

3 Heterogeneous masculinities

3.1 Migration, flight and sexual health of men

Farid Hashemi, student of computer science

University of Hannover

Torsten Linke, Graduate social worker and sexologist, M.A.

University of Applied Sciences of Merseburg

Prof. Dr. phil. Heinz-Juergen Voss

Professorship based on Foundation at the Institute for Applied Sexual Studies at the University of Applied Sciences of Merseburg

Following a brief description of the legal situation, exemplified by labor migration, this article provides an overview of the recent history of migration in Germany and subsequently turns to questions of health, and particularly of sexual health, in relation to migration and flight. Thereby the socioeconomic situation, especially with regard to health and sexual health, is being analyzed. It turns out that results with regard to labor migration differ from those with regard to forced migration. Based on the health needs identified, an overview of the current health care and supply situation for people with migration or flight experience is given. The article recommends an increase of intercultural offers and emphasizes the need for a stronger involvement of self-organizations of migrants in the development of such offers.

The article provides recommendations for the following areas:

- In order to avoid sexualized violence, legal and institutional standards for safe accommodation and care of refugees are to be ensured.
- Ensure that telephone interpreting services and presence interpreting services are available for urgent medical care.
- Ensure a good network of authorities and medical facilities in order to reduce information losses.

3.2 Bisexuality in the context of hetero- and homosexuality – sexual diversity and health

Prof. Dr. med. Harald Stumpe

University of Applied Sciences of Merseburg

Traditional ways of thinking related to categorization also determine the individual development of identity. The need of assignment to heterosexual orientation is particularly important. The term »sexual diversity« tries to overcome the existing classification of sexual orientation and thus, to eliminate the discrimination of people with sexual needs deviating from heterosexuality. Due to the mono-sexual orientation in our Western societies, Bisexuality used to have a subordinate public significance. Henceforth Bi-oriented people begin to emancipate themselves. Sexual needs in conflict with the heteronormative attitude of the majority population, and not admitted to be autonomously lived out by the individuals concerned, may affect the physical, mental and social health to a great extent. How could this deterioration of health be prevented? Prevention is an established method recognized by society. However the unilateral pathogenetic orientation of prevention is hereby ignored; it is always about the prevention of diseases or of pathogenic risks. In contrast to this, salutogenetic approach by Antonovsky includes diseases and risks as »normal phenomena« of human life. The consequences of such thinking are compared to the considerations and perceptions of resilience research. Finally, conclusions and recommendations for the improvement of the sexual health are derived from the previous considerations.

3.3 Asexuality – definitions and specific references to men/masculinities

Talke Floercken, M.A.

cand. PhD at the Humboldt University, Berlin

Since the beginning of the 21st century, more and more people identify as »asexual« and the media interest and research in »asexuality« is growing. Information on the frequency of asexuality in the literature ranges from 0.6% to 5.5%, Bogaert assumes 1% of the population.

Various definitions of »asexuality« are proposed in the community, activism and research. However, a key definition suggested by AVEN – currently the largest online network for asexual people – conceptualizes asexuality as the sexual orientation of people who do not experience sexual attraction. Regardless of how the definition of asexuality is exactly worded, it means a deviation from the prevailing hetero- and sexual-normative standard. This often gives rise to the discrimination

of asexual people. Asexual men/masculinities find themselves confronted with the problem that in this society a strong need for sexuality is usually attributed to men and that this contradicts concepts of asexuality. However, research on asexuality, although increasing, rarely focuses on men/masculinities and health aspects – research on relationships between asexuality and diseases and disorders, as well as the study of female asexuality predominate. All the more reason to initiate further research on asexuality, men/masculinities and related health issues. At the same time visibility of asexuality, support of acceptance, eradication of discrimination and empowerment of asexual people should be pursued.

