Netherlands, such as Surinamese and Antillean people. This is

perhaps self-evident, but is nevertheless a crucial distinction. There are significant differences between Moroccan and Turkish versus Surinamese and Antillean SSA youth. Grouping all four populations together as “ethnic minorities or immigrants” erases these differences in potentially harmful ways.

Additionally, classifying Moroccan and Turkish youth together implies that the two groups share a common cultural background—namely, Islam. This assumption is problematic because Moroccan Islamic culture and Turkish Islamic culture are in fact quite different. However, I group the two together for practical purposes, because both Moroccans and Turks, by virtue of their Islamic background, have been set up in direct contrast to notions of Dutch modernity in the Netherlands. I explain this argument at greater length in my Theoretical Framework.

To summarize this section, “Moroccan and Turkish SSA youth in Amsterdam” is a critically and reflexively inscribed epidemiological term that emphasizes the target group's young age, urban geographic location, sexual behavior *and* identity, and political and socio-cultural position as Islamic ethnic minorities in the Netherlands. The decision-making I employed in creating this term supports scholar Linda Nicholson's argument that “the epistemological is political” (Nicholson, 1992, 69). That is, how I named this group was not purely an academic exercise, but also a political one. Because I justify the politics I used in shaping the term, I argue that it is the best one to use in this study.

THEORETICAL FRAMEWORK

Dutch “modernity,” Islamic sexuality, and AIDS: An epidemic of signification

As AIDS scholar Paula Treichler writes, we cannot begin to make intelligent interventions into the AIDS epidemic "until we understand AIDS as both a material and linguistic reality" (Treichler, 1987, 263). That is, in order to effectively mitigate AIDS we must approach it as simultaneously an epidemic caused by a deadly virus and an "epidemic of signification," or a sprawling array of meanings that various groups have attached to HIV, AIDS, and HIV-positive people. In order to adequately understand HIV risk factors among Moroccan and Turkish SSA youth, then, it is necessary to first frame one's analysis in a way that takes into consideration the cultural discourse out of which the youth's sexual behavior and identities have arisen.

In her essay "Sexual politics, torture, and secular time" (2008), scholar Judith Butler theorizes on the politics surrounding sexuality and Islam in the Netherlands. Specifically, Butler argues that the sexual freedom of Dutch women and especially Dutch gays and lesbians has been set up in direct contrast with Islam's treatment of women and homosexuals. As evidence, Butler points to a test that new applicants for immigration to the Netherlands must take in which they are required to look at photos of two men kissing and express their reactions. To Butler, this test instrumentalizes Dutch norms around sexuality in a way that is designed to target and exclude specific immigrant groups with traditional views on sexuality, particularly Muslims.

Indeed, Muslims in the Netherlands have been publicly ostracized on multiple other occasions for their "unDutch" views toward women and homosexuals. This has occurred mostly in response to the high-profile murders of gay, anti-Islamic politician Pim Fortuyn and artist Theo van Gogh, who was killed by a Muslim radical after creating a film critical of the treatment of women in Islam. More recently, politician Geert Wilders has crystallized Dutch anti-Muslim sentiment into his scathing critiques of Islam's treatment of women and homosexuals and his calls for the deportation of Muslim immigrants.

To Butler, Dutch pro-women, pro-gay, and anti-Muslim rhetoric arises from within a cultural climate in the Netherlands in which notions of sexual freedom are equated with Western "modernity." According to Butler, Dutch people define their sexual freedom, encapsulated by the photos of two men kissing, "over and against" (Butler, 2008, 9) the presumed sexism and homophobia of "premodern" Muslim immigrants. This notion of Dutch modernity as sexual freedom then serves both to exclude Muslim immigrants from full integration into Dutch society and to legitimate Dutch people's notions of themselves as sexually progressive and advanced.

I am framing my research around Butler's theory because I believe that Moroccan and Turkish SSA youth exist in an anomalous position as "premodern" Muslim immigrants who engage in the very same-sex sexual behavior that the Dutch use to define "modernity" against them. As I see it, the youth's position in this cultural situation has adverse consequences for their access to HIV prevention, education, and care. What follows in this study, then, is what Paula Treichler would term

an “epidemiology of signification” (Treichler, 304), or a mapping of the many discursive meanings that have been attached to Moroccan and Turkish SSA youth in Amsterdam, and an analysis of the material HIV risks these discourses produce.

