Pukaar

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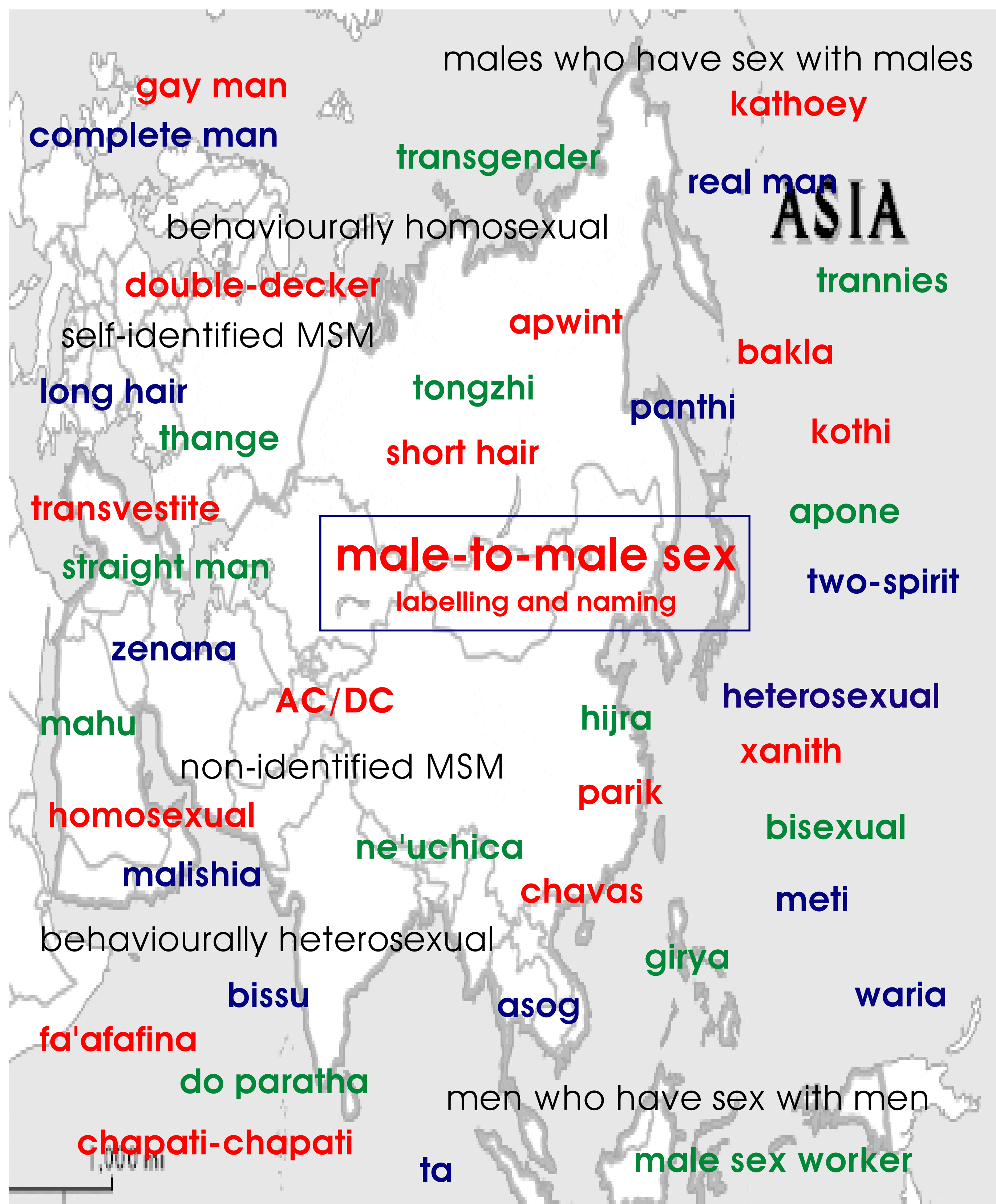

an international HIV/AIDS and sexual health journal focusing on south asian masculinities and sexualities

Naz Foundation International is a development agency specialising in providing technical, institutional and financial support for the promotion of sexual and reproductive health of males who have sex with males in South Asia

Vision
We believe in a world where all people can live with dignity, social justice and well-being.

Mission
With a primary focus on marginalised males who have sex with males, our mission is to empower socially excluded and disadvantaged males to secure for themselves social justice, equity, health and well-being by providing technical, financial and institutional support

We believe in the innate capacity of local peoples to develop their own appropriate sexual health services, where the beneficiaries of a service are also the providers of that service. We will always support such initiatives.

Naz Foundation International's Ethical Policy
Naz Foundation International is a development agency focusing on male to male sexualities and sexual health concerns in South Asia. In its work Naz Foundation will fully consider the implications of males who have sex with males, for themselves, for any male or female sexual partners such males may have, and for any clients of those males who do sex work.

In this work Naz Foundation will be guided by the folowing principles:

1. promoting the reproductive and sexual health of males who have sex with males by encouraging sexual responsibility and safer sexual practices
2. encouraging males who have sex with males to access STD treatment whenever necessary
3. respecting confidentiality in the relationship between males and their sexual partners and/or clients
4. promoting the protection of children and non-consenting adults from abusive sexual relationships
5. promoting the reproductive and sexual health of any female partners of males who have sex with males by encouraging greater sexual responsibility of their male partners
6. encouraging communication of sexual health information between sexual partners and promoting partner notification of STD/HIV infection, irrespective of the gender of the partner
7. working with female reproductive and sexual health services in order to facilitate appropriate access to infected female partners of males who have sex with males.

Pukaar

Pukaar is the quarterly newsletter published by **Naz Foundation International**. It provides a forum for discussion, information, and advice, as well as general interest, regarding HIV/AIDS and sexual health, focusing on South Asian masculinities and sexualities.

The opinions expressed in ***Pukaar*** reflect the writer's views only and do not necessarily reflect the views of **Naz Foundation International** unless specifically mentioned.

We will always try to ensure that what we report is relevant to our readers, and we ask you, the reader, to keep us informed as to what is happening in your corner of the world. Send us your questions, letters, articles, stories (fact or fiction), poetry, drawings, photographs. Tell us about what you think and feel, whether it concerns HIV/AIDS, your sexuality, or whatever. Names will be changed and addresses will be withheld if required.

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Masculinities, (homo)sexualities, and HIV vulnerability in India: an NFI presentation

On 20th January, Naz Foundation International gave a series of presentations on working with males who have sex with males (MSM) in India to an audience made up of representatives from a range of donors and the National AIDS Control Organisation (NACO), which was followed by a discussion on developing a national strategy for addressing the HIV/AIDS concerns of the various populations which make up the acronym MSM. The half-day seminar was hosted and supported by the Sexual Health Resource Centre (SHRC) in New Delhi, India.

The primary purpose of this seminar was to present information and knowledge of male-to-male sexual behaviours in India, the vulnerability of several sub-populations of MSM, and the attendant risks of HIV transmission, along with the impact on the general population. Along with this, was the intention to also highlight NFI's work with specific MSM populations in India, and outline NFI's strategy for increasing coverage of sexual health services for self-identified MSM in the country.

This strategy has evolved over the last few years with 3 national consultation meetings, several workshops, and assistance from DFID to design the NFI regional strategy. Of course the NFI strategy does not cover all MSM issues and concerns, but focuses on the marginalised MSM population that NFI particularly works with – those self-identified feminised males and their masculine partners.

NFI led by making a presentation on the framework of male-to-male sexual behaviours, stigma, discrimination and violence against MSM, and the potential impact on the HIV/AIDS epidemic in India. This was followed by a question and answer session on these issues. This included:

- The need to ensure that any strategy addressing male-to-male sexual behaviours also included addressing adolescent sexual health concerns.
- Can youth programmes be broadened to include MSM issues?
- The need for research, both formative and operational.
- Male-to-male sex not limited to self-identified MSM, but is broader, and there would need to be different strategies for a range of MSM groups, populations and networks.
- Hence identity-based interventions may not work in rural areas, and thus issues may need to be integrated into other programmes, such as youth and generic interventions.
- The need for a partnership of MSM organisations with government and non-government organisations to fully address sexual health and male-to-male behaviours.
- The need to include male-to-male sexual behaviours and HIV risk in sex education programmes.
- Can MSM issues be mainstreamed?

A second presentation was then made which identified issues of need and concern, along with key questions that arise in developing a national strategy. This also included what NFI's response to the issues and a series of key recommendations for action.

In the final session, Dr. Sadhana Rout of NACO led a discussion on the urgent need for developing a national strategy for scaling up MSM HIV/AIDS interventions, and recommended that NFI and SHRC work together to develop such a strategy bringing in other key stakeholders.

One deep concern expressed was the difficulty that NACO has in persuading the State AIDS Control Societies (SACs) to take on board the issue of male-to-male sex and HIV/AIDS and to implement appropriate strategies in their states.

A further central concern that arose was how to work with the Home Ministry in regard to legal constraints on working with MSM and HIV/AIDS, particularly Indian Penal Code, Section 377. It was clear that for NACO, as a government organisation, this would be very difficult for it to address.

Issues that arose in the discussions were:

- The lack of will (and knowledge) of policy makers.
- Poor mapping data and an urgent need for high quality about extent and coverage.
- The need for a road map on implementing a national strategy for MSM interventions.
- Need for a state-by-state plan of action.
- Need to increase responses to these issues by SACs.
- Work needs to be done on the legal framework in a sensitive manner, as this was one of the greatest limitations on scaling up.
- NACO needs a policy paper and strategic plan for scaling up interventions, as well as ways to address policy makers at various levels so that it could help change the legal framework

A suggestion from the representative from Horizons/Population Council, was to hold zonal consultation meetings followed by a national meeting, and thereafter a technical consultative group to draw up a national strategy and address the issues of coverage and other issues.

Follow-on

Taking this suggestion forward, NFI will be working with the SHRC, along with other key partners to develop a national strategy for increasing coverage of MSM sexual health services in India, incorporating NFI's own strategic plan as a component of this.

It was suggested that initially four zonal (East, West, North, and South) consultation meetings should be called bringing together key players and stakeholders, including community-based organisations (CBOs) and non-government organisations (NGOs), along with other agencies and institutions.

Following this, there would be an "experts meeting", involving public health specialists, leading MSM CBOs, and technical services providers, and key donors. NFI has already drafted a concept for such a meeting.

Lastly, a national consultation meeting would bring these elements together to draft a national strategy and implementation plan.

This would require a literature review, current state of the art methodologies, models of good practice, as well as appropriate training tools, and access to networks of appropriate trainers and technical support.

Additional Note

This seminar was not an attempt to generate a national strategy for India that would cover all high risk male-to-male behaviours, but to demonstrate what NFI has done and is doing to work with these issues, and to gain donor consensus and support for future work. NFI specifically focuses on one area of MSM sexual health, that is, working with low income self-identified MSM (*kothis*) and their masculine partners from the general male population. It does not cover the whole spectrum of male-to-male sex and attendant risks, but wishes to collaborate with other agencies so that all areas of MSM and HIV/AIDS risks are addressed.

Participants included representatives from:

Bill and Melinda Gates Foundation, David and Lucille Packard Foundation, DFID India, FHI India, Futures Group, Hindustan Latex, International AIDS Vaccine Initiative, National AIDS Control Organisation, Oxfam, Population Council , Sexual Health Resource Centre, SIDA, USAID.

"The use of the possessive pronoun in our language often inculcates a sense of possesion and ownership."
Shivananda Khan

Report on a new form of HIV brings alarm, not surprise

By Richard Perez-Pena and Marcs Santora

As word spread of a rare and potentially more aggressive form of HIV, first reported publicly in New York in early February, communities already hit hard by the disease, professionals who combat it, and people who are infected reacted with fear and scepticism. But few were surprised, given that the sense of urgency about the disease has waned.

Michael Justiniano, 37, who lives in Park Slope, Brooklyn, said he watched his father die of AIDS in 1993. "I have spoken to young kids, sometimes here, who say, 'If I get it, it's no big deal. I can just take a pill,' " he said. "I'm like, 'Are you stupid?' It is so disgusting. I find it really disturbing."

City health officials announced on that they had detected the rare strain of HIV in one man whose case they described as particularly worrisome, because it merged two unusual features: resistance to nearly all anti-retroviral drugs used to treat the infection, and stunningly swift progression from infection to full-fledged AIDS. Scientists say that only with more testing will they hope to determine how virulent the strain is and how specific to this one man its effects are.

That combination drug resistance and rapid AIDS onset, the officials said, could signal a new, more menacing kind of infection, and its discovery set in motion an anxious search by city workers to find the man's sexual partners and have them tested.

The infected man, gay and in his 40's, tested negative for HIV in May 2003, then tested positive last December, health officials said. Investigators believe he may have contracted the virus in October when he engaged in unprotected anal sex with multiple partners while using crystal methamphetamine. By last month, it was clear that three of the four classes of anti-retroviral drugs used against HIV were not working in this case, and the man showed signs of AIDS, including rapid weight loss, a high level of the virus in his bloodstream, and a depleted supply of crucial immune system cells.

Even though the anti-retroviral "cocktail" has extended many lives, some infected people still deteriorate and end up with AIDS, but that process usually takes many years. Doctors say that for a patient to reach that stage in a matter of months is extremely troubling.

AIDS experts and public health officials have long maintained that since the development of anti-retroviral drugs in the 1990's, people have developed a false sense that AIDS no longer poses a significant threat, leading to a rise in unprotected sex. Clear evidence of the trend has been seen in the growing number of cases of sexually transmitted diseases like syphilis, chlamydia, and lymphogranuloma.

In 2003, a survey by New York City's Department of Health and Mental Hygiene found that more than half of city residents with multiple recent sexual partners had not been tested for HIV in the previous 18 months, and 40 percent said that they had not used condoms the last time they had sex. At the time, Dr. Thomas R. Frieden, the city health commissioner, attributed the results to "HIV precaution burnout."

Mayor Michael R. Bloomberg described the failure to take precautions against HIV in stark terms yesterday. "It's just a sin in our society, where we know how it's transmitted from one person to another," he said, "and we should be able to get people to conduct themselves such that they don't catch it themselves, and certainly that they don't infect anybody else."

Unsafe sex practices combined with growing resistance to medications among people with HIV, has had officials warning for years about a possible resurgence of AIDS, a fear voiced yesterday by many people across the country as they struggled to make sense of the news out of New York.

Oliver Palan, 19, a gay student at Baruch College, said that he had slept with 10 men recently, and that none of them had wanted to use a condom. "So many people are like, 'It is so much more fun without the condom,' so they prefer to take the risk," he said, noting that he insists on using condoms. Often, he said, partners will try to dissuade him by saying, "I trust you, you should trust me."

Edsel Gonzalez, 30, a business owner in South Beach, the Miami Beach neighbourhood filled with nightclubs and restaurants that is popular among gays, said he was "absolutely worried about this."

"It seems like we're moving backwards in the fight against AIDS," Mr. Gonzalez said. "I'm scared for my son and my family - to think that a type of unknown HIV can resist the effects of modern medicine is unsettling."

At the Big Cup, a popular coffee shop in Chelsea, the customers, most of them gay men, talked about how the fear of AIDS had declined, especially among a younger generation that did not have the searing experience of watching friends die. Some said they feared that a new strain of the disease might have emerged, but none were surprised, given the prevailing attitude.

"People got so comfortable with the drugs that they have started becoming complacent," said Will Elosei, 37, from Jersey City. Now, he said, "I think people are going to be more paranoid about everything. Hopefully, open sex will not be a common thing like it is right now."

At an HIV treatment centre run by the group Housing Works, in East New York, Brooklyn, an HIV-positive woman named Pat, who would not give her last name, said: "The medications gave people a false sense of security. It gave them a sense that they could do things that before were a death sentence."

People who work in HIV treatment and prevention reported a spike in calls from distraught patients, some of them with inaccurate or exaggerated information. "I got a call from someone who had heard that there was a new strain of virus that was spreading around, that resulted in an all but instant onset of AIDS and was totally untreatable," said Martin Delaney, founding director of Project Inform, an AIDS advocacy group in San Francisco.

The true significance of this announcement immediately became a topic of heated debate among scientists who study HIV and AIDS. Many of them said it was too soon to say if the single infection in New York was truly something new. Some noted that they had seen the rapid progression of HIV to AIDS and high drug resistance before, though not both in combination. They said that the New York case could indicate more about the vulnerability of the infected man's immune system than about the dangers of the virus in his body.

"We need better characterization of the virus in this man," said Dr. Marcus Conant, a professor at the School of Medicine at the University of California, San Francisco. "What does it look like genetically?"

Yet he, too, voiced a lack of surprise at the possibility that a more dangerous strain had emerged. "All of us have been expecting for some time there would be the multidrug resistance," he said. "This virus has mutated around what we've thrown at it."

Patrick McGovern, executive director of Harlem United Community AIDS Centre, said he was unsure what to think, but added, "I don't know this to be a scare-mongering administration, so I would tend to take them pretty seriously."

Even as he announced the detection of the aggressive strain of HIV, Dr. Frieden, the city health commissioner, said that more testing was needed before health officials and scientists could be certain about the extent of the threat. But for now, he said, the responsible reaction was to treat it as a real menace and to alert the public.

Doctors and counsellors who specialize in HIV treatment and prevention were focused on news that the more virulent infection had appeared in a man who used methamphetamine and then had unprotected sex with multiple partners.

For decades, methamphetamine - a powerful and sometimes addictive stimulant also called crystal meth or speed - was found

mostly in states in the West. But it has made deep inroads around the country in recent years, and in much of the nation's midsection it has supplanted cocaine and heroin as the biggest drug problem. In recent years, HIV counsellors say, sexual marathons, fuelled by methamphetamine and other drugs, have become popular among some gay men.

"In the last 12 to 15 months, we've seen a huge increase in meth use among people that are newly tested HIV-positive," Mr. McGovern said. "People become hypersexual when they're using crystal, but crystal by itself can limit your ability to function sexually. So people combine it with something like Viagra, that lets them keep going for hours."

Doctors disagree about the role methamphetamine may play in making users more susceptible to infection, but there is widespread agreement that it lowers inhibitions and can lead to more unprotected frequent sex with multiple partners.

