

## Health and rights in Asia

*Presentation at Risks and Responsibilities: Male Sexual Health and HIV in Asia and the Pacific International Consultation, New Delhi, India, 23-26 September 2006*

*Professor Douglas Sanders*

International human rights law got started with the *United Nations Charter* in 1945 and the *Universal Declaration of Human Rights* in 1948. Then nothing much for twenty years.

Real progress began with the *International Convention Against Racial Discrimination* in 1965. Racism was the first broad human rights issue supported by the Eastern bloc, the Western bloc and the developing world.

Countries that signed the treaty on racism had to report periodically on what they were doing. Then, after they reported, they were questioned by members of a UN committee set up under the terms of the treaty. The committee could say that a country was failing to meet international standards. And if a country signed onto an extra procedure, individuals could take a case to the treaty committee, after exhausting domestic remedies.

All this was new. International law had never had such provisions. This breakthrough could occur because everyone officially condemned racism.

Two more human rights treaties were approved by the UN General Assembly in 1966 – the *International Covenant on Civil and Political Rights* and the *International Covenant on Economic, Social and Cultural Rights*. It took ten years before enough countries signed the covenant on civil and political rights for it to come into force in 1976. Gradually more countries have signed. Indonesia ratified both treaties in 2005.

Gradually more treaties have been added: on women in 1979, on torture in 1984, on children in 1989, on migrant workers in 1990. The work of developing international standards is not finished. Work is currently underway on cultural minorities, indigenous peoples and the disabled. More is yet to come.

Because a special "treaty body" had been established under the convention against racism in 1965, similar committees were set up under each of the later human rights treaties. These treaty bodies are now a key part of the international human rights system.

Where are we in this new international human rights system? Does it apply to gays, lesbians, transgenders, hijras, waria, kathoey, fa'afafine, MSM?

At this point in time, there are no references to "sexual orientation", "gender identity" or "gender expression" in the declarations, the treaties or the conclusions of UN world conferences. Nothing. Nowhere.

The *International Covenant on Civil and Political Rights* prohibits discrimination on the basis of "race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status..." Our words are not in the list.

### What has happened?

In 1981 the European Court of Human Rights decided the case of *Dudgeon v United Kingdom*. This was our first breakthrough. The Court said that the anti-homosexual criminal law in Northern Ireland denied Jeffrey Dudgeon, a gay activist, the right to personal privacy. The court repeated the decision in similar cases from Ireland and Cyprus. But, otherwise, there were no victories for the next sixteen years. No protection from discrimination. No recognition of relationships. No equal age of consent. Activists thought the European treaty would have to be amended to get anything more.

But the European Court changed tact without any amendment,



catching up with changes throughout Europe. The 1997 *Sutherland v United Kingdom* decision struck down an unequal age of consent. Decisions in 1999 in *Smith* and *Lustig Prean* ruled against a military ban – expanding "privacy" rights to cover discrimination in employment. In 2002 in *Goodwin*, the Court finally came around on transsexual issues, ordering the change of personal documents and upholding the right to marry in the post-operative sex.

### What about the UN?

#### Treaty bodies

The UN Human Rights Committee is the treaty body responsible for the *International Covenant on Civil and Political Rights*. In 1994 the Committee ruled that an anti-homosexual criminal law in Tasmania violated Nicolas Toonen's right to privacy, his right to equality and could not be justified as a measure to control HIV infection, for such laws, in fact, made proper education and prevention programs more difficult.

In 2003 the Committee ruled in *Young v Australia* that a same sex partner was entitled to the same pension rights as a heterosexual partner.

#### Independent experts

In the mid-1960s the practice developed in the UN Commission on Human Rights of appointing independent experts either to report on particular countries – such as Myanmar or North Korea – or particular issues – such as violence against women or extrajudicial executions.

It was the Special Rapporteur on Extrajudicial, Summary and Arbitrary Executions, Asma Jahangir, who first reported on human rights violations based on sexual orientation in her annual report in 1999. The draft resolution renewing her mandate in 2001 specifically mentioned issues relating to sexual orientation. This led to a heated debate in the Commission on Human Rights, and the references were deleted from the resolution.

Later in 2001 the office of the High Commissioner for Human Rights circulated a letter indicating that six special rapporteurs "were interested in receiving information on sexual minority issues falling within their respective mandates..." When the mandate of the Special Rapporteur on Extrajudicial Executions was debated again in the Commission in 2002, the vote changed. The references to sexual orientation stayed in the mandate.