METHODOLOGY

Assumptions

My research is predicated on the assumption that Moroccan and Turkish SSA youth are at increased risk for HIV infection. I believe this to be the case because: A) the youth fall under the epidemiological category of MSM, a group in which HIV incidence and prevalence are higher than in the general population; and, B) the youth exist in a marginal position in society as ethnic minorities in the Netherlands, and this has corresponding effects on their risk for HIV infection.

Methods

I interviewed three types of people about their opinions on HIV risk factors among Moroccan and Turkish SSA youth in Amsterdam: academics, ethnic and sexual minority activists, and HIV professionals. Conducting interviews gave me a small but representative sample of the opinions held by the experts who work with the target group. I believe these interviews were the best method for carrying out my research because, although they limited the size of my sample population, they permitted me to explore experts’ ideas at a level of depth necessary to understand the many subtle, multifaceted aspects of the topic.

Contact was made with interview participants via email and telephone. All interviews occurred between April 26 and May 7, 2010. Interviews were done in the participants' homes or places of work, or by telephone. Participants were interviewed only after they had given verbal informed consent. Interviewees' names have been used in the study only with expressed permission. Interviews lasted between 15 and 45 minutes, and were conducted using an interview guide. (See Appendix A.) Interviews were semi-structured and in-depth. All interviews were recorded for accuracy.

My methodology came with two major limitations. First and foremost, I did not interview any Moroccan and Turkish SSA in Amsterdam themselves. I chose not to interview members of the target group primarily because of the difficulty of reaching them as a research sample. This problem was exacerbated both by the short period of time in which I conducted my research and my identity as a white, English-only-speaking American university student. Although I did not interview members of the target group, the people I did interview had extensive experience working with the youth.

A second problem that arose in my interviews was that the majority of my participants did not speak fluent English, and so were at times unable to successfully communicate their ideas. This is problematic for my research because it suggests that some of the opinions I gathered are at best incomplete, at worst incorrectly translated. However, all my interview participants (except for one) were able to speak English at least proficiently, and I sent the participants my analyses of their interviews to ensure

that they felt their ideas were accurately represented. The one participant who was not able to speak English proficiently communicated several basic ideas to me, and I have complemented my analysis of his interview with quotations from a Dutch interview that he participated in for a gay magazine.

RESULTS

In this section I discuss the results of my interviews. I analyze the interviews individually. The interviews are not presented chronologically, but rather by the type of interview participant (i.e. - academic, ethnic and sexual minority activist, HIV professional). I follow my individual analyses with a discussion of main HIV risk factors discussed in all the interviews.

LAURENS BUIJS

Academic

Laurens Buijs is a PhD candidate at the Universiteit van Amsterdam (UVA) Instituut voor Arbeidsstudies [Institute for Labor Studies]. He currently works as a researcher and teacher at the UVA College and Graduate School for Social Sciences. In 2008, Laurens did research on anti-gay violence for the Amsterdam School for Social Science Research (ASSR). His research was commissioned by the Amsterdam city council, and was supervised by prof. dr. Jan Willem Duyvendak and dr. Gert Hekma. In 2009, Laurens did research on HIV risk among young gay men in the Netherlands for the Universiteit Maastricht Department of Experimental Psychology, under prof. dr. Harm

Hospers. His research on HIV risk was entitled, "Coming-out, coming-in, and HIV risk: a follow-up of young gay men's development."

In our interview, Laurens expressed the opinion that cultural differences between the Dutch general population and Moroccan and Turkish SSA youth are a main contributor to the target group's overall risk of HIV infection. In particular, Laurens noted that Moroccan and Turkish SSA youth are less likely to identify as gay or bisexual, and that because of this they may not be successfully reached by HIV prevention and education campaigns that target gay men. As Laurens put it:

Even if they accept their own same-sex attractedness, so to say, then it's still questionable whether they would accept the label of homosexual. Maybe they get there eventually, but very late. And in that time they have a lot of sex already. So what're you gonna do? How're you gonna educate them?