Dennis DeLeon, the president of the Latino Commission on AIDS, said it was common for men using methamphetamine to have sex with 10 to 20 partners in one night. "It is a drug where they just lose count," he said.

Most gay men do not engage in such behaviour, nor is it limited to gays. But medical history has shown repeatedly that a small number of infected people can cause a serious health hazard.

With doctors, medical researchers and public health officials now on the lookout for signs of a spreading condition, the true nature of the threat may soon become apparent. Health officials seeking to protect the infected man's privacy have said little about him except that he had been very active sexually - one person briefed on the case said he had had hundreds of sexual partners - raising the prospect that others have been infected with the same strain. If the virus is as dangerous as some health officials fear, similar cases could be expected to crop up soon.

If experts were uncertain how concerned they should be, average citizens were even more so.

At the Housing Works centre in Brooklyn, where most of the clients are black, some said they thought a more virulent form of AIDS was old news. Others said they believed it affected only white people, and still others said the entire affair was an overreaction.

Lissa Welchel, 32, a wine broker in Miami, said the more she learned about the strain the more worried she became. "What scares me the most is the rapid progression of this strand," she said. "AIDS is a scary disease in itself, and to think that an unknown strand with such power could be transmissible is a definite alarm for concern."

Still, she said she was unsure how great a threat it was. "I hope that this is just a single case and we don't experience a widespread event of people dying from AIDS years before their time," she said.

Reporting for this article was contributed by Jennifer S. Lee, Johanna Jainchill and Janon Fisher in New York; Perry Athanason in Miami; and Carol Pogash in San Francisco.

Forwarded by Jan W. de Lind van Wijingaarden, 14/2/05

Researchers still divided over significance of New York City case of rare, drug-resistant HIV strain

Experts at the 12th Annual Conference on Retroviruses and Opportunistic Infections in Boston remained divided about whether the detection of a rare, drug-resistant HIV strain in a New York City man represents "a scientific oddity or a public health menace," the San Francisco Chronicle reports (*Russell, San Francisco Chronicle, 2/25*). Officials from the New York City Department of Health and Mental Hygiene on Feb. 11 announced they had detected in a local man a strain of HIV that is resistant to most antiretroviral drugs and possibly causes a rapid onset of AIDS. The city health department issued an alert to physicians, hospitals and medical providers asking them to test all HIV-positive patients for evidence of the strain. This combination of highly drug-resistant HIV and rapid progression to AIDS had not been identified before (*Kaiser Daily HIV/AIDS Report, 2/22*). The "mystery" case remains "unsolved" despite receiving the "attention of several thousand AIDS researchers from around the world" at the conference on Thursday, the Washington Post reports (*Brown, Washington Post, 2/25*). The strain has been detected in only one case, there is "no evidence" that the virus is "readily transmissible" and scientists are still uncertain if the man might be infected with several HIV subtypes that each are resistant to some antiretroviral drugs, according to the Chronicle (*San Francisco Chronicle, 2/25*). Dr. David Ho, director of the Aaron Diamond AIDS Research Centre - where the patient was diagnosed in December 2004 - discussed the case in detail at the conference, the New York Daily News reports (*Shin, New York Daily News, 2/25*).

Researchers Defend Alert

Researchers defended their decision to notify city officials and alert the public about the case as a potentially serious health threat, the New York Times reports. Some scientists and gay rights advocates have criticized the public health alert as "premature and unnecessarily alarmist," according to the Times (*Altman/Santora, New York Times, 2/25*). Advocates also are concerned that highlighting the case could create a "backlash" against men who have sex with men, Reuters reports (*Fox, Reuters, 2/24*). However, alerting the city health department was "the right thing to do," Ho said, adding that scientists remain unsure about whether the case is isolated or "part of a cluster," according to the Times. "That is a decision we stand by today," he said. "I think we have a unique convergence of a very drug-resistant virus, and this infection was very, very rapid," Ho said, adding, "And this man has many, many sexual partners." Ho also reported that his team has not found any of the key genetic indicators that might explain the man's rapid progression to AIDS. He said testing is ongoing but warned that even after all of the testing is complete, "there will still be room for doubt" because the knowledge about genetic markers is "incomplete," according to the Times (*New York Times, 2/25*).

'Disturbing Traits'

Doctors also presented evidence and discussed "an array of disturbing traits" of the HIV strain, the AP/Las Vegas Sun reports. "The unique feature of this case is the convergence of ... the transmission of a remarkably drug-resistant HIV-1 variant and the extremely rapid clinical course to AIDS," the New York City patient's physicians said. The virus is able to use both main entry points to infect cells and grows well in laboratory settings, unlike most drug-resistant strains, according to the AP/Sun. In addition, the virus causes infected cells to clump together, allowing them to more easily attack healthy cells (*Donn, AP/Las Vegas Sun, 2/24*). HIV penetrates cells through both the CCR5 and CXCR4 portals, a capability that is linked to "aggressive" progression to AIDS, the Wall Street Journal reports. Ho and Martin Markowitz, also of ADARC, said that the strain retains "some sensitivity" to two drugs: enfuvirtide, sold as Fuzeon, and efavirenz, sold as Sustiva. Ho added that the man is being treated with a combination of "a huge number of drugs" (*Chase, Wall Street Journal, 2/25*).

Next Steps

"The investigation is ongoing and will most likely continue for many

continued on next page, col. 1

Doubts about new HIV strain

continued from previous page, col. 2

weeks," Lucia Torian, New York's director of HIV surveillance and epidemiology, said. New York City Health Commissioner Thomas Frieden plans to send letters to six commercial labs and several smaller labs that conduct most of the country's HIV testing to ask that they report to his department all samples of multidrug-resistant HIV strains taken from city residents, according to Torian. The order is scheduled to run through May 31 and could be extended, she said (*Washington Post, 2/25*). Ho said that the New York City man had unprotected sex with more than 100 men in the months before his diagnosis, the Daily News reports (*New York Daily News, 2/25*). Frieden said the city "has been working to identify (the man's) sexual partners and urge them to be tested," the New York Post reports (*Edozien, New York Post, 2/25*). The New York City patient has given health department investigators the names of his known sexual partners - a number "in the teens," according to Torian - and officials have contacted about two-thirds of them, according to the Washington Post. Investigators are asking that the men undergo HIV testing and to be tested for drug resistance if they test positive. Torian would not provide results from any of the testing conducted thus far, according to the Washington Post (*Washington Post, 2/25*).

Reaction

"These kinds of cases have been reported before," Martin Delaney, founder of San Francisco's Project Inform, said, adding, "A lot of clinicians see this stuff, and they don't call press conferences." AIDS advocate Mark Harrington said, "It's much ado about an anecdote." AIDS physician Steven Deeks said that "host factors" - patient traits rather than virus traits - are "almost certainly the cause" of the man's rapid progression to AIDS, according to the Chronicle. However, the case still highlights the need for safer sex in "an environment populated by a still-dangerous virus" and has focused attention on the "out-of-control methamphetamine use in young, gay men," according to Deeks, the Chronicle reports (*San Francisco Chronicle, 2/25*). Dr. Harold Jaffe, a professor of public health at Oxford University and former director of the CDC's National Centre for HIV, STD and TB Prevention, said the case spotlights the problem of people engaging in high-risk behaviours. "More than two decades into the HIV/AIDS epidemic, why are some persons still placing themselves at high risk for infection?" he asked. In some cases, populations are difficult to reach with health education, others incorrectly believe that treatment with antiretroviral medications means a person cannot spread the disease and still others have lost "their fear of the virus," Jaffe said, according to Reuters (*Reuters, 2/24*). Although using such cases as scare tactics is wrong, the "important thing is to put out the facts," he said, adding, "If the facts are scary, then people will be scared" (*San Francisco Chronicle, 2/25*). *posted Kaisernetwork.org, 25/2/05*

Condom shortfall hits AIDS work

The fight against AIDS is being hampered by a massive shortage of condoms – only about one-tenth of the 10.8 billion needed were available in developing countries in 2003 and there seems little chance of meeting a target of 18.6 billion by 2015.

The shortfall is partly due to the lack of funding for the United Nation's Population Fund, which has had its income slashed by the Bush administration. The American right has lobbied strongly and successfully against giving money to agencies that support family planning clinics offering advice on abortion.

Today the international development minister, Gareth Thomas, will appear to the EU to use its influence to get reproductive health and the condom issue discussed at the summit on the UN's millennium development goals in September.

"If we are going to try to tackle the AIDS crisis in Africa and stop it expanding in Asia, we have got to increase funding for UNFPA and get reproductive health rights discussed," he said.

In a speech at the Overseas Development Institute in London, alongside Louis Michel, the EU development and humanitarian rights commissioner, Mr. Thomas will urge Europe to exercise leadership.

Condoms are effective in protecting men and women from infection with the HIV virus, which leads to AIDS. But in Africa only four condoms a year are available for every man between 15 and 59 years old.

The US administration backs the use of condoms in its AIDS-defeating mantra ABC – abstinence, be faithful and condoms – although some groups in the US would add only as a last resort.

But family planning clinics, which dispense condoms and offer a range of sexual health services, may give a woman advice if she wants an abortion, even if they do not provide an abortion service. The conservative right in the US is opposed to US funds for any organisation or agency with links to abortion. The UN Population Fund has had millions of dollars withheld by the US because of allegations that it supported pro-abortion clinics.

The issue is a source of tension between the UK and US governments. The Department for International Development has provided extra cash for organisations that have lost funding from the US. Ministers have said that reproductive health is a major issue in the empowerment of women, which would do much to help limit the spread of AIDS.

The Guardian, UK, 24/2/05

Too much, or even too little sex can be bad

Too much sex is bad for your health, according to a new study. But the scientists also conclude that too little sex is just as bad.

According to a study at Zurich's Technical University, sexual intercourse more than three times a week weakens the immune system and can spark illnesses. "Neither rampant nymphomania nor abstinence are beneficial," a spokesman, Dr. Tillman Kruefer, said.

The study found that couples should ideally have sex just two or three times a week. The team found disease-fighting antibodies in a man's blood double after orgasm. This generally strengthens the immune system. But the health benefits reduce if there is too much or too little intercourse.

Asian Age 27/1/05

"... We need to [return] to a way of looking at the world that is in accordance with some of the most ancient indigenous conceptions of ... [human] sexuality and gender variability. This perspective dissolves binary oppositions, uniting dualities while simultaneously cherishing unlikeness. It [accepts] difference, honouring the 'anomalous' and the 'irregular' without reducing them to something familiar and manageable. And it embraces paradox, recognising the coexistence of contradictory and seemingly incompatible phenomena ... it is, above all, an affirmation of life's vitality and infinite possibilities: a worldview that is at once primordial and futuristic, in which gender is kaleidoscopic, sexualities are multiple, and the categories of male and female are fluid and transmutable. A world, in short, exactly like the one we inhabit."

Biological Exuberance, Bruce Bagemihl, 1999.

Number of new AIDS cases increase in 2004 in Singapore, especially Aamong MSM, Health Minister says

The number of new AIDS cases reported in Singapore in 2004 increased to 311, almost 30% more than the number recorded in 2003, Dr. Balaji Sadasivan, senior minister of state for the city state's Ministry of Health, said in parliament on Wednesday, the *AP/Yahoo! News* reports. About 90% of the new cases were among men, with about 33% among MSM, Balaji said, *AFP/Yahoo! News* reports. There are about 2,000 HIV-positive people in Singapore. Balaji said there was a "sharp" increase in the number of new HIV infections among men who have sex with men and that there could be 4,000 to 8,000 HIV-positive people living in Singapore who are unaware of their status, according to the *AP/Yahoo! News* (*AP/Yahoo! News*, 3/9). Balaji also said that heterosexual, married men who engage in casual sex put themselves and their wives at risk of contracting HIV, adding, "If we do not act to protect women, many women will get infected, and we too will have a situation where women form the majority of AIDS patients," *Channel News Asia* reports. He said the city state needs to eliminate the stigma of HIV testing and prevent discrimination against HIV/AIDS patients (*Channel News Asia*, 3/9).

Gay Festival Contributing to Rise?

Balaji on Wednesday said that a popular gay and lesbian festival might be contributing to the increasing number of new AIDS cases in Singapore, according to *AFP/Yahoo! News*. "We do not know the reasons for the sharp increase of HIV in the gay community," he said, adding, "An epidemiologist has suggested that this may be linked to the annual predominantly gay party in Sentosa, the Nation party, which allows gays from high-prevalence societies to fraternize with local gay men, seeding the infection in the local community." However, he said the idea only is a hypothesis and "more research needs to be done by the experts" (*AFP/Yahoo! News*, 3/9). Gay advocates "responded with outrage and disbelief" on Thursday to Balaji's comments, *Reuters* reports (*Reuters*, 3/10). "These statements serve to fuel homophobia and discrimination in this country," Stuart Koe, CEO of *Fridae.com*, which organizes the festival, said (*AFP/Yahoo! News*, 3/9). Koe criticized the government for not targeting MSM in public health campaigns, saying, "It's really no wonder that the rates of infection are increasing." He added, "It's very simplistic and dangerous of them to point the finger at one single event and say that that is responsible for the spike" (*Reuters*, 3/10).

Kaisernetwork.org 11/3/05

HIV/malaria co-infection nearly doubles HIV viral load, increases chance of transmission, study says

The HIV viral load levels of an HIV-positive person nearly doubles when he or she becomes co-infected with malaria, increasing the likelihood that the person could transmit the virus to someone else, according to a study published in the Jan. 15 issue of the journal *Lancet*, the United Kingdom's SciDev.Net reports.

Dr. James Kublin, a clinical researcher at the Fred Hutchinson Cancer Research Centre in Seattle, and colleagues studied the HIV viral loads of 367 people in Malawi's Thyolo District, 148 of whom contracted malaria during the study. Researchers attempted to collect viral load data on all 148 HIV/malaria co-infected people, but the team was able to gather sufficient data from only 77 of the participants, according to SciDev.Net. Among the co-infected participants, HIV concentration on average was double what it had been before malaria infection, increasing from an average of 96,215 copies of HIV per millilitre of blood to 168,901 copies per millilitre. However, eight to nine weeks after being treated for malaria, the median HIV viral load in the patients returned to levels similar to those recorded before malaria infection. The study concludes that the increase in HIV viral load when contracting malaria could be sustained long enough to increase the risk of HIV transmission to other people, SciDev.Net reports.

Reaction and Recommendations

In an accompanying *Lancet* opinion piece, James Whitworth of the London School Hygiene and Tropical Medicine and Kirsten Hewitt of the Health Protection Agency Centre For Infections write that "better integration of health services" for HIV and malaria is "crucial" if even a small increase in the likelihood of HIV transmission occurs when a person contracts malaria, according to SciDev.Net/ AllAfrica.com. Whitworth and Hewitt write that viral loads reported in the study might equate to about a 50% increase in the likelihood of HIV transmission, according to SciDev.Net. However, Neil French of the Malawi-Liverpool Wellcome Trust laboratories said discovering the "exact interaction" between HIV and malaria would be difficult because of ethical concerns given that potential study participants would be required to abstain from treatment for both diseases, according to SciDev.Net. French recommended that disease control programs "come together to provide a comprehensive package of care," including providing bed nets to HIV-positive people to reduce the chance of contracting malaria, SciDev.Net reports (*Shetty, SciDev.Net, 1/20*).

Kaisernetwork.org, 21/1/05

Another view

It is believed that homosexual activities promote growth throughout nature ... while excessive heterosexual activities lead to decay in nature ...The balance of these forces is dependent on human action ... The Bedamini do not ... experience any inconsistency in the cosmic equation of homosexuality with growth and heterosexuality with decay.

Arve Sorum, "Growth and Decay: Bedamini notions of sexuality" in Herdt, Ritualised Homosexuality in Melanesia, pp. 318-36

You can access this and previous editions Pukaar online at:

www/nfi.net/pukaar-news.htm

Other documents on MSM and related issues are available on the NFI website:

www.nfi.net/publications.htm

Sedentary life can reduce sexual vigour

Sedentary employees and frequent travellers beware! According to a research study by a team of Hyderabad doctors, people who sit for long hours in offices and those who travel long distances quite frequently are more susceptible to impotency or loss of sexual vigour than people on the move.

The study conducted by the Assisted Conception Services Unit of Mahavir Hospital and Research Centre and the Institute of Genetics and Hospital for Genetic Diseases revealed that the sperm count had come down by about 45 per cent in sedentary employees (47.9 mill/ml) as compared with the control group (80.75 mill/ml).

In the case of frequent travellers the count recorded was 66.23 mill/ml.

The doctors took three groups of men for the study – a control group with just .05 hours of mean seated hours in travel per day, people who travel for 4.25 hours a day and sedentary employees who sit in offices for 7.9 hours a day on average. The normal morphology of semen was 57.25 per cent in the control group, 39.75 in the long distance travellers and 38.67 in sedentary workers. The hypo-osmotic swelling test showed a percentage of 56, 54, and 50 in these groups respectively.

"Thermo-regulation in testis is important for normal development and maturation of spermatozoa. Semen is produced at a temperature lower than that of the normal body temperature. Even slight elevations in testicular temperature may have a profound impact on sperm quality, quantity and its fertilising potential.

Those who remain seated for long hours have increased scrotal temperature and hence defect in semen quality," says fertility expert Roya Roazati who conducted the research study along with eminent geneticist P.P. Reddy and Rubina Mujtaba.

Frequent long distance travellers and sedentary workers showed significant impairment in spermatogenesis, percentage sperm motility and normal morphology, particularly sperm head morphology. The sperm quality of sedentary workers is worse.