This was the first vote in any UN political body recognizing LGBT

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Naz Foundation International is a development agency specialising in providing technical, institutional and financial support for the promotion of the sexual health, welfare and human rights of males who have sex with males in 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 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 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 NFI will be guided by the following 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 sexually transmitted infections 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 sexual responsibility of their male partners.
6. Encouraging communication of sexual health information between sexual partners and promoting partner notification of sexually transmitted infections and 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 services for 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 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 and AIDS, your sexuality, or whatever. Names will be changed and addresses will be withheld if required.

Send all material to *Pukaar*, **Naz Foundation International**, Palingswick House, 241 King Street, London W6 9LP, UK.

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## Health and Rights in Asia

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human rights. A first – and only four years ago. At the moment it stands not simply as the first, but also as the only decision of a UN political body recognizing LGBT rights.

The report of the Special Rapporteur on Health in 2004 dealt with sexual and reproductive health issues. He said these rights were central to efforts to achieve gender equality, poverty reduction, to combat HIV/AIDS and to achieve the Millennium Development Goals of the UN.

*...discrimination on the grounds of sexual orientation is impermissible under international human rights law. The legal prohibition of same-sex relations in many countries, in conjunction with a widespread lack of support or protection for sexual minorities against violence and discrimination, impedes the enjoyment of sexual and reproductive health by many people with lesbian, gay, bisexual and transgender identities or conduct [referencing reports of special rapporteurs on torture and on extrajudicial executions]. Additionally, the Special Rapporteur recalls that the Human rights Committee, in Toonen v. Australia, observed: "Criminalization of homosexual activity ... would appear to run counter to the implementation of effective education programmes in respect of HIV/AIDS prevention." ...*

*Sexual rights include the right of all persons to express their sexual orientation, with due regard for the well-being and rights of others, without fear of persecution, denial of liberty or social interference.*

The United States criticized the report for what it saw as a permissive stance on abortion and for suggesting that sexual orientation was within an international human rights framework. Pakistan *...rejected the Special Rapporteur's conclusion that discrimination on the grounds of sexual orientation was impermissible under international human rights law and challenged the Special Rapporteur to quote exactly which article of any international human rights law convention prohibited such discrimination. According to Pakistan, the "easy" way for homosexuals, lesbians and transgender persons to avoid discrimination on the basis of sexual orientation was to "stop" engaging in non-heterosexual activity. In the words of the delegate, those of different sexual orientation should suppress their urges or "consult a medical doctor" and "get some medication."*

Egypt and Saudi Arabia agreed. Canada and Switzerland disagreed.

### Political bodies

It is in the political bodies of the UN, including the big world conferences, that we have yet to make any real progress.

- We lost in 1993, when a reference to sexual orientation was dropped from the final statement of the World Conference on Human Rights.
- We lost again in 1995 when wording was dropped at the Women's Conference in Beijing.
- We lost again at the South Africa Racism conference.
- We lost in the Commission on Human Rights when the states that hate us the most blocked any discussion of the Brazilian resolution on sexual orientation in 2003.

Arvind Narrain was at one of the sessions of the Commission when the Brazilian resolution was supposed to be discussed. He talked to government representatives from Asia. They gave two reasons for opposing the resolution. They said the issue was a "northern issue." Secondly, they cited religion.

In international human rights law it is clear that religion, customs, culture and traditional practices do not justify discrimination on the basis of race. It is also clear that religion, customs, culture and traditional practices do not justify discrimination on the basis of sex. As Louise Arbour, the High Commissioner for Human Rights, suggested in her presentation in Montreal in July, 2006, religion, customs, culture and traditional practices, equally, do not justify discrimination on the basis of sexual orientation.

Voting at the moment in UN political bodies seems about evenly split. There will be a vote in December in the Economic and Social



Council on accrediting LGBT NGOs. It is possible we will win that vote. That would mark a tipping point in political bodies in the UN system.

### And what about Asia?

On the first evening of this gathering we heard some old hands talking about the bad old days when government representatives would say that there were no homosexuals in their country. There were no homos in India, in Pakistan, in China. Today there is only one country in Asia that says that it has no homosexuals – North Korea.

China now has homos. You can go to gay bars in Beijing and Shanghai. At the same time, police continue to close down LGBT film festivals and cultural events – most recently in Beijing last December. But a year ago I was giving lectures at Fudan University in Shanghai in the Graduate School of Public Health and in the Faculty of Arts. As an out gay man, it was exciting to be able to do this at one of the top universities in China.

In Hong Kong the trial court struck down the unequal age of consent law last year – a decision just upheld on appeal the week before this conference. There is a court challenge to the criminal law here in India, described in Arvind Narrain's paper prepared for this meeting.

Let me end by picking out one country for some praise – South Korea.

South Korea established a National Human Rights Commission with a mandate that specifically included a reference to 'sexual orientation'. No other commission in Asia has this express mandate. The inclusion of 'sexual orientation' had all-party support in the often heated process of the passage of the legislation. The parties argued, but they argued about other things.