Here, Laurens shows that one of the main difficulties in educating Moroccan and Turkish SSA youth about HIV is their lack of identification with homosexuality and their corresponding disidentification with gay-oriented prevention materials.

Laurens connected Moroccan and Turkish SSA youth's disassociation with homosexual identity with ethnic minority and immigrant youth's prevailing cultural attitudes toward the concept of homosexuality's origins. In a survey Laurens conducted for his anti-gay violence study, Dutch high school students from both native and ethnic minority and immigrant backgrounds were asked about their opinions on the origins of homosexuality. Whereas Dutch native male adolescents were found to perceive

homosexuality as an inborn trait, ethnic minority and immigrant male adolescents were found to perceive it as a choice, or, in Laurens' words, "something you could get pulled into if you're not careful." This difference in cultural attitudes suggests that one reason Moroccan and Turkish SSA youth may resist gay and bisexual identity labels is that they do not view homosexual identity as a real or legitimate identity in the first place.

Why would members of the target group view homosexuality as a choice, given their upbringing in a Dutch society that largely views homosexuality as immutable? To Laurens, Moroccan and Turkish SSA youth resist Dutch homosexual identity in part because of their understandings of same-sex sexual behavior in their homelands. Laurens said that many of the Moroccan and Turkish people he interviewed in previous research projects said, "We know that homosexuality is a part of the culture in our home countries as well. But they don't stress it the whole time. They don't put it as a part of their identity. They don't name it." This attitude among the target group suggests that Moroccan and Turkish youth may resist Dutch notions of a permanent homosexual identity in part because of notions they have of their ethnic heritage.

Laurens noted that the cultural divide between Dutch versus Moroccan and Turkish people around issues related to homosexuality has been exacerbated in recent years by a political climate in the Netherlands in which Dutch natives have attempted to bring about the "sexularization" of Muslim immigrants. "Sexularization" describes the manner in which some members of mainstream Dutch society have tried to force immigrants to assimilate to Dutch secular attitudes that are permissive of

homosexuality. To Laurens, Dutch attempts at the secularization of Muslims breed a cultural resentment among Moroccan and Turkish youth toward Dutch sexual norms.

This resentment on the part of the target group, as Laurens noted, is specifically focused around Dutch attitudes toward homosexuality, which the youth view as hypocritical. Describing previous interviews he has conducted with Moroccan and Turkish youth, Laurens said, "They feel, they know, and they are right, I think, that this is not a fair process, that they [Dutch politicians] are not as strict on all the Catholics and Protestants in Holland, all the native white Dutch families who do not accept their gay children." This resentment among the target group toward mainstream Dutch cultural attitudes regarding homosexuality suggests group members may not be as responsive to HIV prevention and education campaigns from mainstream Dutch organizations.

One of the last ideas Laurens brought up was that the divide between Dutch and Moroccan and Turkish youth's thinking on sexuality might not be generalizable as a Western versus non-Western split. To support this claim, Laurens pointed to Germany, where he noted that the general population does not frame itself as "so progressive and modern." To Laurens, the lack of a "huge value gap" between natives and immigrants in Germany may help ethnic minorities there to adapt to the mainstream culture more easily. This difference suggests that problems associated with Moroccan and Turkish SSA youth in the Netherlands could be uniquely Dutch.

EMIR BELATOUI

Ethnic and sexual minority activist

Emir Belatoui is the director of Stichting Secret Garden, a self-described foundation for lesbian, gay, bisexual and transgender (LGBT) Muslims. Emir is an immigrant from Algeria. He founded Secret Garden in 1994 as a part of the Dutch mainstream gay rights organization COC Amsterdam, with the goal of reaching out to and bringing together young LGBT Muslims. In 2008, Secret Garden became an independent foundation. The five main goals of the foundation are: to organize meetings for LGBT Muslims; to provide anonymous healthcare and health information; to create and contribute to conversations about sexual diversity within migrant communities; to cooperate with other civil and international LGBT organizations; and to develop a durable foundation that enhances the skills of its workers and volunteers.