Asian Age, 11/3/05

Bangladesh students to be taught about HIV/AIDS issues in schools for first time

Students in Bangladesh beginning next year will be given lessons about HIV/AIDS issues for the first time, AFP/Khaleej Times reports. "We've decided to introduce life skills education in our secondary schools, and there will be a full chapter on HIV and AIDS in the upcoming curriculum," Ashabur Rahman, Bangladesh's additional secretary of education, said. The chapter on HIV/AIDS issues will be drafted with assistance from UNICEF, according to AFP/Khaleej Times. Hannana Begum, head of Bangladesh's curriculum and textbook board, said, "The decision [to teach a chapter on HIV/AIDS] was taken because the number of AIDS cases appears to be rising and adolescents in Bangladesh are very ignorant about sexually transmitted diseases." A recent survey showed that 20% of married women and 33% of married men in Bangladesh had heard of HIV/AIDS. Although there are a "relatively low number" of HIV/AIDS cases in Bangladesh, the country is "vulnerable" because of the population's minimal awareness of the disease, AFP/Khaleej Times reports. According to UNAIDS, there were 13,000 HIV-positive people in Bangladesh in 2002, and a study funded by the United Nations in 2004 showed that the number of HIV/AIDS cases in the country had tripled in the last six years.

AFP/Khaleej *Times, 7/2/05*

California bill would allow groups to distribute condoms to prison inmates

Not-for-profit or public health organizations would be allowed to distribute condoms, dental dams or "other sex-related protective devices" to California's 162,000 prison inmates under a bill (AB 1677) proposed by Assembly member Paul Koretz (D), the *Sacramento Bee* reports. The bill would require the state Department of Corrections to develop a plan for the disposal of used devices that "protects the anonymity of inmates and protects the health of correctional officers." The bill has "touched off a verbal firestorm" in the state Legislature in part because the bill would provide inmates with condoms and other devices for "sex acts they can't legally commit," according to the *Bee*. Koretz said that Vermont and Mississippi permit condom distribution in prisons, as do Canada and some countries in Western Europe and Latin America. Los Angeles and San Francisco counties have allowed county jail inmates to receive condoms for the past two years, and jail officials say the policy has had favourable results, the *Bee* reports. In addition, Los Angeles County allows a local not-for-profit group to provide condoms to gay inmates, who are housed in a separate unit, according to the *Bee*.

Opposition

State Senate Minority Leader Dick Ackerman (R) said, "If you really want to stop an activity, you don't make it easier for people to do it." Benjamin Lopez of the Traditional Values Coalition said the bill is "obscene, disgusting and absurd," adding, "This is the same mentality we're telling teens: Don't have sex, but if you do, here's a condom." Lopez said, "It hasn't worked for teens. ... What makes Paul Koretz think its going to curb disease in prison?" Lance Corcoran, a spokesperson for the California Correctional Peace Officers Association, warned that condoms could be filled with human waste and used to attack prison guards. "Certainly, sex occurs in prisons. However, it's something we investigate fervently and try to prevent the best we can," Corcoran said, adding, "Next we'll be providing syringes to inmates, I guess." The state prison system has not taken a position on the bill, but prison officials have concerns about condoms being used to transport illicit drugs and the potential health risks of used condoms, according to Department of Corrections spokesperson Terry Thornton.

Support

Koretz said that inmates face increased health risks because many of them enter the prison system already infected with HIV or other sexually transmitted diseases, according to the *Bee*. The federal government estimates that about 30% of federal male prison inmates engage in sex acts with other male inmates. However, the state Department of Corrections does not track the number of inmates caught or punished for engaging in such acts. Koretz said, "I don't disagree that if they could find a way to enforce the (prison sex ban), that would be better," adding, "But in the meantime, let's not turn a blind eye to this." Philip Curtis of AIDS Project Los Angeles said, "We think [the bill] makes a lot of sense," adding, "It's good, practical public health. It's no big secret that there has been sex in prisons for as long as there have been prisoners." State Assembly member Mark Leno (D) said that by reducing the spread of STDs among prison inmates, the bill also might help to reduce the risk of STD transmission in larger communities (Sanders, *Sacramento Bee*, 2/26). *Kaisernetwork.org, 1/3/05*

Those who deny freedom to others, deserve it not for themselves.
Abraham Lincoln, 1859

The long silence

South Asian American gays confront cultural barriers

By Rohina Phadnis

On the outside, Priyanka had it all. She was a doctor. She married a nice man. She had just given birth to a son.

On the inside, she was torn apart and scared. Priyanka, a lesbian, had been forced into a heterosexual marriage as a young woman in India. Years later in America, she was still with her husband, but her marriage was more of a tolerant coexistence rather than an intimate union.

"It's a very sad and disturbing family scenario," she says, calling the marriage a "non-relationship" and saying it was enormously difficult to end the marriage after having a child.

Priyanka, who declined to be identified by her real name because of the sensitivity of the issue, is now divorced. She told her parents she is a lesbian. Although her parents know about her sexual orientation, they refuse to acknowledge it. Neither her ex-husband nor her co-workers are aware that she is a lesbian.

"It's considered dirty and bad in Indian society," she says, referring to attitudes about homosexuality. Priyanka says being an out-of-the-closet lesbian in a culture where homosexuality is taboo led to a 10-year marriage that was marred with domestic abuse.

South Asians in the United States who are lesbian, gay, bisexual, or transgender often have a harder time coming out of the closet than most other ethnic groups, leaders of South Asian LGBT (lesbian, gay, bisexual and transgender) groups say. The socially conservative values held by many South Asians often lead gays in this community to stay in the closet for indefinite periods of time, forcing tumultuous relationships with friends, family members and partners. These concerns prompt a large number of South Asian gays in the United States to feel torn between coming out of the closet and risking being shunned by their peers, or faking their sexuality in order to comport with South Asian cultural norms.

Gay marriage was a hot topic of debate throughout the 2004 election season. During last month's elections, several states were successful in passing ballot initiatives that banned homosexual marriages. While this divisive issue has given the LGBT community a face in mainstream America, the South Asian segment of this community remains masked.

In an age where homosexuals are still trying to gain widespread acceptance, but have an increasing political voice, South Asian gays are uniting throughout the country to raise greater awareness of their problems. They are trying to help each other overcome common cultural concerns surrounding their decisions to come out of the closet. A unified base, mainly generated through support groups, can provide a voice for this apparently overlooked segment of the gay community, activists say.

To overcome this invisibilty, the Southern California-based LGBT group Satrang is working with its neighbour organization, the South Asian Network, to address the specific needs of LGBTs in the larger South Asian community. The group is conducting three training sessions to introduce Network members to the ideas and definitions of the LGBT community, the issues regarding health, religion and immigration, and finally, how the group can aid LGBT South Asian Americans.

"We have a really big mix of people," says Sanjay Chhugani, president of Satrang. He says members are either born in the United States or moved here from a South Asian country at a young age. Their professions range from students to retailers to doctors.

Another group, the South Asian Lesbian Gay Association (SALGA), offers support group meetings in New York and New Jersey. It also provides a support group for those under the age of 21. These groups are intended to help South Asians who may be faced with greater obstacles than their counterparts in other ethnic groups.

Chantal, a 25-year-old lesbian who is a member of SALGA, attributes a lot of the difficulties to a conventionalist mindset, cultural expectations and ignorance by family members.

"It's a lot of pressure to live up to their expectations," she says, especially when those expectations centre on an education, a career, a heterosexual marriage and children. Chantal identified herself by her first name only for this article.

Chhugani adds that many families believe their children's feelings may not be permanent, and they might be going through a phase.

There are more gays in this population than people may realize, activists say. Chhugani says that if you use the standard that anywhere from one to 10 percent of a population is homosexual, then the same holds true in the South Asian communities.

Chantal says there is a sense of ignorance among South Asians of the number of gays in this community. The stereotype of a homosexual is of a white, muscular male, she says. There are few representations of the community outside of this portrait.

Chantal came out to her family four years ago. She had been seeing a woman, who her parents believed was a plutonic friend. Her name kept coming up in front of her parents and her mother grew suspicious. She eventually found out that Chantal had been lying about the nature of the relationship. Chantal had to come out then.

The Journey: Coming out as a South Asian American

Coming out is more of a process than a moment, says Chhugani of Satrang, who is also a 39-year-old manager for a staffing agency in the Los Angeles area.

"You start with your peers," he says.

Chhugani moved to the United States when he was 21, and he knew he was gay since he was 14. He says the process for him began when he was in India. One experience he recalls was watching Making Love, an American movie about a married man having a relationship with his male doctor.

Four years ago, he came out to his mother, who still lives in India but often visits the United States. He came out to her while she was in India and she was very supportive. He believes she knew about his sexual orientation from before.

Chhugani says he would leave hints like watching shows like Showtime's "Queer as Folk" with her when she visited him. He says she is very progressive, and when he told her she said, "You're my son and I love you. I don't care."

While there are difficulties in coming out of the closet in India and the United States, he says the barriers in South Asia are much greater. "Even the concept itself is so alien," he says about the atmosphere for homosexuals in South Asia. He notes the situation is improving with the growth of LGBT organizations in cities such as Mumbai. In the United States, he says there are more resources and greater understanding of what it means to be LGBT.

In the case of Chantal, she says her family is getting used to the idea that she is homosexual. Chantal's parents became more accepting of her sexual orientation when they learned of other South Asian friends who came out of the closet. According to Chantal, family members may be more understanding when they realize it does not compromise a person's integrity. For instance, she says, an Olympic athlete is just as qualified whether he is gay or not. "I haven't faltered as a person because of it," she says.

South Asian Americans have been raised to have immense respect and loyalty to their parents, Chantal says. She adds that South Asian Americans often worry when their actions run counter to their parents' beliefs.

continued on next page, col. 1

The long silence

continued from previous page, col. 2

In Priyanka's case, she knew about her sexual orientation as a child. Later, when her parents chose her fiance, she was hesitant. Priyanka says she explained to them that she was not interested in men, but her parents rejected that notion.

She says her parents argued that different women have different sex drives, and once she was married she would overcome her problems. But her problems only increased.

Out of the Closet: The Aftermath

"Everybody has to decide what time is right for them [to come out]," Chhugani says. "Everybody's circumstances are different." Financial independence from one's family is a key factor for the person to feel comfortable when coming out, he adds.

He recounts the story of a young man from Pakistan who came to the United States as a student. When he went back to Pakistan, he came out to his family. He got sent back to the United States with a one-way airplane ticket; his family disowned him.

Satrang members started up a fund for the Pakistani man, and he stayed with other members on a rotating basis until he was able to live on his own. They also helped him find a job. Stories like this make Chhugani emphasize the importance of having financial independence.

Chantal agrees. "You need to be in a space in your head and in your bank account so you can deal with what happens," she says.

A lso, a gay or lesbian should have a group of friends who can support him or her if that person's parents take drastic measures, like disowning the individual. It is important, she says, that one plans for the worst to happen when coming out to family members. "You never know, and you need to take care of yourself," Chantal says.

She adds that although someone may be comfortable with his or her own sexual orientation, the person's family may need time to adjust. "I had all my life to prepare for this, but they just had a few minutes," she explains. "It takes time to digest the situation."

"Don't delay it, don't be scared of the shame," Priyanka says. She adds that it is better to come out "sooner with a little shame" than later, when the consequences could have doubled. In her case, she became a victim of domestic violence and warns that others may face a similar fate.

When asked how she felt after her divorce, Priyanka replies, "Relieved, ultimately relieved, like a big burden off my shoulders."

Rohina Phadnis is a third-year journalism major at the Philip Merrill College of Journalism at the University of Maryland-College Park.

Yes, gay men are at risk in China

by Edmund Settle

On Dec. 1 appeared "A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China," a report by the country's State Council and the United Nations' UNAIDS branch. Afterward, China's state-controlled media released an unprecedented eight articles identifying China's gay population at high risk for contracting and transmitting HIV/AIDS. Until recently, though, Chinese health authorities had literally ignored this socially marginalised population of up to 20 million when designing its national response to the disease. Its turnaround is encouraging, but possibly too late to prevent a far-reaching AIDS outbreak among the gay population.

China is estimated to have 840,000 HIV cases, with needle-sharing remaining the primary mode of transmission, accounting for 44 percent of all cases. Sexual transmission has risen to 30 percent, of which unprotected gay sex is explicitly estimated to be at 11.1 percent. China's national HIV prevalence rate remains at 0.1 percent, but new infections are increasing at an astonishing annual rate of 40 percent. Experts warn that China may have between 10 million and 15 million HIV/AIDS cases in six years, with gay men accounting for over 1.5 million of those.

Prevalence rates among gay men are likely much higher than declared. The national rate among men who have sex with men is reported to be 1.35 percent. But independent studies reveal local prevalence rates among this group may be as high as 3 percent. In 1989, China's first reported domestic transmission of HIV occurred in Beijing through homosexual sex, and now gay men officially account for 17,813 cases, or 0.2 percent of all confirmed HIV/AIDS cases in China.

Chinese gay men are a potential bridge group that could channel HIV into the general population. An independent study released early in 2004 revealed that within a six-month period, up to 50 percent of gay men routinely participated in unsafe sex and 28 percent had sex with both men and women. Additional studies show that while over half of urban gay men eventually marry, many still maintain multiple same-sex partners. The figures are most likely higher among rural gay men.

Early AIDS-control policies exclusively identified AIDS as a medical issue and equated those infected, including intravenous drug users, prostitutes and homosexuals, as social deviants. In 1993, the director of the China's National Institute of Health Education was dismissed for allegedly promoting gay civil rights by establishing China's first HIV/AIDS program for gay men. Such punitive approaches have in effect limited any large-scale government or independent prevention and testing campaigns aimed at China's gay communities.

Consequently, general HIV/AIDS knowledge among Chinese gay men remains dangerously deficient. Some 80 percent of Chinese gay men lack essential HIV/AIDS prevention knowledge, and 85 percent believe they were not at risk for contracting HIV, resulting in low voluntary testing rates. In Beijing, only 18 percent of gay men have acknowledged being tested for HIV, while up to a quarter have a history of sexually transmitted diseases.

Current government HIV programs are insufficient to prevent a large-scale AIDS outbreak among gay men. And members of the Chinese gay community has largely been absent in the country's AIDS response. Their potential as truly effective community advocates could be tested on how well they coordinate a unified response to HIV/AIDS. Currently, less than a quarter of Chinese gay men take advantage of gay organizations' existing outreach programs, like condom promotion and hotline services. In 1997 homosexuality was decriminalised, and in 2001 the Chinese Psychiatric Association declassified homosexuality as a pathological condition, thus allowing greater social and legal space for gay groups to increase their HIV-related community activities.

Several of China's gay organizations have gained valuable experience while cooperating and participating in internationally funded outreach and prevention programs. Clearly, it would be beneficial for health officials to actively support gay organizations' efforts to develop measures to distribute education and prevention materials, coordinate outreach programs and encourage voluntary testing. Such cooperation would significantly benefit China's national AIDS response, as well as strengthen the gay community's ability to sustain effective, long-term prevention and education programs.

Online at: http://www.iht.com/articles/2005/01/20/opinion/edsettle.html, downloaded 21/1/05

Complete adherence to antiretroviral drug regimens best way to avoid development of drug-resistant HIV, study says

Complete adherence to antiretroviral drug treatment is the best way to prevent HIV from mutating and developing drug resistance, according to a study to be published in the Feb. 1 issue of the *Journal of Infectious Diseases* that was presented on Thursday at an American Medical Association briefing, *Reuters* reports (*Reuters*, 1/13). Richard Harrigan and colleagues at the Vancouver, Canada-based British Columbia Centre for Excellence in HIV/AIDS studied 1,191 HIV-positive individuals who began antiretroviral treatment between 1996 and 1999 and continued taking medication for up to three years, according to the *Miami Herald* (Tasker/Goldstein, *Miami Herald*, 1/14). The researchers found that 298 of the individuals developed drug-resistant HIV over the first 2.5 years of therapy, according to *Reuters Health*. There was "little difference" in time to resistance between individuals who took a protease inhibitor-based regimen and people who took a non-nucleoside reverse transcriptase-based regimen, according to *Reuters Health*. The researchers determined that adherence to therapy had the "greatest impact" on the development of drug resistance, *Reuters Health* reports (Rauscher, *Reuters Health*, 1/13). Individuals who took their medication about 80% of the time were four times as likely to develop drug resistance as people who took all of their pills, according to the study, the *Herald* reports (*Miami Herald*, 1/14). Patients who missed less than 5% of their medications did not develop resistance during the study period (AMA release, 1/13). "The results prove HIV drug regimens are nothing like a game of horseshoes - close is not good enough," Harrigan said, adding, "It's very risky to pick up your drugs and take them inconsistently" (Lee, *Vancouver Sun*, 1/13). He added, "The good news is that although they require a very high level of adherence, these therapies do work" (AMA release, 1/13).

Viral Load

Baseline viral load measurements are another "important predictor" of the development of drug resistance, the study found, according to *Reuters Health*. Individuals with high viral loads at the beginning of therapy were 59% more likely to develop drug resistance than people who had lower viral load levels before beginning treatment, according to the researchers, *Reuters Health* reports (*Reuters Health*, 1/13). "If you've got higher levels of virus in your bloodstream, you're more likely to pick up resistance," Harrigan said, adding, "This tells us that even though these drugs are doing a great job in terms of keeping people alive, they are not able to completely shut down the virus from replicating."

Reaction

Harrigan said that the study shows that patients need to be "mentally, as well as physically, ready before starting a drug regimen" in order to maintain complete adherence, according to the *Sun*. "If you're not going to do it right, you should probably wait - if you can," Harrigan said (*Vancouver Sun*, 1/13). Dr. John Bartlett, director of the HIV Care Program at Johns Hopkins University School of Medicine, said the study shows that antiretrovirals are "not like a blood pressure pill, where if you miss one day your pressure will go up, but it will go back down when you take it the next day," adding that because HIV mutates quickly, "if you miss pills, you don't get the advantage of taking them later." Dr. Kathleen Squires, associate professor of medicine at the University of Southern California Keck School of Medicine, said that doctors should monitor patient's antiretroviral regimen compliance, adding, "You'll never find out whether the patients are taking the drug if you don't ask them," according to the *Herald*. Dr. Charles Mitchell, an infectious disease expert at the University of Miami, said that patients who become resistant to first-line antiretroviral therapy often later are prescribed "more complicated" second-line regimens that require more pills with even more side effects to be taken more often, according to the *Herald*. "You're taking patients that had problems with adherence to begin with and you're giving them more complex regimes," Squires said, adding, "That's a conundrum" (*Miami Herald*, 1/14). Study co-author Zabrina Brumme said that the researchers plan to continue to follow study participants for another two and a half years, the *Sun* reports (*Vancouver Sun*, 1/13).