3.4 Health care for trans*-masculinities: current status, needs, recommendations

Arn Thoben Sauer, M.A.

cand. PhD at the Humboldt University, Berlin

Dr. med. Annette Gueldenring

Senior physician at the Westküstenkliniken Heide/Brunsbüttel, Clinic for Psychiatry and Psychotherapy, and Psychosomatic

The article concerns the health and systemic conditions for trans* masculinities and trans* men. Based on emancipatory, national and international trans* research as well as experiences in the German trans* community, the authors perform a review of the health situation of people who self-define on a trans* male spectrum. First, transition-related psychological as well as somatic needs are considered; followed by a brief review of non-transition-related general health needs. In these contexts, the interaction of legal and medical-psychiatric regulations and their negative impacts on the health of trans* men are also discussed (Figure 3).

A main point of critique is the naturalised, binary understanding of sex and gender and the disregard for diverse gender identities with their diverse health needs within the existing health and legal systems. Finally, the authors reflect upon possibilities for changing the current health system, which pathologises trans* identities, to better realise and prioritise its responsibility to the well-being and health of trans* men.

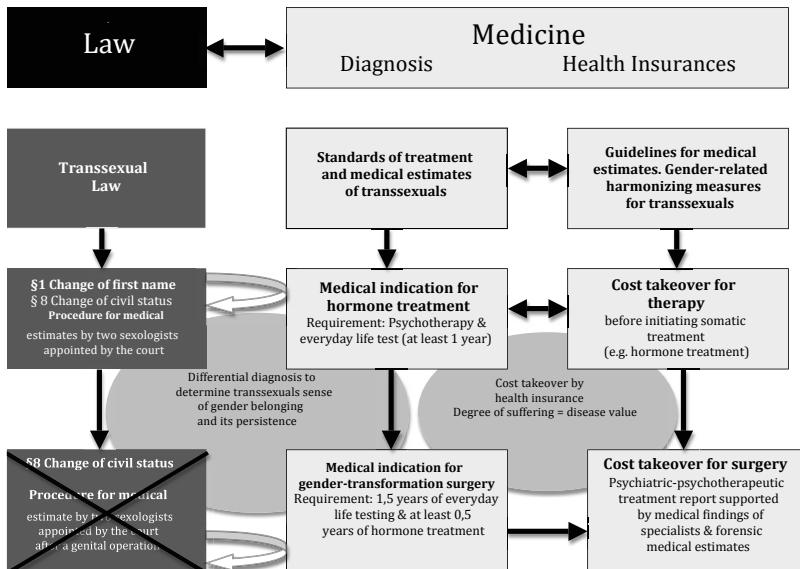


Figure 3: Trans * in the negotiating area between law and medicine. Source: Franzen J, Sauer A. Disadvantage of trans * persons, especially in working life. Berlin. Antidiscrimination centre of FRG; 2010:18.

3.5 Challenges of healthcare related to intersex

Dr. phil, Dipl.-Psych. Katinka Schweizer

University Hospital Hamburg Eppendorf; Center for Psychosocial Medicine, Institute for Sexual Research and Forensic Psychiatry

This paper addresses challenges for the experience of maleness, resp. masculinity, as well as health and health care problems of individuals with diverse sex development (dsd), i.e. intersex conditions. The main emphasis will be on the lack of predictability concerning gender identity in adulthood, as in most cases of diverse sex development (dsd), and the uncertainty that goes along with it (Table 8).

Problems being revealed are the dichotomous view on gender, the medical paradigm of feasibility and the difficulties of dealing with uncertainty and ambiguity. Restrictions in functioning requiring medical care but also iatrogenic restrictions, i.e. medically caused health problems and harm, will be pointed out. In addition, a sizable lack of adequate health care that is free of discrimination for individuals with intersex/dsd will be described. A focus will be on the health

problems of men resp. individuals experiencing themselves as male with different intersex conditions, e.g. congenital adrenal hyperplasia (CAH), androgen biosynthesis defects and Klinefelter syndrome.

Table 8: Gender experience and satisfaction with gender allocation in adults with diverse intersex conditions. Source: Schweizer K, Brunner F, Handford C, Richter-Appelt H: Divergences of Sex Development (dsd). Psychol Sex 2014; 5: 56–82.