Emir was joined at our interview by one of his foundation's current clients, a same-sex attracted young man from the United Arab Emirates. The client was in the process of seeking asylum in Amsterdam because of persecution of same-sex attracted people in his home country. He was receiving assistance in his application from Emir at the time of our interview. Although the client did not speak English and was not able to answer any questions, Emir occasionally broke from the interview to speak with him in Arabic and ask his opinion about specific issues. Emir then translated the client's opinions back to me.

The main idea that emerged from my interview with Emir is that language is at the center of HIV risk among Muslim SSA youth in Amsterdam. Our discussion about this began after I asked about his foundation's use of the term "LGBT Muslims," given the term's potentially problematic emphasis on homosexual identity over same-sex sexual behavior. Emir responded that his organization uses the term "LGBT Muslims" because the term describes its community's sexuality in a positive way. He said there is not a single positive word to describe same-sex attraction in Arabic, so his organization adopted LGBT in order to create a positive identity label for SSA Muslims.

Secret Garden's official use of "LGBT" does not prevent its members from reappropriating derogatory Arabic terms for SSA people. "Between us, we can use the [derogatory] words," Emir said, "from all the Arabic world, because words are different in Morocco, Algeria, the UAE..." At this point, he turned to his client and spoke to him in Arabic, and the client then began to list derogatory terms for SSA people from the UAE, Oman, Egypt, and other Arabic-speaking countries. The client's point, and Emir's overall point, was that members of the organization know and use derogatory Arabic terms, but they officially use LGBT as a positive identity label.

Emir expanded beyond this discussion about terms to raise the point that in his opinion, the language barrier between Dutch people and Arabic-speaking Muslim immigrants has been a main obstacle to SSA Muslim youth's HIV prevention and education. For this reason, Secret Garden initiated an HIV prevention campaign for Arabic-speaking people in the Netherlands. As part of the campaign, the organization created post cards, condoms, and flyers that featured a red AIDS ribbon inscribed with

Arabic calligraphy saying, "If you have sex, do it safe." The foundation also created an Arabic informational pamphlet about HIV and AIDS. To Emir, these materials were necessary to bridge a gap in the knowledge about HIV between native Dutch speakers and Arabic-speaking SSA immigrants.

According to Emir, though, merely providing HIV prevention and education materials in Arabic does not go far enough to intervene among Muslim SSA youth. This is because, as Emir put it, HIV and same-sex sexual activity combine to form a "double taboo" in their community. The stigma attached to both topics prevents many Muslim youth from discussing them in the first place. It is for this reason that one of Secret Garden's five main goals is to "put sexuality and diversity on the agenda." Emir's opinion, and his organization's goal, suggests that successful HIV prevention among Muslim SSA youth involves not only creating culturally sensitive Arabic education materials, but also working to break the silence around HIV and sexuality within the Muslim community.

CHAFIK GADIR

Ethnic and sexual minority activist

Chafik Gadir is the director of Stichting Nafar, an organization for North African youth "*met homoseksuele gevoelens*" ["with homosexual feelings"]. Chafik was born in Northeastern Morocco and moved to the Netherlands with his family at the age of sixteen. He worked for a number of years as an interpreter for several foundations. Three years ago, he established Stichting Nafar, largely in response to the widely publicized

homophobic remarks of Rotterdam imam sheikh Khalil el-Moumni, as well as due to the deaths of several friends from AIDS. The three main aims of Stichting Nafar are:

hulpverlening [relief], or providing support for members of the community; *voorlichting* [education], or raising awareness about issues related to North Africans and same-sex attraction; and *ambitie* [ambition], or moving North African youth with homosexual feelings forward as a community.

Because Chafik spoke limited English, he was only able to communicate several basic ideas in our interview. The principal idea he expressed was the opinion that a main risk factor for HIV among Moroccan SSA youth is that they do not have an environment in which they can openly discuss issues related to sex. "It's taboo," he said. "You cannot in Arabian school or family talk about sex. Only with friends, or organizations like mine." Outside of this topic, however, we were unable to explore any other issues in depth. Because language barriers hampered our interview, I spend this section of my results analyzing an interview Chafik participated in for an article on Moroccans and same-sex attraction in the April 2010 issue of Dutch bilingual gay magazine *Gay & Night*. I have translated the interview from the original Dutch, and I include both the Dutch transcriptions and my translations in this report.