Kaisernetwork.org 15/1/05

E' for eunuchs in Indian passport

Their arduous journey from guarding Mughal harems to earning a living by singing and dancing, prostitution and begging may not yet have ended, but eunuchs intending to travel abroad now need not pass off as male or female.

They will now be issued passports that specify their true gender identity.

Eunuchs applying for passports have just to fill 'E' in the gender box on the forms.

At the back of the passport forms, guidelines identify eunuchs as a separate gender although there is no third box technically for applicants belonging to the long-ostracised communities.

Eunuchs have to put an 'E' in upper case in any of the tiny 'M' and 'F' squares meant for male and female applicants.

''Earlier, they (eunuchs) would pass off with passports identifying them mostly as men. They would travel to Mecca and other Arab destinations mostly,'' All India Hijra Kalyan Sabha president Khairati Lal Bhola said.

Fears that their passport applications would be rejected because of confusion over their sex have often prompted eunuchs to give false gender identity in their forms.

Bhola said most of the eunuchs in the country were castrated men. ''They are generally not transvestites or hermaphrodites.'' Eunuchs welcomed the news of having passports that recognise their gender identity.

''It's good. We are also humans and this thing should have come long ago,'' said Fatima, who has spent years in a Delhi ghetto.

AIDS-India, 13/3/05

(Editor's note: Eunuchs is the English word for hijras. It is actually not appropriate to call hijras eunuchs, since many of the them are not castrated)

On the other hand

On the one hand...gay and lesbian activists have emphatically affirmed the idea of a world divided between homoseuxal and heterosexual persons. On the other hand, one of the least-expected outgrowths of gay and lesbian organising has been to foster intellectual work that radically questions the necessity of hetero and homo identities, and even the hetero and homo categories themselves.

Johnathan Ned Katz, 1996

Bush administration to require US AIDS groups take pledge opposing commercial sex work to gain funding

The Bush administration is requiring that US HIV/AIDS organizations seeking funding to provide services in other countries make a pledge opposing commercial sex work, and some Republican lawmakers and administration officials are pushing for a similar policy for needle-exchange programs, the *Wall Street Journal* reports. Under the new policy, even groups whose HIV/AIDS work in other countries has "nothing to do" with commercial sex workers will have to make a written pledge opposing commercial sex work or risk losing federal funding, according to the *Journal*. In addition, the Bush administration might refuse to fund HIV/AIDS groups that do not accept Bush's "social agenda" on issues such as sexual abstinence and drug use, according to the *Journal*. The new policy stems from two 2003 laws, one involving HIV/AIDS funding and another regarding sex trafficking (Phillips, *Wall Street Journal*, 2/28). One measure was included as an amendment, sponsored by Rep. Christopher Smith (R-N.J.), in the legislation (HR 1298) that authorized the President's Emergency Plan for AIDS Relief, the five-year, $15 billion program that directs funding for HIV/AIDS, tuberculosis and malaria to 15 focus countries. The measure prohibits funds from going to any group or organization that does not have a policy "explicitly opposing prostitution and sex trafficking" (*Kaiser Daily HIV/AIDS Report*, 4/3/03). The U.S. Department of Justice initially told the administration that the requirement should be applied to overseas groups only because of constitutional free speech concerns in applying it to U.S. organizations, according to the *Journal*. However, DOJ in 2004 "reversed itself" and said that the administration could apply the rule to U.S. groups, according to the *Journal*.

'Harm Reduction'

Sen. Sam Brownback (R-Kan.) said that although there is "conservative support" for U.S. HIV/AIDS programs overseas, "there are areas of concern ... that risk the continued support from a number of conservative members and conservative groups." Many U.S. HIV/AIDS organizations providing services in other countries are "reluctant" to make a pledge opposing commercial sex work because the groups often work with commercial sex workers to distribute condoms and say that such pledges could lead to "official stigmatization" of commercial sex workers that could lead to their further isolation, according to the *Journal*. Some HIV/AIDS groups favour a strategy of "harm reduction" that acknowledges that some people will engage in high-risk behaviours — including commercial sex work and injection drug use — and that the best way to prevent the spread of HIV is to make those behaviours less dangerous. U.S. officials said that some HIV/AIDS groups that have applied for grants have agreed to sign the pledge, but they would not identify the groups by name, according to the *Journal*. Janice Crouse, a senior fellow at Concerned Women for America, said that federal funding for international aid programs often has gone to "left-leaning groups" and that the new Bush administration policy would "redress that imbalance," according to the *Journal*. Susan Cohen, director of government affairs for the Alan Guttmacher Institute, said that the Bush administration's new policy is "another salvo in the campaign that the administration and its fellow conservatives are undertaking to create more and more litmus tests and blacklists of those they're willing to do business with."

Needle exchange

Some congressional Republicans have been working to prevent federal funding from going to groups that advocate needle-exchange programs to reduce the spread of HIV among injection drug users, with Reps. Mark Souder (R-Ind.) and Tom Davis (R-Va.) leading the effort, according to the *Journal*. Brownback earlier this month in a memo to his political allies outlined a strategy seeking a ban on USAID grants going to any organizations that do not "fully support" Bush's views on issues, including drug use and sexual abstinence, the *Journal* reports. A "major target" of the congressional Republican attempts to ban funding from going to groups supporting needle exchange is the Open Society Institute, which was founded by billionaire financier George Soros, according to the *Journal*. OSI supports needle-exchange programs to reduce the spread of HIV in former Soviet Union countries. Although Soros' aides say that no federal funding goes to OSI's needle-exchange programs, Souder began investigating OSI after Soros spent "millions of dollars" during the 2004 election campaign to oppose Bush's re-election, the *Journal* reports. USAID policy prohibits federal funding from going to needle-exchange efforts, according to the *Journal* (*Wall Street Journal*, 2/28). *Kaisernetwork.org, 28/2/05*

HIV/AIDS in Russia may be triple official rate, report warns

The number of Russians with HIV/AIDS is probably at least three times the official figure of 300,000, according to a study by two American scholars. The study says authorities need to act aggressively with drug therapy, prevention and education to stem the spread of a disease that for now is concentrated among young people.

"If the leadership continues to pay only lip service to the issue... then the consequences in the very near term of 2 to 3 years, and certainly a decade from now, will be devastating to the society, to family formation, to the military, to productivity of labour, to continued growth of the Gross Domestic Product," wrote Murray Feshbach and Cristina Galvin of the Woodrow Wilson Centre in Washington in a report underwritten by the U.S. Agency for International Development.

Authorities in Russia have no information on the mode of transmission for at least half of the new cases, preventing clear analysis of the disease's trajectory through a society that continues to stigmatize people with HIV, the study found. In addition, "many physicians are bribed not to classify the patient's illness as one of the illnesses that carry a stigma."

HIV testing has dropped off markedly, with 2.5 million fewer Russians tested in 2003 than in 2002, according to the report. In explaining that decline, it noted that financing responsibility for test kits has shifted to regional authorities, who are sometimes indifferent to the health threat.

The report, which compared Russian and international statistics, found that the HIV/AIDS epidemic in Russia differs significantly from the disease in North America and Western Europe in terms of age. "In the West, broadly speaking, some 70 percent of the population afflicted with this illness are . . . over 30 years of age," the report says. "In Russia... over 80 percent are under 30 years of age."

The march of the disease through Russia's young is vividly illustrated in the number of potential army conscripts who test positive for HIV, the virus that causes AIDS. In the last five years, the number testing positive has increased 25 to 27 times.

The epidemic among the young stretches across the country. The authors reported that in the small region of Sverdlovsk, "approximately 130 newly conscripted men tested positive for HIV and were, therefore, turned away by the draft commission."

"It is perhaps too late to prevent the concentrated epidemic from eventually generalizing to the entire population," the report states, though it says HIV infection is probably still concentrated among intravenous drug users. *Washington Post Foreign Service, 12/1/05*

A letter from Scott Long

Human Rights Watch

Dear fellow activist,
I want to introduce you to an important new program at Human Rights Watch. We have launched a Lesbian, Gay, Bisexual, and Transgender Rights Project; we can now give permanent institutional form to our commitment to combating violations based on sexual orientation or gender identity. I have accepted a position as Director of this new program.

Human Rights Watch, as many of you are aware, is one of the largest and best-known human rights organizations in the world. We carry out timely and accurate investigations, offer informed policy recommendations, and generate intense pressure to confront human rights abusers and defend basic freedoms. Through vigilant monitoring, reporting, and advocacy, Human Rights Watch has advanced essential human rights protections in over ninety countries for twenty-five years.

This announcement of the Lesbian, Gay, Bisexual, and Transgender Rights Project is a belated one - due to the intensity of the work we've been engaged in since its start. The first day of the program, March 1, saw me in Cairo, accompanied by Human Rights Watch's executive director Kenneth Roth, to release our report on Egypt's persecution of men suspected of having sex with men. "In A Time of Torture: The Assault on Justice in Egypt's Crackdown on Homosexual Conduct" detailed for the first time the full scope and sweep of a massive campaign of repression. Since then, we have intensively lobbied Egypt's government, as well as European and U.S. officials, to end the arrests. (You can find a copy of the report at http://hrw.org/reports/2004/egypt0304/)

In March and April, we spent six weeks in Geneva, during the annual session of the United Nations Commission on Human Rights. Together with the International Gay and Lesbian Human Rights Commission (IGLHRC), we assisted over a dozen grassroots activists to attend the session, and meet and lobby government delegates. The activists spoke out at panels and on the floor of the Commission itself about abuses based on sexual orientation and gender identity. They met with U.N. officials and networked with other non-governmental organizations. As a result, we saw unprecedented recognition of lesbian, gay, bisexual, and transgender issues at the UN's most important human rights forum. The voices and visions of campaigners for sexual autonomy gained unprecedented attention. And many governments had to take unprecedented heed of people whose inherent dignity they steadily attack while, ironically, denying their very existence. These committed, courageous activists sent a message to those who wield power: sexual rights matter.

These projects have set a demanding precedent for this program's future work. We will continue with detailed reporting about human rights violations based on sexual orientation and gender identity. We will show their seriousness; the conditions that allow them to occur; and the changes needed to end them. Most importantly, though: we want to support activists like yourself wherever possible, in your vital situations and struggles. We look forward to learning from you, and strategising with you in responding to discrimination and abuse. We hope to help build bridges between movements working in different situations, yet facing similar obstacles. We hope as well to help bridge the gap between activists doing essential work at the grassroots level, and the organizations and international institutions that have too often neglected lesbian, gay, bisexual, and transgender people's concerns.

This new program builds on the substantial work Human Rights Watch has already undertaken in defending lesbian, gay, bisexual, and transgender people's rights. In past years, we have shown the brutal impact of Romania's criminalisation of homosexual conduct, and helped mobilize Europe for the repeal of sodomy laws continent-wide. We have revealed the extent of violence against LGBT youth in U.S. schools, and shown how school officials' toleration of such "bullying" violates international human rights standards. We are the only "mainstream" international human rights organization to have taken a stand supporting equality in civil marriage. Together with IGLHRC, we have documented the effects of state-sponsored homophobic rhetoric on people's lives in southern Africa. In the coming months Human Rights Watch will release reports on widespread discrimination and abuse targeting LGBT people in Turkey, and on appalling homophobic violence in Jamaica. (For more information on all this, visit our webpage at www.hrw.org/lgbt.)

You, as activists, make all these efforts possible. The constituencies you support and the information you gather are the backbone, and inspiration, behind our own work in support of lesbian, gay, bisexual, and transgender people's rights. We want to work closely with you in the coming years. We encourage you to contact us at any time - with questions, suggestions, or concerns. We especially encourage you to tell us about cases of abuse or discrimination as they occur. We want to cooperate with you in confronting such cases—and in ending their underlying causes.

I have been a human rights activist for almost a decade and a half. For much of that time I worked, like many of you, at the grassroots level. In launching this program at Human Rights Watch, I commit us to continue to think locally as well as globally. Yet I also hope the credibility this organization has amassed over a quarter-century of advocacy can be used to advance a simple principle: that lesbian, gay, bisexual, and transgender people's rights are not "special" or trivial, but basic to universal rights protections.

Sexual rights are not a privilege, nor the property of a minority. They are everyone's birthright and everyone's concern. The man who faces arrest and torture in Egypt because he fell in love with a man; the lesbian in South Africa whose family believes that rape will "cure" her; the transgender woman in the United States harassed and brutalized on the street—these people share, despite their differences of geography and detail, a common cause with the woman confronting a sentence of death for adultery in Nigeria; with the mother ostracized and shunned by her village community in Jamaica because she contracted HIV/AIDS from a sexual partner; and with the woman in Pakistan whose parents can take her life with impunity, because her behaviour supposedly strikes at the family's "honour" - and her safety is unprotected by the state. All these people endure abuse, and are denied their basic rights, because they have claimed their sexual and physical autonomy in ways the state condemns and society fears. We must stand together in asserting that our bodies are our own, that our pleasures like our pains are part of us, that our privacy and integrity and dignity cannot be bargained away.

At Human Rights Watch, we look forward to serving you, and standing with you, in the years to come.
In solidarity,
Scott Long

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Crossing sexual boundaries in Nepal

By Charles Haviland
BBC News

"When I was about 13, it came from my heart and soul, the feeling that I was different from others," says Manisha, who has the body of a man but wants to be a woman - and likes to be described as a woman.

Manisha, now 24, is what is known in Kathmandu as a "meti" or a transgender person.

"Up to the age of 18 I thought I was the only person like that in the world. I was very depressed."

That changed when Manisha began meeting similar people in the parks of the Nepalese capital.

It changed even more in 2001 with the founding of the Blue Diamond Society(BDS), Nepal's only organisation for sexual minorities.

The BDS has just launched a weekly newspaper, with editions in English and Nepali.

The Blue Diamond Weekly will give a platform to many marginalised groups in Nepal, but seems likely to be dominated by issues affecting gay and bisexual Nepalese and the significant number who call themselves "meti" and dress up in women's clothes.

An autobiographical article by Manisha filled page three of the first edition.

Manisha now works full-time for BDS, which among other things promotes AIDS awareness and condom usage among vulnerable groups.

BDS's founder and director, 32-year-old Sunil Pant, explored his own sexuality while studying in Belarus.

Complex attitudes

Returning from overseas, he wanted to discover more about Nepal's gay culture.

I feel that inside me is the soul of a girl, I never felt I was a boy
Manisha, Blue Diamond Society worker

In Kathmandu he was surprised at the number of "MSMs" - men who have sex with men. Some identified as homosexual but many others did not, for instance those choosing metis as partners.

"The scary thing was the lack of knowledge on HIV-Aids, the low level of condom usage," he says.

Rectifying this was his main motivation for starting the Blue Diamond Society - blue being a "gay colour" in Belarus, the diamond symbolising compassion in Buddhism, one of Nepal's two main religions.

Nepalese attitudes to sexual diversity are complex.

Sunil says most Nepalese - especially Buddhists - are tolerant in this regard. The Gurung people of western Nepal have a tradition of men called maarunis, who dance in female clothes.

The tradition, he says, is also popular in the Royal Nepalese Army. "Maarunis are recruited to perform dances to entertain within the barracks," he says, adding that they have traditionally had a role in the royal palaces too.

"Whenever a general or minister or high-ranking officer has to go out, there will be two maarunis with a jug of water, flowers, and a maaruni standing at the gate for their good luck."

But Sunil says there is hostility, for instance from those he describes as fundamentalist Hindus.

And when metis try to claim equal rights, acceptance wanes and may give way to violence. Some have been subjected to attempted murder; others, he says, to rape and arbitrary arrest.

Still taboo

More encouragingly, after a 2003 meeting between metis, gay men and police authorities, the Inspector-General of Police issued a letter to all police stations indicating concern at the level of police violence.

Sunil Pant admits that BDS tends to be seen as a meti organisation. He believes Nepalese men identifying themselves as gay are less disadvantaged, tending to have a better education and a secure job.

But others point out that they still face considerable problems.

"Though homosexuality definitely exists in Nepalese society, it is still not accepted," says renowned film director Tulsi Ghimire, writing in the new weekly.

While neighbouring India is opening up on the subject, in Nepal it is still taboo.

He dare not touch it on screen.

Prakash, a bisexual who works with BDS, agrees that attitudes to homosexuality are "not encouraging".

He was happy to have an arranged marriage last year but regrets he cannot tell his wife all about his sexuality.

With marriage a social obligation, many metis and homosexuals do wed, but others - with great difficulty - tell their families they cannot.

Manisha, who lives with her parents, says she is preparing to do this, as she does not want to "spoil anyone's life" by marrying.

The Blue Diamond Society has unquestionably raised the profile of these minorities in Kathmandu. Its three-storey office is well-known in the neighbourhood and the Society stages parades during religious festivals.

And when Manisha and a friend pose for the BBC in female clothes on the building's rooftop, builders next door scarcely bat an eyelid.

Online at: http://news.bbc.co.uk/go/pr/fr/-/2/hi/south_asia/4202893.stm, 26 January 2005

Workshop conducted by members of Blue Diamond Society

Blue Diamond Society in Court

A case was filed in the Nepal Supreme Court by a lawyer, claiming that homosexuality was against Nepali Culture, and that Nepali Laws also prohibit it. It asked for a direction on the Nepali Government to close down Blue Diamond Society, which is a community-based organisation and NFI partner agency that provides HIV/AIDS prevention, care and support for males who have sex with males in Nepal.

The Government of Nepal had already filed its response to the petition saying that Nepali Laws Does not sanction against homosexuality and that the work of Blue Diamond is not illegal and is under the policy of the Kingdom of Nepal on HIV prevention.

The case came up for hearing on the 18th of March 2005, But could not be heard. It has now been adjourned for hearing after 2 months. In the meantime under a joint brief from Naz Foundation International

continued on next page, col. 1

My Brother Nikhil

I was greatly moved when I watched *My Brother Nikhil*, the latest Hindi film from Mumbai on HIV/AIDS, stigma and discrimination for general release.

Following on from the first commercial film made by Bollywood dealing with HIV/AIDS, stigma and discrimination, *Phir Milenge*, *My Brother Nikhil* (made in Hindi) is a great effort by Onir addressing sensitive issues of sexuality, desire, and the virus, which are often very hard to talk about.