Sex	Genital APPEA-RANCE at birth n=69	Social Gender allocation n=69	Gender role today n=69	Gender identity today n=68
Male (9%)	2 (3%)	12 (17%)	8 (12%)	6
Female (65%)	37 (54%)	57 (83%)	56 (81%)	2
Further* (26%)	30 (43%)	- (0%)	5 (7%)	18

*Ambiguous; undecided; multi-/two-gendered, intersex, third sex

The formerly common medical approach of making female appearing anatomies out of ambiguous genitalia or sex characteristics already in early childhood will be discussed, as well as »correcting« or »preventing« natural virilisation, i.e. bodily masculinisation. Consequently, the suppression of a male or intersex development can be seen as a form of discrimination.

Finally, recommendations for how to deal with intersex conditions will be given, taking into account political and judicial aspects such as the rights to self-determination, an unharmed body, medical care and an open future.

3.6 Sexuality and ways of life- BDSM- variations

Kirstin Linnemann, M.A.

cand. PhD at the University Kassel

The question of the exact meaning of the term BDSM (this is a contraction of the English terms »Bondage & Discipline, Dominance & Submission, Sadism & Masochism«) cannot be answered in a comprehensive way. Usually, BDSM is conceived as a voluntary sexual practice, proponents of which experience a sexual arousal by enduring or inflicting pain and humiliation. This understanding of BDSM, focused exclusively on a sexual approach and based on a mutual agreement, is opposed by different kinds of other life models within the BDSM culture – some of which extend far beyond a pure understanding of exclusively sexual acting. Despite the fact that BDSM seems to expand into the midst of society in recent years – in this context attention should be drawn not at least to the book

series »Fifty Shades of Gray« by Erika Leonard – BDSM is a field of sexuality and relations not much paid attention to within the academic world. This article gives a brief insight into the current state of research of life experiences and way of life within BDSM (Figure 4).

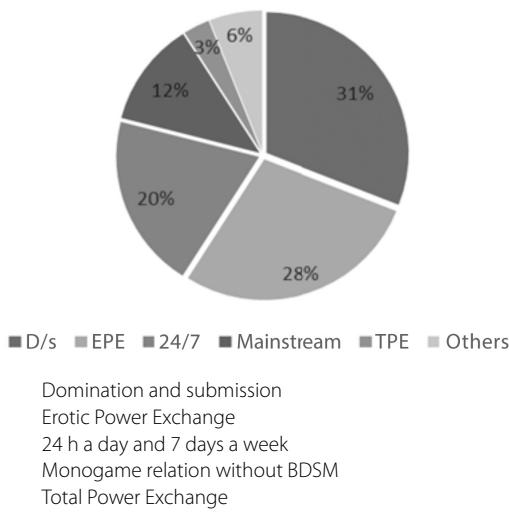


Figure 4: Distribution of relationships in monogamous relationships

It is pointed out that BDSM-oriented people trapped between processes of social standardized obligation and individualization cannot easily live up to and experience their own inclinations. Furthermore the necessary expansion of sexual and social scientific research on the subject of BDSM is underlined.

3.7 Sextoys – meaning, use, application in the context of male sexuality

Graduate Educator (Dipl.-Paed.) Anja Drews

Author and expert for sexual questions, freelance, Hamburg

The sex toy business is booming. It can be estimated that the annual turnover is three-digit million. And the industry is always looking for new opportunities, complimenting the current product lines like vibrators, artificial vaginas, anal plugs and penis rings. They all work for self-stimulation as well as with partners and they can be used to sustain *sexual functional capability*. According to a survey, about 17% of couples regularly use sex toys. Another 26% of the couples occasionally use sex toys. To the use of Sex toys including their hygiene, companies now offer online sexual counseling. There's almost no research how sex toys change our sexuality, their potential and dangers. Erection and coitus typically are in the center of attention. This genital focus creates immense pressure to both sides. One wonders how the use of sex toys can release this pressure and extend the variety of sexual experiences, especially in the context of sexual problems regarding the penis and its erection. This could lead to improved satisfaction in relationships and better quality of life. Last but not least: We need well-grounded information and education about the relevance, use and possibilities of sex toys in the context of male sexuality – especially for men looking for new ways of stimulation.