In the *Gay & Night* interview, Chafik raises three points about Moroccans and same-sex attraction that are important for my study. First, he discusses Moroccan attitudes toward sexuality within the family. According to Chafik:

In Marokko wordt je identiteit ten eerste bepaald door je familie, daarna pas door je nationaliteit of je seksuele geaardheid. Daarbij wordt er niet gesproken over mogelijke gevoelens voor iemand van hetzelfde geslacht, want volgens de islam bestaat homoseksualiteit niet.

[In Morocco, your identity is determined by your family first, and only then by your nationality or your sexual orientation. There is no mention of possible feelings for someone of the same sex because, according to Islam, homosexuality does not exist.]

Here, Chafik highlights the weight family identity carries over sexual identity among Moroccans. This suggests that any attempt at HIV prevention and education among Moroccan SSA youth must treat family issues as paramount. Chafik notes later in the interview that his family accepts his same-sex attraction, but only because he keeps it discreet.

A second point Chafik raises in the interview is that he does not like the Dutch term *homo* [gay]. He says that this is because he does not like labels in the first place. Moreover, he says, he does not believe that anybody is 100 percent homosexual or heterosexual. As he puts it, "*Als je mij vraagt: ben je homo? dan zal ik aar 'nee' op antwoorden. Ik slaap met mannen, ja, maar ik vind het niet prettig om zo vastgepind te worden*" ["If you ask me, 'Are you gay?,' then I will check 'no' in response. I sleep with men, yes, but I do not like to be pinned down as such"]. Because of his resistance to homosexuality as both a label and an identity, Chafik uses the term "North African youth with homosexual feelings" to describe his organization's target group.

A third and final point that Chafik makes at the end of the interview is to call for the creation of a new term for North African SSA youth: "*janousi*." *Janousi* is an Arabic term for SSA people that Chafik describes as a "*klassiek woord*" [classic word], which he says can be found in the dictionary. Chafik contrasts *janousi* with *zamal*, or *zommel*, a derogatory Moroccan-Arabic word that roughly translates to *homo* or *gay*, but is in effect more like the Dutch word *flikker* or *faggot*. To Chafik, it is important to advance the use of the term *janousi* because the word provides a positive Arabic sexual identity label.

JERRY HAIME

Ethnic and sexual minority activist

Jerry Haime is the founder and chairman of Jerry-Haime.nl, a new organization and web site for black and immigrant gays, lesbians, bisexuals, transgender people, and people living with HIV/AIDS. The organization is in its first year, and currently operates out of COC Amsterdam. The main goal of the organization is to provide advice and support for members of the community concerning homosexuality, sexual health, and/or living with HIV and AIDS.

As with Emir, I began my interview with Jerry by asking about the term his organization uses to define its target group. Jerry responded by first distinguishing between "defining" and "calling." He then said that in the past he has used the terms "*mannen die houden van mannen en vrouwen die houden van vrouwen*" ["men that love/like/are interested in men and women that love/like/are interested in women"]. He noted that these terms do not translate well into English, but that he feels they effectively

describe the community in Dutch. Jerry went on to say that the terms "gay" and "lesbian" can sometimes drive away immigrant SSA youth. Terms focused on behavior make it easier for the youth to connect both with and within the organization.

When I asked Jerry how he thought Moroccan and Turkish SSA youth understand their sexuality, he replied with a laugh and said, "I don't think they always do necessarily." This idea, though expressed half-jokingly, raises the serious point that classifying the target group as GBT or even SSA is problematic in that such categorizations assume the youth are conscious of the nature of their sexuality. Because the youth are presumably still undergoing a process of identity development, and may even identify as "confused," any label that purports to explain their sexuality as fixed or in simple terms necessarily falls short.