The film is set up in the 1980's when it was taboo to even talk about HIV/AIDS and where there were a lot of myths around how the virus is contracted.

The film beautifully deals with the issue of positive living with the virus without dwelling on how Nikhil got the virus. The myths are dealt with in a very sensitive way without making it too heavy.

The film revolves around Nikhil who is played excellently by Sanjay Suri. The film shows Nikhil's experience living with the virus and how he comes to terms with his own sexuality. The pain of living with the virus, the fear and the trauma, is well acted. In one scene he says, " You are all free to move but I'm not".

The story deals with the issue of male to male relationships in a very subtle and mature way. Nigel – Nikhil's lover - is played by Purab Kohli who is quite comfortable with his own sexuality and is often disturbed by non-acceptance of the fact by Nikhil. It is a sweet love story of how Nigel is important in Nikhil's life and how he takes care of Nikhil in his last days against all the odds. People once wrote "Faggot" on his wall but he doesn't gives up to all these pressures. After the death of Nikhil, Nigel takes up the job of helping other positive people. It shows the love Nigel had for Nikhil. At one place Nigel says, " But I can't leave you". In another scene, when Nikhil tells him that his mother has not asked him to come home, Nigel responds, "So you can stay with me".

Left Nigel -Purab Kohli in check payjamas; right Nikhil - Sanjay Suri in torn jeans

Juhi Chawla played the role of Anupama – the understanding sister of Nikhil. She tells Nigel, "I know about you and I love you." While narrating Nikhil's story she says, "There was something which was only between them where I was also not involved and sometimes I got jealous." Anupama is an understanding sister who is at the side of his brother in all his ups and downs. Gautam Kapoor plays the role of Sam, Anupama's fiancee and understanding lover.

Victor Bannerji and Lillette Dubey play the role of Nikhil's parents who love their son but react adversely under social pressure. But in the end they accept their son and bring him back home.

Sweta Kwatra plays the role of Anjali – the lawyer who fights for Nikhil and the right to live like any other normal person.

While film demonstrates the acting skills of the three main characters, showing a realistic situation that deals with gay sexuality, becoming HIV positive, living with the virus, and dealing with relatives, friends and social condemnation, it also demonstrates the courage of director in addressing such sensitive issues for his first film. All hats of to him.

A must see film for all those involved in the fight against HIV/AIDS, as well as for a general audience in dealing with stigma and discrimination under adverse circumstances.

Arif Jafar, 28/3/05

BDS in court

continued from previous page, col. 2

and Blue Diamond Society, Mr Aditya Bondyopadhyay, NFI's legal advisor, has drafted a tentative reply to the petition incorporating therein all the provisions of international law on the matter. This tentative reply is now being vetted and adjusted with the inclusion of the Nepali Constitutional and domestic laws by the Nepali Human Rights lawyer Ms Swapna Mallah, who along with her legal team are the local lawyers assisting Blue Diamond Society in the Supreme Court.

Naz Foundation International is committed to supporting its partner agencies in South Asia with legal and technical skills that aid their advocacy efforts to create a conducive atmosphere where HIV intervention can take place without and fear or hindrance, where social justice is actualised, and where the communities that NFI works with, are empowered with enough rights and dignity so that they can not only take control of their own destinies, vis-a-vis protecting themselves against HIV but also to improve their quality of life and their life situations by reducing poverty, and becoming better and equal citizens. NFI's support to BDS with their case is in consonance with this policy and this commitment of NFI.

Almost 63 percent of Indian injections unsafe

A study commissioned by the All India Institute of Medical Sciences - the country's most prestigious state-run hospital - found that nearly 63 percent of injections administered annually in India are unsafe. "Approximately 3 billion to 6 billion injections are administered in the country every year, of which 1.9 billion to 3.8 billion are unsafe," said researcher N.K. Arora.

Indians on average receive 2.9-5.8 injections per year, said Arora, adding that 48.1 percent of all prescriptions recommend taking an injection. Almost 33 percent of unsafe injections were associated with syringe reuse, putting patients at risk for blood-borne diseases like HIV/AIDS and hepatitis, Arora said. "The rest of the injections were rendered unsafe due to wrong practices including faulty administration techniques," he said, and around 74 percent of injections provided under immunization campaigns were unsafe.

Last month, Indian Health Minister Anbumani Ramadoss - himself a physician - told the Indian Parliament that most of the injections administered in the country were not safe. Ramadoss noted that 69 percent of injections given at government-run hospitals were unsafe. "In order to reduce unsafe injections, the government has taken a decision to introduce auto-disable syringes in all the immunization clinics and central government hospitals from 2005," he told Parliament.

Agence France Presse (01.24.05)

Good advice from the UK

sexual health for young people

Local service needs to provide confidentiality, support, time, and information

The UK Department of Health has recently updated guidance that clarifies the duty of confidentiality, care, and good practice in providing advice to young people under the age of 16.[1] What are the implications of the new guidance for your sexually active 15 year old daughter or son and for your local general practice, contraceptive service, or sexual health service?

According to the new guidance, if your daughter or son is sexually active he or she can be reassured that any healthcare professional seen for sexual health advice or treatment will maintain confidentiality. They should be aware of this through prominent advertising of confidentiality policies in clinics. All staff at the clinic will receive training regarding confidentiality, and action will be taken regarding any breaches.

If a doctor or service is not prepared to offer services to people who are younger than 16 this will be prominently advertised in the clinic, with information outlining where and how advice on contraceptives and sexual health can be obtained locally. Each of these components of the guidance aims to encourage your sexually active son or daughter to seek advice and treatment.

What kind of service will they receive? According to the new guidance, when they attend a service they should be given the support and time they need to make an informed choice. The emotional and physical implications of sexual activity will be discussed, covering the risk of pregnancy and sexually transmitted infections. The healthcare professional will check that the relationship is mutually agreed and there is no coercion or abuse. The doctor or nurse will talk with your son or daughter about the benefits of letting you, the parent, and their general practitioner know. They will also discuss any other counselling or support needs. None of the above will diminish the importance of parents talking with their children about sex and sexual health.[2]

For your local surgery or contraceptive or sexual health clinic the clarification of the duty of confidentiality in the guidance is unlikely to result in a change in clinical practice. Young people are concerned about the confidentiality of services, especially those provided by general practitioners.[3] Yet cross sectional research shows that by far most general practices are already willing to provide confidential contraceptive services to young people aged under 16.[4] Your local service may already meet guidance regarding the development of confidentiality policies, staff training, and the provision of information, and if not, could draw on the experience of others in addressing these factors.[5 6]

Meeting the guidance regarding good practice in providing advice may be more challenging. Young people can feel judged. Good communication, a good relationship with a doctor or nurse, and non judgmental attitudes in all staff can help encourage young people to use services.[7] Some healthcare professionals will feel confident in providing advice to under 16s, whereas others may feel uncomfortable dealing with issues of sexuality in young people and may wish to have further training. Time can be a further constraint. Teenagers have reported feeling rushed and not having the time to ask questions.[8]

Even when the healthcare professional can provide a supportive environment and time there remains a lot to discuss and relevant information to convey. Qualitative studies show that young people feel that healthcare professionals generally assume too much existing knowledge and underestimate the desire for more information.[9] They would welcome information on more general sexual health matters and value information materials specifically designed for them.[9] Young people report wanting oral information supplemented by written information materials. Only a small amount of new information given at any one time is likely to be retained, and some young people report being overwhelmed by too much information. Others have wanted more technical information with statistics.[9] Young people's information needs vary. Pitching information at the appropriate level and quantity is challenging. Healthcare professionals should make sure that young people have understood the information provided and ask about wishes regarding further information.

Randomised controlled trials of consultation based sexual health interventions in primary care have been successful in increasing knowledge about contraceptives and the distribution of condoms but have not been specifically directed to adolescents or shown an impact on behaviour.[10 11] More intensive service based interventions directed at adolescents have increased self reported use of condoms.[12]

To maximise the impact of services in promoting sexual health in adolescents, more innovative means of offering advice and promoting sexual health will be needed. Services need to offer advice and interventions that deal with the needs of young men, improve compliance with the use of oral contraceptive pills, inform young people about long acting contraceptives, and promote dual use of contraceptives and condoms. Interventions addressing these factors should be developed and robustly evaluated. The potential of new technologies in promoting sexual health, such as DVDs or CD Roms, which are popular with young people, should be explored. More than a quarter of young people are sexually active before they are 16.[2] Hopefully all of the above will help these young people enjoy caring and safe relationships.

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Editors Note: what about the sexual health needs of adolescent MSM?

AmfAR issue brief analyses effectiveness of male, female condoms in preventing HIV transmission

The foundation's January issue brief analyzes the effectiveness of male and female condoms in preventing the transmission and HIV and finds that when used consistently and correctly, male condoms are 80% to 95% effective in reducing the risk of infection, while female condoms are 94% to 97% effective in reducing risk. The brief concludes that the "scientific evidence does not support" recent governmental policy changes that "stres[s]" a lack of condom efficacy in preventing HIV transmission, as both male and female condoms are "highly effective" - especially when used in a comprehensive prevention program - in preventing infection (*amfAR Issue Brief, January 2005*).
Kaisernetwork.org, 26/1/05

Nearly half of African Americans believe HIV is manmade; beliefs hurt prevention efforts, study says

A "significant proportion" of surveyed African Americans believe that U.S. government scientists created HIV to eradicate or "control" African-American communities, according to a study released Tuesday and published in the Feb. 1 issue of the *Journal of Acquired Immune Deficiency Syndromes*, the *Washington Post* reports (Fears, *Washington Post*, 1/25). RAND Corporation an Oregon State University researchers surveyed by telephone 500 African Americans ages 15 to 44, asking their opinion on a series of questions about HIV/AIDS "myths," according to a RAND release (RAND release, 1/25). Nearly half of respondents said they believe that HIV is manmade, with approximately 12% of respondents saying they believe HIV was created and spread by the CIA, according to the study (*Washington Post*, 1/25). Nearly 27% of respondents agreed that "AIDS was produced in a government laboratory." In addition, about 16% of survey respondents agreed that the government created HIV/AIDS to "control" the black population, and about 15% agreed with a statement saying that AIDS is a form of "genocide" against African Americans. The study - which was supported by the National Institute of Child Health and Human Development - found that men were more likely than women to believe HIV/AIDS-related "conspiracy theories" and that African-American men who have such beliefs are less likely to use condoms to protect against HIV transmission, according to the release. However, African-American women who have similar beliefs were not less likely to report condom use, according to the release.

Other Findings

The survey also found that:

- 59% of respondents agreed with the statement that "a lot of information about AIDS is being held back from the public";
- 53% agreed that "there is a cure for AIDS, but it is being withheld from the poor" (RAND release, 1/25);
- 44% agreed that people who take new antiretroviral drugs are "government guinea pigs," according to the *Post*; and
- About 75% of respondents said they believe medical and public health agencies are working to combat the spread of HIV/AIDS in black communities (*Washington Post*, 1/25).

Recommendations

Laura Bogart, a RAND behavioural scientist and co-author of the study, called the findings "striking and a wake-up call to the prevention community" (*Washington Post*, 1/25). "This is one of the first studies to show that these beliefs about HIV/AIDS may be affecting behaviour," Sheryl Thorburn, an associate professor of public health at OSU and co-author of the study, said, adding, "Our results suggest that these beliefs may have a negative impact on preventive practices. We need more open discussion about these beliefs." Bogart said, "Our findings show that it's necessary to tailor a public health message to a community," adding, "Public health practitioners need to openly address these conspiracy beliefs and create culturally appropriate messages for African Americans" (RAND release, 1/25).

Reaction

Na'im Akbar, a professor of psychology at Florida State University who specializes in African-American behaviour, said he was not surprised at the study findings. "This is not a bunch of crazy people running around saying they're out to get us," Akbar said, adding that the beliefs come from "the reality of 300 years of slavery and 100 years of post-slavery exploitation" (*Washington Post*, 1/25). There have been several "well-documented cases of racial discrimination that led to substandard health care for African Americans during much of American history," including the "infamous" Tuskegee syphilis study - in which African-American men in Alabama were denied treatment for syphilis while being told they were being treated for "bad blood," according to the release (RAND release, 1/25). However, Phill Wilson, executive director of the Black AIDS Institute in Los Angeles, said that past discrimination against African Americans is not an excuse for allowing HIV/AIDS-related myths to continue. "It's a huge barrier to HIV prevention in black communities," Wilson said, adding, "There's an issue around conspiracy theory and urban myths. Thus we have an epidemic raging out of control, and African Americans are being disproportionately impacted in every single sense." Although African Americans make up only 13% of the U.S. population, they account for half of all new HIV infections in the country, according to CDC (*Washington Post*, 1/25).
Kaisernetwork.org, 25/1/05

Boys keep swinging

Richard Hermes

At the Classic Boys Club on Bangkok's Soi Surawong, young men had their hands out, clamouring for condoms. "Kaw sii daeng na krap," ("May I have a red one, please?") said one young man in tight shiny white shorts. Members of Swing, a new non-profit group, were dancing and strutting and handing out red ones, pink ones and blue ones, and they were dressed to party, just as provocatively as any of the young men working on Surawong: bare chests under brightly-coloured tuxedo-style jackets and cowboy hats with fluorescent feathers.

"Have sex, have fun, but use a condom," shouted Tee, one Swing staffer, into a megaphone. There are hundreds of NGOs in Thailand and many of them work in the field of HIV/Aids, but Swing is the first to focus its efforts specifically on helping male sex workers, says director Surang Janyam. Surang is a 17-year veteran, having previously worked for a local organisation called Empower that deals primarily with the welfare of Thailand's female sex workers. Surang had spent her entire professional career there, until last September when she founded Swing together with her eight staffers. While at Empower, Surang found that male sex workers faced different problems, and they required a different approach. When Tee, a colleague at Empower and a sex worker himself, told Surang of his idea to set up a support organisation for male sex workers, they set to work.

Family Health International provides the bulk of Swing's funding. At the Swing office on the top floor of a building in the heart of Bangkok's infamous Patpong district, they offer English classes, Internet access and a place to nap, to shower, and soon, exercise equipment and medical assistance. With comfortable couches in the corner and flower-patterned fabric draped overhead, the Swing office feels more like a home than a classroom or a clinic. If you look closely you'll see that the picture on the wall is actually a condom quilt, with various brands collected from all over the world, and the small colourful clay sculptures look suspiciously like parts of a gentleman's anatomy. It's all in the interest of broaching a serious subject with a light-hearted touch.

Thai kathoey

Surang takes a pragmatic approach to problems and her schedule requires exceptional drive: It's not unusual for her to work a 14-hour day. With her small frame and curly hair she looks cherubic, but she is as tough as nails. Still, the college drama major can charm a roomful of strangers when she needs to. This comes in handy when Swing makes its regular "mobile classroom" visits to the places where sex is bought and sold: Patpong, Surawong, Nana Entertainment Plaza, Sanam Luang. Although Swing focuses on the male sex-worker community, it is by no means exclusive. Inside one bar on Patpong Two, Surang, together with her staff, got the girls' attention. A remarkable number didn't know how HIV is spread, or how exactly condoms should be used. At the end of the session, one Swing staffer straddled another on-stage between a pair of poles, demonstrating the safest way to have sex. They may have been in class, but these women were definitely not bored.

For Swing, functioning effectively in this environment requires a delicate balancing act. While striving to support sex workers, they also need the cooperation of their employers. Often bar owners don't want to let Surang and her crew conduct workshops in their establishments and Surang has to employ her own "technique" _ a mixture of persistence, politeness, and practicality. Educating employees is simply good business, she tells bar owners. Healthier, smarter girls mean more profits.

It may sound crass to an outsider, but it makes sense to proprietors, and it works. Thailand has come a long way in how it thinks about its community of female sex workers. These days, Surang said, Thais are more likely to understand the reasons why women seek such work. In many ways they are more tolerant.

Indeed, many of the stories sound similar. The pressures of poverty and filial responsibility force a young woman to move to Bangkok, get a job in a bar, and send the much-needed money _ more than she could make any other way _ home. "Women are viewed as being forced into it [the sex trade], with less power to negotiate", said Wilasinee Phiphitkul, assistant professor at Chulalongkorn University. "[People perceive that] men, okay, they choose it for themselves. They even do it for fun."

While Wilasinee thinks that this perception of sexual empowerment may make it easier for male sex workers, Surang believes that society is less accepting of them. Most Thais think that men are supposed to be leaders and work in big companies, Surang said. They are supposed to be strong. "People look down on them because they think they are lazy, that they are terrible people," she added. When men feel this same stigma in a doctor's office, the results can be deadly. Men who need tests or treatment for sexually transmitted diseases will avoid going to a clinic if they know the doctor or nurse will make them feel uncomfortable. Such situations are not uncommon, many male sex workers say.

"The way the nurses and doctors speak to us and look at us are very insulting," Tee said. Tee tells of loud, disapproving questions in front of other visitors in the waiting room. 'What's wrong with you?', they would ask. 'Why do you need to check your bottom? What did you do?' When we see doctors, we deserve some respect, some confidentiality."

Doctors who specialise in treating female sex workers might be more likely to respect male sex workers' basic dignity, but they are swamped. At the moment, Surang said, many men "do not know where can they go, what they can do." In response, Swing has begun to establish relationships with doctors so that they can make appropriate referrals. This year, they also hope to have their own, in-house doctor who will see patients at the centre at least once a week.

Natee Teerarojjanapongs, director of the Thai Gay Political Group and an openly gay man who plans to run for senator in 2006, said that while Aids education is still very necessary, many gay bar owners actually do a good job on their own. "I know some bar owners who set up banking accounts for boys and every time the boys go out he saves a little money for them, puts it into the account," he said.

Bangkok needs an organisation that talks not just about sex, but other lifestyle issues as well: drinking, drugs, saving money for the future. Surang demonstrated with Empower that she was able to listen and adapt to the daily concerns of the female sex worker community,

Natee said, and he thinks she'll have success at Swing. Official statistics, thought to be on the conservative side, put the number of sex workers in Thailand at 100,000, including 4,000 male sex workers. By all accounts, the numbers are rising.