Still, Jerry expressed the opinion that many Moroccan and Turkish SSA youth do find a "midway," or consensus, between their sexual behavior and identity in which they may achieve a stable identity. As Jerry put it:

Moroccan and Turkish people have found a midway where they don't say they're gay, they don't say they're not, but they do what they want to. For them that's like being stable or coming out as a gay person.

Here, Jerry states that while members of the target group often avoid coming out as gay, their sexual behavior can stabilize over time even without the process of coming out.

Following our discussion about identity, Jerry said that a main risk factor among Moroccan and Turkish SSA youth in Amsterdam is sex work, particularly among Turkish youth. According to Jerry, too little attention is paid within public health discourse to the problem of sex work and "sex dating" (sex with acquaintances, usually older Dutch men, for either money or favors) among ethnic minority and immigrant youth. He noted that many youth from socioeconomically disadvantaged backgrounds view sex work as a road to "independence," so they enter the sex trade from an early age. This idea suggests that socioeconomic inequality, not sexuality, is a main source of HIV risk for the target group.

Finally, Jerry noted that a main obstacle to the youth's HIV prevention, education, and care is a lack of outreach on the part of mainstream GBT and HIV organizations.

"Everyone is talking about a specific group, but nobody's actually reaching out to those groups," Jerry said. He noted that migrant organizations such as his are often in need of more money and better access to facilities. This suggests an increased need for collaboration between mainstream HIV organizations and grassroots ethnic and sexual minority activist organizations.

BERTUS TEMPERT

HIV professional

Bertus Tempert is a policy worker with the Ethnic Minority Program of STI AIDS Netherlands. His organization collaborates with different ethnic minority communities and self-help groups, as well as health care providers, to promote HIV and STI prevention within ethnic minority populations. The organization also maintains

life2live.nl, a sexual education web site for ethnic minority youth. Within STI AIDS Netherlands, Bertus is responsible for outreach to Muslims.

To Bertus, the main obstacle to HIV prevention and education among Moroccan and Turkish youth is fear. “Fear about asking for information and fear about not finding the appropriate materials,” Bertus said, explaining the latter fear as Muslim youth’s apprehension that education materials may not accord with Islamic perspectives on sexuality. For this reason, Bertus said it is necessary to make HIV and STI education materials that include both scientific data and Islamic scripture and doctrine. To Bertus, this combination makes Muslim youth both less afraid to request the information and more trusting of the information itself.

What do such materials look like? As a part of STI AIDS Netherlands, Bertus helped develop a manual on HIV and Islam. The manual included quotations from the Koran and Hadith, the Muslim holy books, alongside information about STI and HIV. “It’s different from the other general campaigns,” Bertus said. “Those sometimes are way too explicit. We talk about respect, responsibility, and what the Koran says about taking care of your body.” Here, Bertus again shows the importance of providing culturally sensitive HIV education materials that incorporate Islamic religious teaching alongside HIV prevention and education information.

To distribute materials such as the manual, STI AIDS Netherlands relies on the help of Muslim community leaders, particularly imams. Bertus noted that imams’ level of

cooperation with his organization has varied, with conservative imams condemning all sex before marriage and same-sex sexual activity as *haram* [Arabic: forbidden], and liberal imams largely viewing themselves as conduits of public health information. Bertus stressed that, whatever their politics, imams are key players in Muslims' sexual education.

Sexual health, however, is low on the list of priorities among Islamic community leaders, according to Bertus. Since the September 11, 2001 terrorist attacks, Muslims in the Netherlands have faced a barrage of major challenges, from Western Islamophobia to Islamic extremism, that have forced other issues like sexuality to the periphery. "HIV and STIs are not one of their main issues at the moment," Bertus said. "That's why they don't talk about it." Again, this opinion shows the importance of not only providing culturally sensitive HIV prevention and education materials, but also working to break the silence around HIV and same-sex sexual attraction within the Dutch Muslim community.

DISCUSSION

Based on my interviews, I conclude that there are five main HIV risk factors among Moroccan and Turkish SSA youth in Amsterdam. They are as follows:

- 1. Cultural differences between Dutch natives and Islamic immigrants, and the corresponding effects these differences have on the target group's**

(dis)identification with gay, bisexual, and transgender (GBT) identity labels and the gay-oriented HIV prevention and education materials that use them.