For those who want to help there are no clear answers. Should the government legalise the trade, making safety nets such as health insurance available? Not if it means they'll have to pay taxes, some sex workers say. And not if to be eligible for benefits requires them to submit their names to a public register. The vast majority of men and women who sell sex don't want to be "rescued". Some efforts aim to decrease the demand for sex services, but sex workers point out that that's the worst thing that could happen to them, and not just financially _ less demand for their services means they are less valuable and more vulnerable, and therefore more easily exploited or abused. It's a tangled web of cause and effect.

Before becoming a sex worker Tee spent seven years in a clothing factory. As a sex worker, if anyone asks about his occupation, he tells them. He told his parents and their only concern was his safety. Now that he has a full-time job at Swing, Tee doesn't work at the bar any more, though he still works freelance at a disco when he feels like it. He worked every night one week recently, but he's choosy, and he might only average five customers a month. If he's very attracted to a customer, he won't charge at all.

Some of his former friends from the factory call him "whore" and won't let him hold their children. Others called him "helpless and desperate. I wanted to slap their faces," he said. And yet, if he could do it all over again, Tee said he wouldn't waste so much time in the garment factory. He'd jump straight into the sex industry. "I never regret, even once, pursuing this work," he said.

And he's "proud" of his work with Swing. Outside TeamBoy, he put down the megaphone. It was getting late. Tee had lost his voice and they had distributed nearly 4,000 condoms. For Surang's part, she remains principled but realistic. Eventually, she hopes to build a network of sex workers who can help themselves. In an ideal world, would she want to see a society where no one has to enter the sex trade? "I think that's impossible. Even the government cannot do it. People need food, a job, money. And then, if you tell them to leave a job, what kind of job can you provide for them? For my dream, I want to see that they have the space ... to stand in society."

She wants to see rights to health care, insurance, and education. "And I want society to look at them as human."

Bangkok Post (Outlook), 4/1/05. Posted by Jan Wijingaarden

Animal sexualities

"The phenomena of nonreproductive and alternate heterosexualities (among animal societies) have broad implications for how we look at animal behaviour and sexuality in general. Animal social organisation and biology do not revolve exclusively around reproduction and, in many cases, appear to be designed specifically to *prevent* reproduction. Although heterosexual mating can (and frequently does) lead to reproduction, this is often an incidental consequence rather than an overriding "goal" (or ultimate "purpose"). Sexuality between males and females assumes a wide variety of forms, many of which necessitates recognising sexual pleasure as a motivating force. Homosexuality is, therefore, not unique in the animal kingdom by virtue of its "failure" to lead to procreation. It is simply one of many animal behaviours that lack the supposed "purpose" of contributing directly to the perpetuation of the species."

Biological Exhuberance, Bruce Bagemihl, 1999, p211

HIV therapy has saved more than 2 million years of life in US

By Deborah Mitchell

Antiretroviral therapy and opportunistic infection prophylaxis has saved at least 2 million years of life in the US, according to the results of a study that quantified the total impact of HIV treatment in the US for the first time. The researchers also found that the survival benefits of HIV treatment surpass those obtained with some other commonly used interventions for cancer and coronary artery disease.

"More than anything else, our results speak to the clinical and public health imperative to promote and finance routine, voluntary HIV screening for all adults in the United States," lead author Dr. Rochelle Walensky told participants of the 12th Annual Retrovirus Conference on Friday afternoon.

Dr. Walensky, of Harvard Medical School in Boston, and colleagues estimated the cumulative survival benefits of highly active antiretroviral therapy (HAART) and opportunistic infection prophylaxis in the US from 1989 to 2003. They used published estimates of the number of adults with AIDS who received the recommended standard of care in the year of diagnosis.

"What we found is that 2 million years of life have been saved as a direct and attributable result of progress in HIV care," she said. "Whenever possible, we sought to underestimate the effects of care. Thus we understated the number of eligible patients, we understated the efficacy of treatment, and we understated the rate of linkage to care. Still, we got 2 million."

Her group also found that "most of the survival gain is attributable to antiretroviral therapy." They estimated that HAART "can lengthen the lifespan of persons with AIDS by nearly 15 years."

"This kind of survival benefit," she pointed out, "far exceeds that which can currently be achieved for patients with other chronic diseases, including chemotherapy for breast cancer, bypass surgery for coronary artery disease and marrow bone transplantation for non-Hodgkin's lymphoma."

They also found that zidovudine treatment averted about 2860 new cases of HIV infection in infants, which resulted in another 186,790 years of life gained. The survival benefit would have increased to 277,150 years had all pregnant HIV-infected women received zidovudine.

However, the benefits of treatment can only be achieved if those who need therapy receive it, Dr. Walensky added.

"There are 900,000 persons infected with HIV in this country; of these, as many as 280,000 don't know it," Dr. Walensky said. "These are the life years we have failed to save. Instead of 2 million years of life, we could have saved over 4 million years had we identified and linked these people to care."

Posted by JVNet, 5/3/05

Missing knowledge

It is [the] lack of the relational character of sexual activity, the inattention to sexual meanings and their creation, an ignorance of the social constituents and contexts of sexual activity, which deprives much research of the answers so urgently required.

...There is a need, therefore, for better science, for research that can take developments in social theory about sexuality and pursue empirically its investigation without falling into the traps os positivism approaches to science or retreating into a phenomenological languor.

Practising Desire, Gary Dowsett, 1996, p 35.

Transvestite trial the talk of Nigeria

By Amina Waziri
BBC correspondent in Kano

The issue of sexual orientation is a controversial one in Africa and the existence of transvestites usually gets little attention.

But 19-year-old Abubakar Hamza has become famous with posters of him dressed in women's clothes selling well among male admirers.

He is charged with living and dressing as a woman in the first case of its kind in this conservative city.

But what is shocking for many Nigerians is that he lived as a young woman in the heart of a family for seven years, without his secret being suspected.

Betrayal

The Adamu family, who have now themselves become celebrities in Kano, were shocked when they discovered Hamza was a transvestite.

Until his arrest they fondly called him Kawajo which in the Fulani language means friend.

The mother, Hajiya, says she treated him like her own teenage daughters.

"In fact whenever they quarrelled I always took his side because I never liked seeing him upset. I was so fond of him he was just like a daughter," she says.

During his stay with the family, Hamza spent a lot of time with her teenage daughters but they did not suspect he was not a girl, despite the fact that he always dressed and undressed in the bathroom.

"He never allowed people to touch him in a playful manner," says teenager Umma.

Alhaji Adamu, whom I met sitting in front of his house, told me that even though Hamza had not engaged in any indecent behaviour he still deserved to be punished "because he had broken Islamic laws".

Abubakar Hamza is currently in Kano Central Prison awaiting trial where he will answer charges under Section 9 of the Prostitution and Immoral Acts Law.

If he is found guilty he will get either one year in prison or be asked to pay a fine equivalent to $80.

Many in Kano are talking about this story and are eagerly awaiting for the trial due on 16 September - if only to get a glimpse of the famous young transvestite.

Story from BBC NEWS:
http://news.bbc.co.uk/go/pr/fr/-/1/hi/world/africa/3615082.stm
Published: 01/09/2004

Nigeria transvestite handed fine

A Nigerian Islamic court has sentenced a man to six months in prison and fined him $38 for living as a woman for seven years in the northern city of Kano.

The judge told 19-year-old Abubakar Hamza, who used his female identity to sell aphrodisiacs, to desist from "immoral behaviour".

Mr Hamza, who appeared in court dressed in a pink kaftan and matching cap, said he was now "a reformed man".

Since his arrest, he has become a celebrity in the strict Muslim city.

Posters of him dressed in women's clothing have been selling well.

Free man

Leading a double life, Mr Hamza had a wife in his village, but in town lived as a woman in quarters reserved for married Muslim women.

He used his female identity, Fatima Kawaji, to sell herbal aphrodisiacs to women.

God makes people differently. This is how my voice is
Abubakar Hamza

Until his arrest, Mr Hamza lived with the Adamu family, who fondly called him Kawajo which in the Fulani language means friend.

The family's teenage daughters did not suspect he was not a girl, despite the fact that he always dressed and undressed in the bathroom.

"It is hoped that you have learnt some lessons during your trial and I hope you will be of good character and desist from this immoral behaviour of posing as a woman," Judge Lawal Isa Rabo said.

A Kano resident present in the court paid the fine on Mr Hamza's behalf and having already spent nine months in jail, he left the Sharia court a free man.

"I am grateful to them for paying the fine," Mr Hamza told the BBC's Hausa service.

Livelihood

But he called on the Kano state government to help him find a job.

"I used my previous identity [as a woman] to earn my livelihood, now that I have stopped that, I need a job."

When questioned about his high pitched voice, he said: "God makes people differently."

"This is how my voice is... and you know when you live with women and you are close to them, you take up their ways."

He was charged under the Prostitution and Immoral Acts law of the Sharia penal code, which was reintroduced in Kano in 2000.

Story from BBC NEWS:
http://news.bbc.co.uk/go/pr/fr/-/1/hi/world/africa/4266773.stm
Published: 15/02/2005

Sex education steers India's truckers away from AIDS highway

Trilok Singh, 24, says he treats sex workers with "love and affection" and uses a condom. If his fellow road warriors did the same, India could drastically cut the spread of AIDS.

Singh is one of thousands of truck drivers and their helpers who stop daily for food, alcohol, work and sex at so-called halt points like this eight-kilometer (five-mile) stretch of National Highway Seven north of Bangalore.

More than two-thirds of three million long-haul truckers on India's 8,000-kilometer highway network for months at a time have frequent unprotected sex, according to a study cited by international AIDS charity AVERT.

That makes them 10 times more likely to be infected with HIV, the virus that causes fatal AIDS, according to the TCI Foundation, an HIV prevention advocacy arm of one of the country's largest trucking companies, Transport Corp of India (TCI).

Only 11 percent of the truckers use condoms, the AVERT study found.

Low condom use is feeding the AIDS epidemic in India, home to one in every eight people infected with HIV worldwide, or five million people. Truckers account for as much as 12 percent of the infected adult population, TCI says.

Many truckers in India do not have repeated unprotected sex.

But there is still is an urgent need to educate them about condom use and test for open-sore sexually transmitted diseases that can increase the transmission of HIV by 100 times, says Biswajit Panda, regional coordinator for TCI in Bangalore.

"We don't want to stigmatize the truckers," Panda says. "They work hard and the road can be dangerous. Our aim is to give them the information to protect themselves."

At Nelamangala, TCI counselors gather truckers for a picture show of male and female genitalia infected by sexually transmitted diseases

continued on next page, col. 1

Taboo against MSM in Senegal threatening country's low HIV prevalence, experts say

A "deeply ingrained taboo" against men who have sex with men in Senegal is preventing many HIV-positive MSM from seeking treatment and putting the group at "high risk" of HIV infection, the AP/Advocate reports. MSM can be tried in Senegal for committing "an act against nature," which is punishable by up to two years in prison and "heavy" fines, according to the AP/Advocate. Although Senegal's HIV prevalence is low — less than 1% of the population is estimated to be HIV-positive — HIV/AIDS experts worry that the rate could be higher among Senegalese MSM, who they say are "driven so deeply into the closet" that they are being "overlooked" in HIV prevention efforts, according to the AP/Advocate. Many MSM are forced to live "secret lives" and marry women to hide their relationships with other men, which could put their female partners at risk of HIV infection, according to the AP/Advocate. "The majority of men having sex with men are married, they live their sexuality in a different sort of way," El Hadji Diouf of Family Health International said. MSM in the country also have no civic organizations and are subject to police harassment, and many physicians refuse to treat MSM for religious and legal reasons, the AP/Advocate reports. "It's violence, being afraid to go to the hospital because you know that if you go, the doctor will know that you are a homosexual, and he will reject you," Dr. Abdoulaye Wade of the AIDS division of Senegal's Ministry of Health said (Vinograd, AP/Advocate, 2/11).
Kaisernetwork.org, 15/2/05

Sex education for truckers

continued from previous page, col. 2
like syphilis and gonorrhea.

Some of the truckers joke when the pictures flip by, but many others pay attention and stay on for the condom-use demonstration.

A nearby clinic examines those truckers who may have seen something familiar in the pictures.

Panda says this program is repeated at high-risk halt points around the country with a simple message — if you don't want to look like this, use a condom.

Manjit Singh, 50, does not visit some of the 40-odd women sex workers or 30 eunuchs at Nelamangala, but understands why truckers need to know about condoms and sexually transmitted infections.

"It is being spread through the country and we need to stop it," says Singh, a burly Sikh from Punjab state.

TCI's Nelamangala project is funded by an eight-million-dollar grant from the Bill and Melinda Gates Foundation's AIDS initiative in India. It has recorded 500 cases of sexually transmitted infection in the past six months at Nelamangala, Panda says.

Truckers can also get screened for HIV on request.

To extend the reach of the program, 36 truckers and the brokers who give them work have been named "peer educators" to spread the message of condom use.

The program also provides antibiotics at cost to treat infections and provides local shops with condoms to sell, at two rupees (five cents) for a pack of four in basic latex or 16 rupees (37 cents) for the fancy ribbed variety.

"We don't want to give away condoms because truckers can afford them," Panda says.

At a hamam (bath house) run by eunuchs [*hijras*] at the edge of the halt point, a full hot water bath and massage costs visiting truckers 20 rupees (45 cents) - but condoms are free.

"We pass out the condoms to protect us," a eunuch [*hijra*] named Banu says. *Agence France-Presse, 6/2/05*

'Men, women have different connotations for sex'...and understanding these is critical to health care

Sex might be one of the strongest factor which binds them together, but men and women still carry different impressions of sexual subjects ranging from orgasm to rape, a new University of Florida study has found.

The study found that young men and women attach different connotations to sex terminologies in various dictionaries and understanding these connotations is critical to health care, law enforcement and other professionals being able to communicate effectively about health information and services.

"We found that young people's evaluation of sexual terms has changed with recent shifts in the cultural landscape. At the same time, inhibitions about sexual language may limit a person's ability to discuss sexual topics with a partner or potential partner, describe symptoms, provide a reliable medical history or offer accurate accounts of rape," Virginia Noland, a professor in Health Science Education who did the study, said.

Noland led a team of researchers that asked 567 male and female undergraduates aged between 16 to 45 years, to rate their impressions of 42 sexuality-related terms on a seven-point scale from extremely positive to extremely negative.

Men rated feminist, gay, heterosexual and asexual assault more positively than did women. Women, on the other hand, rated the terms breast enlargement, erection, gonorrhoea, Internet sex, oral sex, pornography, syphilis and transgender more positively than did men.

"We interpreted these differences to possibly mean that rape to a man is a crime he can be charged with, whereas date rape in his eyes may be something almost like an act of passion or something he doesn't see himself as having much control over," she said.

"For women, date rape may seem especially traumatic because the perpetrator is someone she knows and has gone out with, making it a violation of trust as well as a physical violation," she added.

The advent of the World Wide Web and the explosive popularity of cable television have exposed young people to many more sexually oriented programs, Noland said.

The researchers were surprised to learn that women were more likely than men to give a positive rating to term Internet sex as the anonymous environment of the Internet provides a safe venue for women, allowing them to be sex expressive with minimal risk to their self or self-esteem

Another potential cause for concern was that men rated the term HIV/AIDS only slightly on the negative side, a sign they may mistakenly believe the disease is primarily a problem for homosexuals or bisexuals, Noland said.
The Pioneer, Lucknow edition, 10/01/05

Counting acts

"...In much research, particularly in HIV/AIDS, a man's interest in sex with men (that is, *being* homosexual) seems to be seriously confused with the pleasurable experience of anal sex (namely, doing sodomy), which heterosexual sodomites, male and female, also enjoy.

"Recognition of the historical collapse of sodomy into homosexuality and the transformation of the sodomite into the homosexual are cornerstones of recent theoretical insights. Yet these insights have been ignored by HIV/AIDS researchers who instead collect huge data sets on sex practices with scant regard to sexual meanings or pleasure..." *Practicing Desire, Gary Dowsett, 1996, p 33*

UNESCO expands efforts to prevent HIV/AIDS among males having sex with males in Viet Nam, Cambodia and Thailand

The American Centres for Disease Control (CDC) have provided an additional grant to UNESCO to continue ongoing pilot interventions, research and coordination efforts to improve HIV prevention, care and support services for men having sex with men (MSM) in Thailand, Cambodia and Viet Nam. The new funds complement ongoing funding provided by CDC and UNAIDS. An expansion to Lao PDR and China is under consideration for 2005.

Men having sex with men are especially vulnerable to HIV, not only because their sexual behaviours can put them at increased risk for HIV, but also because prevailing stigma and discrimination against homosexuality in society often prevent MSM from seeking appropriate information, care and support related to HIV/AIDS. Recent studies have shown HIV/AIDS prevalence among MSM of more than 17% in Bangkok and nearly 15% in Phnom Penh (CDC 2004; FHI 2002). HIV vulnerability among MSM in Vietnam was found to be high in the UNESCO research in Haiphong as well as in other recent research (FHI 2004 – to be published, Colby 2003).

In Vietnam, UNESCO Hanoi and the Provincial Health Department of Haiphong Province have conducted baseline research, based on which a peer education project by and for local MSM is now implemented. UNESCO Hanoi and UNAIDS have also played a role in improving coordination and planning of HIV/AIDS interventions for this group by regularly bringing together a group of interested partner agencies, including FHI, POLICY, CDC, PSI, CARE and local NGOs. It is expected a national seminar advising the Government on what policies and strategies are needed to prevent HIV/AIDS, reduce stigma and discrimination and provide better health services to MSM in the country will be held in 2005, jointly supported by UNESCO, UNAIDS, POLICY project and partner agencies.

In Cambodia, UNESCO, in partnership with UNICEF, supports Inthanou, an existing hotline project. The aim here is not to establish a separate MSM project but to integrate issues relevant to MSM and to male sexual health into Inthanou's existing project operations. A website and IEC materials were also developed. Research on how to provide counselling to MSM, especially focusing on 'life options' related to societal pressure to get married and get children, is being analysed at the moment. Life histories from around 25 Cambodian MSM were conducted for this purpose by a Cambodian anthropologist.

In Thailand, UNESCO is supporting a small project to find effective methods for preventing HIV among MSM who use the internet to find sex partners. The project consists of a website (www.healthgay.com) and two project staff who maintain the website and provide on-line counselling. Referral to HIV testing and counselling services, advice on condom and lubricant use and clarification of misconceptions about HIV/AIDS and about homosexuality are part of the project activities. With the Ministry of Public Health, a National coordination and planning workshop was held in Bangkok in 2004, which will be followed up with regional coordination meetings in Chiang Mai and one other Thai city during 2005.

It is expected that with the newly received funds, UNESCO will expand MSM project activities to Lao PDR and possibly to China during 2005.

UNESCO is now working with USAID, FHI and CDC in preparing a regional workshop on MSM, to be held later in the year, aimed at defining a 'basic minimum package of interventions' needed for MSM. More information on this workshop will be available soon.

The ultimate aim of all the activities is to improve policies and strategies aimed at reducing HIV transmission among MSM in the participating countries, and make them more effective – in other words, to make sure the lessons learned from these pilot interventions, as well as from pilot project activities and research conducted by partner agencies, are translated into solid advise to policy makers.

Article written by Jan Wijngaarden for the UNESCO Bangkok Newsletter, 2nd issue, UNESCO Bangkok 17 January 2005.

Number of MSM who tested HIV+ at anonymous clinic doubles in 2004

Action for AIDS, Singapore

The number of MSM who tested positive for HIV doubled from 26 in 2003 to 54 in 2004, accounting for 3 out of 4 HIV-positive clients at the Anonymous HIV Testing Centre last year.

Analysis of 2004 data pertaining to MSM testing at the Action for AIDS Anonymous HIV Testing and Counselling Centre reveals the following trends:

- Almost 1 out of 20 MSM tested in 2004 were HIV positive. HIV prevalence among MSM clients went up from 3.5% in 2003 to 4.3% in 2004
- Out of all HIV-positive clients at the clinic, more than 3 out of 4 were MSM. 76.1% in 2004, compared to 68.4% in 2003
- Compared to 2003, the number of HIV-positive MSM more than doubled from 26 to 54, one new case for every week of 2004.
- 9 out of 10 MSM who tested positive had not thought they faced high-risk exposure.

The good news is the community's growing confidence in the centre as an effective and safe testing site. 2004 saw a 68% increase in the number of MSM coming forward for screening:

Jan-Dec 03

- No. of MSM Clients: 748
- % of MSM Clients out of All Clients: 28.0%

Jan-Dec 04

- No. of MSM Clients: 1,253
- % of MSM Clients out of All Clients: 31.7%

Word-of-mouth was the most common way in which MSM found out about the clinic - almost 1 in 2 MSM clients got to know about the testing centre through friends. Promotional/educational materials by AfA also seemed to have reached the community, as evidenced by 14% of MSM clients having become acquainted with the centre in this way.

Who tested positive in 2004?

Thirty-somethings were particularly hard hit, with 4 in 10 HIV-positive MSM falling into this age group. On the other hand, youth was certainly no defence against the virus - the youngest infected MSM was 18 years old.

No. of HIV+ MSM by age

- <21: 3
- 21-29: 21
- 30-39: 22
- 40-59: 8

Final Note

About three quarters of the MSM clients who tested in 2004 had undergone screening before, and it is hoped that 2005 will see more MSM clients with risk behaviour coming forward for testing, especially if they have not tested before. It is those who do not know that they are HIV-positive that are likely to spread HIV to others; those who know their status take precautions to avoid further transmission.

Forwarded by Frits van Griensven, 25/01/05

“Female-to-male infectivity of HIV-1 among circumcised and uncircumcised Kenyan men”

Journal of Infectious Diseases (02.15.05) Vol. 191; No. 4: P. 546-553::Jared M. Baeten; Barbara A. Richardson; Ludo Lavreys; Joel P. Rakwar; Kishorchandra Mandaliya; Job J. Bwayo; Joan K. Jreiss

The vast majority of new HIV infections are heterosexually transmitted, particularly in sub-Saharan Africa, where the pandemic has had the greatest impact. While many biological and behavioural factors likely contribute to country-by-country variation in HIV’s spread, ecological and large-survey studies suggest that one explanation may be differences in frequency of male circumcision. The lack of male circumcision has been associated with increased HIV acquisition risk in studies. The current study modelled the per-sex act probability of female-to-male HIV-1 transmission for circumcised and uncircumcised men, including for those with multiple partners.

During 1993-1997, researchers enrolled 992 HIV-negative employees of six trucking companies in Mombasa, Kenya. Demographic, employment, and sexual history were recorded and circumcision status was determined. Data on sexual behaviour during the previous three months with each of three partner types (wives, casual partners, prostitutes); number of sex acts in which condoms were used for each partner type; STDs (by physical exam) and HIV (by blood test) were collected in quarterly follow-up visits. Risk-reduction counselling and free condoms were also provided. Of participants, 76 percent returned for at least one visit and were similar to those lost to follow-up in terms of demographics, sexual and condom use history, and circumcision rates. The analysis was based on 745 men, of whom 95 (13 percent) were uncircumcised.

Circumcised men were more likely to be older; Muslim; married; report condom use; and to report extramarital sex. Sexual activity with a wife was reported by 573 men (77 percent); with a casual partner by 474 men (64 percent); and with a prostitute by 182 men (24 percent). The monthly median number of sex acts was 4, of which 3.8 were without condoms. Unprotected sex was common with wives (99 percent), casual partners (85 percent) and prostitutes (71 percent). The majority of sex acts (84 percent) were with wives, followed by casual partners (15 percent) and prostitutes (1.5 percent). Sexual behaviour did not significantly differ by circumcision status.

Among the 745 men included for analysis, the overall probability of HIV-1 infection per penile-vaginal sex act was 0.0063. Female-to-male infectivity was significantly higher for uncircumcised than for circumcised men (0.0128 vs. 0.0051). “The effect of circumcision was robust in subgroup analyses and across a wide range of HIV-1 prevalence estimates for sex partners,” with approximately a 2- to 3-fold greater infectivity for uncircumcised than for circumcised men across all prevalence estimates for sex partners.

“After accounting for sexual behaviour, we found that uncircumcised men were at a >2-fold increased risk of acquiring HIV-1 per sex act, compared with circumcised men,” the researchers concluded. “Moreover, female-to-male infectivity of HIV-1 in the context of multiple partnerships may be considerably higher than that estimated from studies of HIV-1-serodiscordant couples. These results may explain the rapid spread of the HIV-1 epidemic in settings, found throughout much of Africa, in which multiple partnerships and a lack of male circumcision are common.”

Predictors of unprotected anal intercourse among HIV-positive Latino gay and bisexual men

Paul J. Poppen, Carol A. Reisen, MarCecilia Zea, Fernanda T. Bianchi, & John J. Echeverry

Abstract

This study examined sexual behaviours in a sample of 155 HIV-positive Latino gay and bisexual men. Nearly half the sample had engaged in unprotected anal intercourse in the past 12 months; unprotected anal intercourse was more likely when the partner was also HIV-positive. Separate regression models predicted the number of receptive and insertive partners for unprotected anal intercourse. Participants reported both more unprotected insertive and receptive partners if they had sex under the influence of alcohol or drugs. Older participants and those with lower levels of Latino acculturation reported having more partners with whom they took the receptive role during unprotected anal intercourse, whereas those with higher levels of depression reported having more partners with whom they took the insertive role. Hierarchical set logistic regression revealed that the dyadic variable of seroconcordance added to the prediction of unprotected anal sex with the most recent male partner, beyond the individual characteristics. Results show the importance of examining both individual and dyadic characteristics in the study of sexual behaviour.

IDS and Behavior 8 (4): 379-389, December 2004
Forwarded by Michele G. Shedlin 26/1/05

In search of numbers

Extract from 'Practising Desire' - homosexual sex in the era of AIDS, by Gary Dowsett, 1996, p75-76

"...It is probably not possible to know the extent of homosexual behaviour among men. What is clear from the research findings is that an incalculable number of...men can and do have sex with other men, some frequently, some occasionally, in the right circumstances or at certain times in their lives, in certain sites or in certain institutional settings, with certain cultural overlays, or all the above...research has revealed a considerable diversity of contexts in which men pursue sex with other men.

"Many of the standard survey techniques may never obtain sufficiently accurate accounts of the extent of such activity. This is particularly true when such sexual matters are deemed unreportable for moral or legal reasons.

"...The search for a definitive answer to the extent to which men have had and will have sex with other men is not going to offer a clue to the likely extent of this form of possible HIV transmission and its geographical location. There is considerable doubt whether it is necessary to know the extent of homosexual practice among men in any country in order to develop public-health policy and to implement HIV and STD prevention strategies. More important is the consideration that no statistic on the extent of male-to-male sex, even of anal intercourse, should affect policy and budgetary decisions, concerning prevention. This is so because it is not the *extent* of male homosexual behaviour that needs to be addressed but the *diversity of the contexts* in which it is practised."

Uganda's decline in HIV/AIDS prevalence attributed to increased condom use, early death from AIDS, study says

Increased condom use and premature deaths from AIDS-related diseases might be playing more of a role in declining HIV prevalence in Uganda than abstinence and fidelity, according to a study presented Wednesday at the 12th Conference on Retroviruses and Opportunistic Infections in Boston, the San Francisco Chronicle reports. Supporters of Uganda's ABC method — which stands for Abstinence, Be faithful, use Condoms — have "widely credited" the approach with lowering the country's HIV prevalence rate from 30% of adults in the early 1990s to under 10% currently (Russell, San Francisco Chronicle, 2/24). However, the results of the unpublished study — which was conducted by researchers at the Columbia University Mailman School of Public Health, Johns Hopkins University and several Ugandan organizations — "contradict" previous findings that attribute Uganda's declining HIV prevalence to initiatives promoting abstinence and faithfulness to one sexual partner, according to the Washington Post. According to study co-author Maria Wawer of Mailman School of Public Health, the researchers interviewed over a period of 10 years 10,000 people ages 15 to 49 living in 44 villages in the Rakai district of Uganda. They also collected blood and urine samples and asked about participants' health and behaviour. Approximately 85% of Rakai's residents cooperated with the study, which also included treatment and prevention services (Brown, Washington Post, 2/24).

Methods, Findings

The researchers found that although fewer people are sexually abstinent or monogamous, the "expected" increase in the number of new HIV infections resulting from such behaviour has not occurred, according to the Chronicle (San Francisco Chronicle, 2/24). From 1994 to 2003, the number of men reporting two or more sexual partners increased from 28% to 35%, and the percentage of teenagers who were not sexually active declined from approximately 60% to around 50%. For young women in the same age group, the percentage who were not sexually active remained at around 30% over the 10-year period. However, the HIV prevalence rate among women in the district fell from 20% in 1994 to 13% in 2003, and the prevalence rate for men decreased from 15% to 9% over the same time period, the Post reports. At the same time, HIV incidence has increased slightly among men and women. For men ages 15 to 24, HIV incidence rose from 0.7 infections per 100 men annually to one infection per 100 men annually, and for women in the same age group, incidence rose from just below to just above 1.5 infections per 100 women annually. Therefore, the district's declining prevalence is not attributable to a decrease in the number of new infections, the Post reports (Washington Post, 2/24). The researchers found that the "single greatest factor" in Uganda's declining HIV prevalence rate is premature death among HIV-positive people who died of AIDS-related causes during the study, according to the Chronicle (San Francisco Chronicle, 2/24). The number of HIV-positive people who died each year of the study was about 70% more than the number of people newly infected with HIV annually, the New York Times reports (Altman, New York Times, 2/24).

Condom Use

According to Wawer, increased condom use also might be "offsetting other high-risk behaviours" in the district (San Francisco Chronicle, 2/24). In 1994, about 10% of men reported that they consistently used condoms with nonmarital partners, compared with 50% in 2003. Reported condom use among women in the same age group increased from 2% to 28% in 2003 (Washington Post, 2/24). However, Uganda "ominously" is "in the midst of an acute condom shortage" after the government determined that condoms provided by an unnamed foreign supplier were "substandard," according to the Chronicle. The government currently is reviewing the condom quality control standards of all its suppliers, including the United States. According to Wawer, the shortage has reduced the availability of condoms in the country by 50% and driven up the cost to consumers (San Francisco Chronicle, 2/24).

Reaction

The study's findings suggest that Uganda's "much-lauded success" in reducing its HIV prevalence has "little to do with" the abstinence and monogamy programs emphasized by the Bush administration under the President's Emergency Plan for AIDS Relief, Reuters reports (Fox, Reuters, 2/24). PEPFAR is a five-year, $15 billion program that directs funding for HIV/AIDS, tuberculosis and malaria to 15 focus countries (Kaiser Daily HIV/AIDS Report, 2/16). The law (HR 1298) authorizing PEPFAR endorses the ABC model. The measure also specifies that one-third of the bill's HIV/AIDS prevention funding be used for abstinence and monogamy programs (Kaiser Daily HIV/AIDS Report, 4/22/04). President Bush and administration officials "frequently" have cited Uganda as "evidence" that abstinence and fidelity are effective in curbing the spread of HIV, according to the Post (Washington Post, 2/24). Wawer and Ronald Gray of JHU were "reluctant to address directly" how their findings "mesh" with the administration's policies, according to the Times (New York Times, 2/24). However, Wawer said that the findings do not mean that the promotion of abstinence and fidelity should stop, according to Reuters. "None of us would in any way denigrate or knock down the abstinence and monogamy message," she said (Reuters, 2/24). A spokesperson for U.S. Ambassador Randall Tobias, head of the State Department's Office of the Global AIDS Coordinator, said that OGAC could not comment on the report because they had not seen it (San Francisco Chronicle, 2/24). Dr. Chris Beyrer, director of the Fogarty International AIDS Training & Research Program at JHU's Bloomberg School of Public Health, said that the study's findings emphasize that "condoms are the main preventive tool against HIV," adding that they should be "everywhere alcohol and sex are sold" (New York Times, 2/24). NPR's "Morning Edition" on Thursday reported on the study. The program included comments from Wawer and Edward Green, a senior research scientist at the Harvard School of Public Health (Knox, "Morning Edition," NPR, 2/24).

Kaisernetwork.org, 25/2/05

Population Services International in Lao PDR conducting a workshop with Lao kathoey on HIV/AIDS awareness and prevention in Vientianne, Lao's capital city. This is a part of their programme for developing an condom promotion programme for kathoeys and their partners.

A bridge under troubled waters

Male-to-male sex in South Asia and its impact upon female sexual and reproductive health

Abstract for the First Asia/PacificWomen, Girls and Best Pratice Conference, 28th November - 1st December 2004

Issues

Constructions of South Asia male sexualities and masculinities are not framed within a exclusivist heterosexual/homosexual dyad, but rather are based on gendered roles and performances. Within a cultural framework of compulsory marriage this leads to a situation where the majority of males who have sex with males will also have sex with females, i.e. wives, female sex workers, and other females. In fact not only should we talk about behaviourally homosexual, we should also talk about behaviourally heterosexual.

It is obvious therefore that risky sexual practice between males can also have a dramatic impact upon the sexual and reproductive health of their female partners. Males who have sex with males can also act as a bridging population in any HIV/AIDS epidemic. Along with other at risk populations such as males in prison, IDUs and migrant workers, among whom will also be MSM.

Description

The homosexual behavioural dyad consists of the masculine male - whose sense of identity is based on his manliness and is a part of the general male population - who penetrates the feminised male who perceives himself, and is perceived by his partner, as not a man, where each perceives the other and themselves within these gendered constructs. Further sexual desire tends not so much to focus on the biological sex of the partner but on his gender performance and specific sex acts. In this context, masculine men may have sex with another male in the penetrating role without impacting on his sense of masculinity, enabling to also have sex with females. The difference is one based on degree and act, rather than on orientation. This creates a context of 'real men' accessing and penetrating those deemed as 'not men' as a part of their sexual repertoire.

In a culture where social/sexual policing of females is often strictly enforced through gender segregation and lack of access to male dominated spaces, sexual access to females is often greatly restricted. However, sexual access to feminised males and boys is not.

At the same time, religious, cultural and familial obligations, duties and responsibilities construct a society of compulsory marriage, leading to a situation where the majority of males involved in male-to-male sex, whether masculine or feminine identified, will either be married or eventually get married.

Lessons learnt

In such a sexually polymorphous framework, HIV/STI transmission is not so straightforward, and in conjunction with stigma and shame in terms of being penetrated, along with invisibility and denial of services, creates a highly volatile and multiple risk situation for males who have sex with males and both their male and female partners. It should also be noted that anal sex also occurs between males and females.

Unless the social constructions of the dominant masculinity are addressed, sexual responsibility strongly advocated, and appropriate and confidential HIV/AIDS/STI services are available that are non-discriminatory, non-judgmental and readily accessible, and where anal sex is mainstreamed as a general male sexual health concern, then women and girls will always be vulnerable to infection and its consequences.

Recommendations

- The dominant masculinity in South Asia is based on gendered violence against that which is not masculine of manly, including feminised males, women, girls and young boys. Gender should be seen as addressing the male's self-conception as a social and cultural construct and programmes should be developed that address these issues. Gender construction is a male concern too.
- Focused sexual health interventions working with males who have sex with males, such as hijras, zenanas, maliashas and others) and their male sex partners should be promoted as a part of self-help organising and sexual responsibility.
- Violence, stigma and discrimination against feminised males need to be strongly addressed.
- Strategies will need to be developed that address the health concerns of female partners of MSM without increasing violence, stigma and discrimination against MSM.
- Anal sex as the common sexual practice between masculine males and feminised males should be normalised in all sexual health education programmes. Masculine males who have sex with males are not readily identifiable and merge in with the general male population.
- Skills-building for STI clinics that can deal with anal sex and STIs.

Unfortunately due to travel logistics, Shivananda was not ableto make the presentation at this conference. However, if you wish a copy of the presentation, please go to our website www.nfi.net and download the document titled Islamabad presentation.

Twenty years on and we still get these!

Found on hoardings in Lucknow in February

Hero not zero

Skiled or unskilled

You would think that after 20 years of the virus being in India we would have learnt by now. NFI was a part of the campaign of sensitising UNICEF and UPSACS that these were stigmatising and negative regarding HIV/AIDS. The hoardings have now been removed.