2. **Language barriers**, particularly with regard to a lack of sufficient culturally sensitive HIV prevention and education materials for Muslim, Arabic-speaking immigrants.

3. **Stigma and taboo around sexuality, especially same-sex sexuality, and HIV/AIDS within Islamic communities**. These fears and silences have negative repercussions for HIV prevention campaigns and the target group's open, positive, and comprehensive sexual education.

4. **Ethnic minorities' and immigrants socioeconomic marginalization**, which works in tandem with the youth's cultural marginalization to limit their access to HIV prevention and education. Significantly, socioeconomic inequality in Amsterdam may also contribute to increased sex work among the target group.

5. **Lack of a single, unified term to positively describe same-sex sexual behavior and identity among the target group**. The absence of such a term (with the possible exception of *janousi*) is a major obstacle to HIV prevention and education campaigns targeting the youth.

My research indicates that these five factors conspire to increase the risk of HIV infection among Moroccan and Turkish SSA youth in Amsterdam.

CONCLUSION

Outside of identifying the main HIV risk factors among the target group, the main contribution of my research has been to expose some of the problems associated with defining the target group linguistically. Whether it is called ethnic minority young MSM, LGBT Muslim youth, Moroccan and Turkish youth “with homosexual feelings,” or *janousi*, the group in this study will always elude a completely precise or accurate definition. The term “Moroccan and Turkish SSA youth in Amsterdam,” though favored in this research, itself falls short of fully explaining the youth’s complex sexual behavior and identity.

The significance of these linguistic shortcomings spans beyond HIV prevention and education efforts and into our understanding of the connection between human sexuality and identity. This is because the linguistic problems in this study reveal that when it comes to sexual identity, there is no clear line between being and doing. As Judith Butler puts it, “If I am someone who cannot be without doing, then the conditions of my doing are, in part, the conditions of my existence” (Butler, 2004, 3). The complex relationship between sexual behavior and identity shown in this study suggests that our current conceptual framework of approaching sexuality as either an activity or an identity is itself inherently flawed.

Finally, the most basic point that my research has established is that Moroccan and Turkish SSA youth in Amsterdam do appear to be at increased risk for HIV infection. Future studies should focus on conducting research with the target group itself and

developing intelligent interventions based on that research. As the AIDS epidemic enters its 30th year in 2011, HIV will soon become older than the Moroccan and Turkish SSA youth who are affected by it. It is high time for us to end AIDS in Amsterdam.

BIBLIOGRAPHY

Azough, Rachida, et al. (2007). *Young people, sex and Islam: An investigation into Dutch young people of Moroccan and Turkish descent*. Soa Aids, Amsterdam.

Belatoui, Emir. Personal interview. 26 April 2010, Stichting Secret Garden.

Buijs, Laurens. Personal interview. 27 April 2010, Universiteit van Amsterdam.

Butler, Judith.

(2004). *Undoing Gender*. Routledge, New York.

(2008). "Sexual politics, torture, and secular time." *British Journal of Sociology*. 59:1.

de Graaf, Hanneke, et al. (2007). "Sexual Trajectories during Adolescence: Relation to Demographic Characteristics and Sexual Risk." *Archives of Sexual Behavior*. 2009, 38:276-282.

Gadir, Chafik. Personal interview. 27 April 2010, private residence.

Haime, Jerry. Personal interview. 27 April 2010, COC Amsterdam.

Jansen, I., et al. (2010). "Increasing trend among young men who have sex with men in Amsterdam: a 25-year prospective cohort study." *Seventeenth Conference on Retroviruses and Opportunistic Infections, abstract 35*. Retrieved from <http://retroconference.org/2010/Abstracts/37331.htm>

Nicholson, Linda. (1992). "Feminism and the Politics of Postmodernism." *boundary 2*. Summer 1992, 19 (2):53-69.

Soa Aids and Rutgers Nisso Groep. (2005). "Summary Sex Under 25." Rutgers Nisso Groep, Utrecht. Retrieved from http://database.rutgersnissogroep.nl/downloads/Overig/Sex_under_25.pdf

Steenbakker, Sunita, et al. (2009). "'Having sex with a man doesn't make me gay': Needs assessment among men from ethnic-cultural minorities who have sex (also) with men." Schorer, Amsterdam.