The saints of dark sins: an AIDS conference woke Pakistan to a stark, ugly reality - the rampant abuse in madrassas

Mariana Baabar

For decades, it has been a sight common to most Pakistani homes: the bearded maulana teaching children the holy Quran. But what has changed over the last few years is the presence of a family elder at these private tuitions, irrespective of the child's gender. The family elder, though it's tacit, is there to deter the maulana from preying upon children for sexual gratification. Indeed, the maulana's penchant to sodomise the male child, or molest girls, has been Pakistan's darkest, best-kept secret.

Until it was made public last month at a most unusual venue: a World AIDS Day conference in Islamabad. And the person who dared talk about it was the country's junior minister for religion, ushr and zakat, Dr Amir Liaquat Husain. The irrepressible minister, who conducts a weekly religious programme on a private TV channel, said Pakistan must countenance the harsh truth about the madrassa's role in spreading AIDS. This was because, he offered to explain, maulanas are guilty of rampant sexual abuse of children.

There was an ironical backdrop to Husain's decision to blow the whistle. The Pakistan government has in recent times been trying to revamp the country's antediluvian madrassas, and also hoping they could, because of their tremendous clout, spread awareness about AIDS in society. Obviously, Husain assumed, the maulanas couldn't teach safe sex even as they abused their pupils. Lest his audience was unaware of how rampant the menace was in madrassas, the minister said, "During a raid on a madrassa in Karachi, I caught a cleric red-handed, abusing a student sexually. An inquiry was ordered."

Since that conference on December 1, Husain's remarks have continued to generate controversy, gathering momentum every day with clerics, the government and the minister's party, the MQM, joining issue. The initial response of the clerics was to run for cover and keep mum on the affair. But as the western media picked up the contentious thread, the maulanas rallied to hit back as only they could. They issued death threats to Husain.

Not one to be pummelled by the unholy passion of the maulanas, Husain began to reel out statistics to the media to bolster his case. There were 500 reported cases of sexual abuse involving the maulanas in 2004; it was as high as 2,000 in 2003; and, worse, there hasn't yet been a successful prosecution.

The fury of the fundamentalists prompted a nervous Shaukat Aziz government to ask the senior religious minister, Ijaz-ul-Haq, to mollify the clerics. In doing so, Ijaz was attempting to appease the constituency of fundamentalists whom his father, Zia-ul-Haq, had so assiduously cultivated. In the Senate, the conglomeration of religious parties, Muttahida Majlis-e-Amal, and even liberal parties like the Pakistan People's Party banded together to demand an apology from Husain. PPP spokesperson Farhatullah Babar told *Outlook*, "Actually, Husain made a sweeping statement and painted everyone black with his brush. He should have talked about specific examples."

The MQM found the heat difficult to bear. It asked Husain to apologise. Sans support from the political class and civil society, Husain relented: he apologised in the last week of December. Some thought President Pervez Musharraf, whose post-9/11 rhetoric has been anti-fundamentalist, should have publicly backed Husain's fight against the maulanas. Musharraf, however, remained silent, though it is said he told the junior minister in private that he shouldn't have apologised.

Some western websites perceived a political dimension in the controversy. As one of these noted, rather gravely, "Rape is practised to break the spirit of the child and make him obedient to the extent that he can carry out terrorist acts, including suicide bombing. The minister should take the funds available from foreign sources and simply take the pre-teen children out of residential seminaries, (besides) replacing them with normal (read secular) schools."

Others saw a global trend in the incidents of sexual abuse in Pakistan's religious seminaries. There have been infamous cases of Catholic priests sexually exploiting children in the West; there's also the cases surrounding the Kanchi math in India currently. With the 'faithful' betraying the faith the child reposes in them, psychologist Dr Iffat Hussain points out, "Abuse on children has devastating effects on their lives later on. Sexual abuse not only destroys the child's personality but also turns such abused individuals into culprits later on."

The controversy received a fresh impetus this week as the Pakistan National AIDS Control Programme held a workshop in Islamabad. Its goal: to convince religious leaders to encourage HIV/AIDS patients to use contraceptives instead of separating from their partners. They were also encouraged to talk about the HIV/AIDS kit in their Friday sermons. The moot question is: is the mullah suited for the job?

Pakistani NGO SPARC (Society for Protection of the Rights of the Child) in its 2003 report says that an amount of $225 million has been earmarked to modernise 8,000 madrassas over three years. The modernisation programme, it is hoped, could also help spread consciousness about AIDS. Yet, the same report says 14 per cent of all child-abusers in 2003 were clerics. SPARC activists cite three specific cases from 2004 to illustrate sexual abuse of children and their brutalisation in religious seminaries.

Case One

In June 2004, when five-year-old Talha did not return from the Lajna mosque in Lahore, where he had gone to take Quranic lessons from Maulvi Mohammad Altaf, his mother went to fetch him. She found the boy in the corridor of the mosque, bleeding and unconscious; the maulvi was missing from the mosque. An fir was duly lodged. Altaf was subsequently arrested and Tahla identified him as the person who had sodomised him.

The family was determined to pursue the case. But soon different religious groups began to mount pressure on them to drop the case; the family was even told that these "maulvis have links with Al Qaeda". Pressure was, apparently, also brought upon the police. The family ultimately relented in July, agreeing to not pursue their case and withdrawing their witnesses.

Case Two

Sanam, 9, daughter of Mohammad Saleh Kori, a resident of the Microwave Colony, Sukkur, Sind, was a student of Abdul Wahid Chachar's madrassa. On February 15, 2004, at the end of her classes, Maulvi Abdul Wahid told her that she was his wife and would have to live with him. Sanam rushed out to tell her parents about the incident. When her father went to the madrassa to complain, Abdul produced a nikahnama bearing Kori and his daughter's signatures.

The father-daughter had been tricked into appending their signature to the marriage document. Apparently, the maulana had asked them to sign on a form, claiming it would enable the family to receive zakat (charity money). The illiterate father, obviously, couldn't distinguish between a zakat form and a nikahnama. Worse, the local Chachar tribesmen began pressuring him to hand over Sanam to Abdul.

Case Three

Child abuse in seminaries often involves physical torture. As in the

continued on next page, col. 1

The saints of dark sins

continued from page 6, col. 2

case of 11-year-old Atif. Brutally assaulted at a seminary in Faisalabad, he is currently undergoing treatment at the Children's Hospital in Lahore. On May 1, 2004, he was quoted saying, "I was punished by the teacher who wanted to make an example of me because I dared to escape from the daily routine of beatings at the seminary." Once nabbed, he was chained and detained in a room at the seminary; Maulvi Mahboob Alam then beat him severely with an iron rod.The hospital's treatment note says the boy was brought in with a head injury and bruises all over the body. Atif's case came to light following the intervention of the Human Rights Commission of Pakistan.

It's one thing to take legal action against culprits or modernise madrassas. It's quite another to retreat against the fury of fundamentalists keen to insulate their arcane world from scrutiny and criticism. A pity Pakistanis let down Husain.
Outlook, 24 January 2005

"Heterosexual as perversion"

Extract from "The Invention of Heterosexuality," Jonathan Ned Katz, Plume, New York, ISBN 0-452-27542-3. 19-20p

...The earliest-known use of the word *heterosexual* in the United States occurs in an article by Dr. James G. Kiernan, published in Chicago medical journal in May 1892.

Heterosexual was not equated here with normal sex, but with perversion - a definitional tradition that lasted in middle-class culture into the 1920s. Kiernan linked heterosexual to one of several "abnormal manifestations of the sexual appetite - in a list of "sexual perversions proper" - in an article on "Sexual Perversions."

These heterosexuals were associated with a mental condition, "psychical hermaphroditism." This syndrome assumed that feelings had a biological sex. Heterosexuals experienced so-called male erotic attraction to females *and* so-called female erotic attraction to males. That is, these heterosexuals periodically felt "inclinations to both sexes." The hetero in these heterosexuals referred *not* to their interest in a *different sex*, but to their desire for two *different sexes*.

Feeling desire inappropriate, supposedly, for their sex, these heterosexuals were guilty of what we now think of as gender and erotic deviance.

Heterosexuals were also guilty of reproductive deviance. That is they betrayed inclinations to "abnormal methods of gratification" - modes of ensuring pleasure without reproducing the species. They also demonstrated "traces of the normal sexual appetite" - a touch of the desire to reproduce..."

For Kiernan and those emerging sexologists of the time, the "pure homosexuals" were persons whose "general mental state is that of the opposite sex."

..."These homosexuals were defined explicitly as gender benders, rebels from proper masculinity and femininity. In contract, his heterosexuals deviated explicitly from gender, erotic, and procreative norms. In their American debut, the abnormality of heterosexuals appeared to be thrice that of homosexuals..."

"...Though Kiernan's article employed the new terms *heterosexual* and *homosexual*, their meaning was ruled by an old, absolute reproductive ideal. His heterosexual described a mixed person and compound urge - at once sex-differentiated, eros orientated, and reproductive. In Kiernan's essay, heterosexuals' ambivalent procreative desire made them absolutely abnormal. This first exercise in heterosexual definition described an unequivocal pervert..."

Gay group helps tsunami relief efforts

As the death toll from Sunday's earthquake and tsunamis rockets past 100,000, dozens of relief organizations are working overtime to provide immediate and long-term relief to survivors. One of the organizations raising money is the Rainbow World Fund (www.rainbowfund.org), the first LGBT world relief agency.

Jeff Cotter, a San Francisco psychiatric social worker, says he started Rainbow World Fund (RWF) four years ago because none of the traditional relief organizations were developing philanthropy and consciousness in the LGBT community. It is that dual mission — direct relief hand in hand with changing opinions and beliefs — that moves RWF. Cotter calls it a solidarity model, rather than a charity model.

"As with our community's response to HIV, we can't wait for the rest of the world to take leadership," Cotter said. "And as a gay man, I thought, if I want to change the world, I should start where I'm at, in the community I live in. And the gay and lesbian community was a huge untapped market."

In the past year, RWF has teamed up with relief organizations to increase access to safe drinking water in Central America, eradicate land mines in Cambodia, provide food for victims of hurricane Jeanne in Haiti and save the next generation of Africans from HIV/AIDS. The group works closely with larger charity organizations (such as CARE) to give aid immediately, where it's needed.

Cotter balances his time between Rainbow and his "day job": counselling rape victims and gunshot wound survivors for the city of San Francisco. He has spent the past three years building the infrastructure for RWF, and has begun helping victims around the world this year.

Because administrative costs are covered by the board of directors and grants from various organizations (including the Catholic Church), RWF can ensure that 100 percent of every charitable dollar goes directly to field service work overseas. In the case of Sunday's quake and tsunami survivors, aid will go to food, water, vitamins and medical supplies for many months, and possibly years, to come.
But why doesn't an LGBT relief organization give to LGBT causes? Why enlist gays and lesbians to help victims they know nothing about? The question, Cotter says, should really be: why not?

"Suffering is universal, and the LGBT community knows more than a little bit about that," Cotter says. "When we took the aid trip to Guatemala earlier this year, it was clear that we (the LGBT community) had a shared history of oppression with the Mayan population there. There was a systematic genocide there, and the government invalidated their marriage relationships, among other atrocities."

The excursion to Guatemala had another benefit as well. In the primarily Catholic and socially conservative country, Rainbow's outreach was the first contact most citizens had with gays or lesbians. Promoting tolerance and understanding of differences among people and cultures, and at the same time providing much-needed assistance to impoverished and developing areas, is a win-win, according to Cotter.

"We're about changing attitudes toward gays and lesbians," Cotter said. "Many of the places we visit and help have very little LGBT presence. Everyone we've worked with has been surprised by our commitment, and very open and accepting to our presence."

Conversely, the organization, by encouraging "closet philanthropists" to move into action, is helping LGBT people see themselves in a different light, Cotter said.

"We have tended to define ourselves too narrowly in the LGBT community. The very act of giving helps reinforce the idea that we're not just about sex or partying, or Madonna. We are a community that cares about human suffering anywhere, and does something about it."
PlanetOut Network, 3/12/04

Let's not talk about sex

Frank Rich

When they start pushing the panic button over "moral values" at the bluest of TV channels, public broadcasting's WNET, in the bluest cities, New York, you know America has entered a new cultural twilight zone. Just three weeks after the election, Channel 13 killed a spot for the movie Kinsey, in which Liam Neeson stars as the pioneering Indiana University sex researcher who first let Americans know that nonmarital sex is a national pastime, that women have orgasms too and that masturbation and homosexuality do not lead to insanity.

At first WNET said it had killed the spot because it was "too commercial and too provocative" - a tough case to make about a routine pseudo-ad interchangeable with all the other pseudo-ads that run on "commercial-free" PBS. That explanation quickly became inoperative anyway. The Kinsey distributor, Fox Searchlight, let the press see an e-mail from a National Public Broadcasting media manager stating that the real problem was "the content of this movie" and "controversial press re: groups speaking out against the movie/ subject matter" that might bring "viewer complaints."

Maybe in the end Channel 13 got too many complaints about its own cowardice because in response to my inquiries, it had a new story: That e-mail was all a big mistaken - an "unfortunate" miscommunication hatched by some poor unnamed flunky in marketing. This would be funny if it were not so serious - and if it were an anomaly. Yet even as the Kinsey spot was barred in New York, a public radio station in North Carolina, WUNCFM, told an international women's rights organisation in Chapel Hill that it could not use the phrase "reproductive rights" in an on-air announcement.

In Los Angeles, five commercial TV channels, fearing indecency penalties, refused to broadcast a public service spot created by Los Angeles county's own public health agency to counteract a rising tide of syphilis. Nationwide, the big three television networks all banned an ad in which the United Church of Christ heralded the openness of its 6,000 congregations to gay couples.

Such rapid-fire post-election events conspired to make Kinsey a bellweather cultural event of last year. When I saw the movie last spring before its release, it struck me as an intelligent account of a half-forgotten and somewhat quaint chapter in American social history. It was in the distant year of 1948 that Alfred Kinsey, a Harvard-trained zoologist, published Sexual Behaviour in the Human Male, a dense, clinical accounting of the findings of his obsessive mission to record the sexual histories of as many Americans as time and willing volunteers (speaking in confidentiality) would allow. The book stormed the culture with such force that Kinsey was featured in almost every major American magazine.

Though a Gallup poll at the time found that three-quarters of the public approved of Kinsey's work, not everyone welcomed the idea that candour might supplant ignorance and shame in the national conversation about sex. The Reverend Billy Graham, predictably, said the publication of Kinsey's research would do untold damage to "the already deteriorating morals of America." Somewhat less predictably, as David Halberstam writes in The Fifties, the New York Times at first refused to accept advertising for Kinsey's book.

Such history, which seemed ancient only months ago, has gained in urgency since Election Day. As politicians and the media alike pander to that supposed 22 percent of "moral values" voters, we're back where we came in. Bill Condon, who wrote and directed Kinsey, started working on this project in 1999 and didn't gear it to any political climate. The film is a straightforward telling of its subject's story, his thorniness and bisexuality included, conforming in broad outline to the facts as laid out by Kinsey's most recent biographers. But the movie, however unintentionally, taps into anxieties that feel contemporary.

As for the rightist groups that have targeted the movie (with or without seeing it), they are the usual suspects, many of them determined to recycle false accusations that Kinsey was a paedophile.

But this crowd doesn't just want what's left of Kinsey's scalp. (He died in 1956.) It is pressing for a whole host of second-term gifts from the Bush administration: further rollbacks of stem-cell research, gay civil rights, pulchritude sightings at football games and reproductive rights for women.

In the case of Kinsey, the Traditional Values Coalition has called for a year-long boycott of all movies released by Fox. With the hypocrisy we've come to expect, it does not ask its members to boycott Fox's corporate sibling in the Murdoch empire, Fox News. But such organisations don't really care about Kinsey. The film is just this month's handy pretext for advancing the larger goal of pushing sex of all nonbiblical kinds back into the closet and undermining any scientific findings, whether circa 1948 or 2004, that might challenge fundamentalist sexual orthodoxy.

A new Congressional report, spearheaded by the California Democrat Henry Waxman, shows that various fictions of junk science (AIDS is spread by tears and sweat, for instance) have turned up as dogma in abstinence-only sex education programs into which American taxpayers have sunk some $900 million in five years. Right now this is the only kind of sex education that the US government supports, even though science says that abstinence-only programs don't work — or may be counterproductive.

A recent Columbia University study found that teens who make "virginity pledges" to delay sex until marriage still have premarital sex at a high rate (88 percent) rivalling those who don't, but are less likely to use contraception once they do. It's California that refuses to accept federal funding for abstinence-only curriculums, and that has had a 40 percent falloff in teenage pregnancy over the past decade, second only to Alaska.

But no matter what the censors may accomplish elsewhere, the culture revolution since Kinsey's era is in little jeopardy: A movie like Kinsey will do just fine; the more protests and more publicity, the larger the box office. But if Hollywood will always survive, off-screen Americans are being damaged by the battle over sex that is being played out in real life.

You see that when struggling kids are denied the same information about sexuality that was kept from their antecedents in the pre-Kinsey era: you see that when pharmacists in more and more states enforce their own "moral values" by refusing to fill women's contraceptive prescriptions; you see it when basic information that might prevent the spread of lethal diseases is suppressed by the government.

While Sexual Behaviour in the Human Male was received with a certain amount of enthusiasm and relief by most Americans in 1948, the atmosphere had changed radically by the time Kinsey published his follow-up volume, Sexual Behaviour in the Human Female, just five years later. By 1953 Joe McCarthy was in full throttle, and, as James Jones writes in his judicious 1997 Kinsey biography, "ultra-conservative critics would accuse Kinsey of aiding communism by undermining sexual morality and the sanctity of the home."

Kinsey was an anti-Soviet, and-New Deal conservative, but that didn't matter in an America racked by fear. He lost the principal sponsor of his research, the Rockefeller Foundation, and soon found himself being hounded, in part for his sympathetic view of homosexuality, by J. Edgar Hoover and Clyde Tolson. The parallels between that war over sex and our own may have only just begun.

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Heterosexuality wasn't only 'enforced,' it was invented.
Johnathan Ned Katz, 1996