Tempert, Bertus. Personal interview. 7 May 2010, conducted via telephone.

Treichler, Paula. (1987) "AIDS, homophobia and the biomedical discourse: An epidemic of signification." *Cultural Studies*, 1 (3): 263-305.

Young, Rebecca, et al. (2005). "The Trouble with MSM and WSW: Erasure of the Sexual-Minority Person in Public Health Discourse." *American Journal of Public Health*. July 2005, 95 (7):1144-1149.

APPENDIX: INTERVIEW GUIDE

- How would you define the target group? Do you agree with my study's terminology?
- What do you perceive to be the main risk factors for HIV among the target group?
- How do you think these youth view same-sex sexual intercourse? Safer sex? HIV?
- What do you see as the relationship between sex acts and identity among the youth?
- How do you see the youth managing interpersonal, interreligious, and intercultural dialogue about sexuality?
- What do you see as the main obstacles to the youth's access to sexual education, prevention, and care?
- Are there any other issues that you are relevant to this topic that I didn't prompt with any of my previous questions?

World Learning
SIT Study Abroad 

Consent to Use of Independent Study Project (ISP)

(To be included with the electronic version of the paper and in the file of any World Learning/SIT Study Abroad archive.)

Student Name: Daniel Woznica

Title of ISP: HIV Risk Factors among Moroccan & Turkish SSA Youth in A.Lam
Program and Term: Netherlands: International perspectives on sexuality & gender. Spring 2010

1. When you submit your ISP to your Academic Director, World Learning/SIT Study Abroad would like to include and archive it in the permanent library collection at the SIT Study Abroad program office in the country where you studied and/or at any World Learning office. Please indicate below whether you grant us the permission to do so.
2. In some cases, individuals, organizations, or libraries in the host country may request a copy of the ISP for inclusion in their own national, regional, or local collections for enrichment and use of host country nationals and other library patrons. Please indicate below whether SIT/World Learning may release your ISP to host country individuals, organizations, or libraries for educational purposes as determined by SIT.
3. In addition, World Learning/SIT Study Abroad seeks to include your ISP paper in our digital online collection housed on World Learning's public website. Granting World Learning/SIT Study Abroad the permission to publish your ISP on its website, and to reproduce and/or transmit your ISP electronically will enable us to share your ISP with interested members of the World Learning community and the broader public who will be able to access it through ordinary Internet searches. Please sign the permission form below in order to grant us the permission to digitize and publish your ISP on our website and publicly available digital collection.

Please indicate your permission by checking the corresponding boxes below:

<input checked="" type="checkbox"/>	I HEREBY GRANT PERMISSION FOR WORLD LEARNING TO INCLUDE MY ISP IN ITS PERMANENT LIBRARY COLLECTION.
<input checked="" type="checkbox"/>	I HEREBY GRANT PERMISSION FOR WORLD LEARNING TO RELEASE MY ISP IN ANY FORMAT TO INDIVIDUALS, ORGANIZATIONS, OR LIBRARIES IN THE HOST COUNTRY FOR EDUCATIONAL PURPOSES AS DETERMINED BY SIT.
<input checked="" type="checkbox"/>	I HEREBY GRANT PERMISSION FOR WORLD LEARNING TO PUBLISH MY ISP ON ITS WEBSITES AND IN ANY OF ITS DIGITAL/ELECTRONIC COLLECTIONS, AND TO REPRODUCE AND TRANSMIT MY ISP ELECTRONICALLY. I UNDERSTAND THAT WORLD LEARNING'S WEBSITES AND DIGITAL COLLECTIONS ARE PUBLICLY AVAILABLE VIA THE INTERNET. I AGREE THAT WORLD LEARNING IS NOT RESPONSIBLE FOR ANY UNAUTHORIZED USE OF MY ISP BY ANY THIRD PARTY WHO MIGHT ACCESS IT ON THE INTERNET OR OTHERWISE.

Student Signature: Daniel Woznica Date: 5-11-2010