Activists in Korea brought a court case against a government ban on gay web sites. They lost. The National Human Rights Commission looked at the issue and said the censorship violated the constitution. The government dropped the full ban.

The Commission has dealt with a series of issues – set out in some detail in my longer paper. Now the Commission is holding consultations on its proposal for a national anti-discrimination law. The Commission funded Chingusai, the gay men's group, to hold public meetings on the issue.

Who would have thought that South Korea would lead in Asia? It had everything going against it

- a very difficult political transition from authoritarian governments,
- a strong patriarchal Confucian tradition,
- very influential conservative Christian churches,
- and the distraction of North Korean missiles within target range of Seoul.

Change often comes where you don't expect it. It's happening in India. In time it will even happen in North Korea.

# Prisoners of sex

By Negar Azimi

Mostafa Bakry has a knack for reinventing himself. He is an old-school Arab nationalist, newspaper editor and parliamentarian, and has managed to keep himself in the middle of the Egyptian political scene for almost two decades. He rails against decadence, against corruption - anything that can get the otherwise sleepy Egyptian public excited. This past July, he took on the issue of homosexuality, introducing a motion in Parliament calling for censorship of several scenes in a popular new film, "The Yacoubian Building," and denouncing the racier parts of the movie as "spreading obscenity and debauchery." One of the central characters in the story - a mosaic of downtown Cairo life complete with political intrigue, love triangles, the specter of extremism and more - is an affluent, dashing, Francophone newspaper editor who happens to be gay. He has an affair with a simple soldier from the countryside, and thus begins a tale of lust that ends in murder.

"It is a travesty," Bakry told me not long ago when we met in the downtown Cairo office of his newspaper, *Al Osboa* ("The Week"). Shelves around his desk were stuffed with plaques, honorary degrees and dozens of gilt replicas of Jerusalem's Dome of the Rock. He fingered fancy prayer beads as he expounded in the way one would to an adoring crowd. "The American agenda is promoting the rights of homosexuals," he said in Arabic. "I am not against freedom of expression, but this abnormal phenomenon should not be presented as natural. Even if it has roots here, it is rejected by society. And by Islam."

In the end, 112 parliamentarians from across the political spectrum signed onto Bakry's motion. The gesture, however, had little effect. By the beginning of September, the film was still doing well at the box office, and no censorship was in sight. But it didn't matter. The parliamentarian had made his point; he had raised the flag of morality, religion and public virtue.

The politics of homosexuality is changing fast in the Arab world. For many years, corners of the region have been known for their rich gay subcultures - even serving as secure havens for Westerners who faced prejudice in their own countries. In some visions, this is a part of the world in which men could act out their homosexual fantasies. These countries hardly had gay-liberation moments, much less movements. Rather, homosexuality tended to be an unremarkable aspect of daily life, articulated in different ways in each country, city and village in the region.

But sexuality in general and homosexuality in particular are increasingly becoming concerns of the modern Arab state. Politicians, the police, government officials and much of the press are making homosexuality an "issue": a way to display nationalist bona fides in the face of an encroaching Western sensibility; to reject a creeping globalization that brings with it what is perceived as the worst of the international market culture; to flash religious credentials and placate growing Islamist power. In recent years, there have been arrests, crackdowns and episodes of torture. In Egypt, the most populous country in the Arab world, as in Morocco, Saudi Arabia, the United Arab Emirates - even in famously open and cosmopolitan Lebanon - the policing of homosexuality has become part of what sometimes seems like a general moral panic.

Egypt's most famous crackdown got under way at a neon floating disco, the *Queen Boat*, docked on the wealthy Nile-side island of Zamalek, just steps from the famously gay-friendly Marriott Hotel. In the early-morning hours of May 11, 2001, baton-wielding police officers descended upon the boat, where men were dancing and drinking. Security officials rounded up more than 50 of them - doctors, teachers, mechanics. Those who were kept in custody became known among Egyptians as the *Queen Boat 52*. The detained men were beaten, bound, tortured; some were even subjected to exams to determine whether they had engaged in anal sex. In the

weeks that followed, official, opposition and independent newspapers printed the names, addresses and places of work of the detained. Front pages carried the men's photographs, not always with black bars across their eyes. The press accused the men of sexual excesses, dressing as women, devil worship, even dubious links to Israel. Bakry's newspaper, *Al Osboa*, helped lead the charge.

The *Queen Boat* was just the beginning. Agents of the Department for Protection of Morality, a sort of vice squad within the Ministry of Interior's national police force, began monitoring suspected gay gathering spots, recruiting informants, luring people into arrest via chat sites on the Internet, tapping phones, raiding homes. Today, arrests and roundups occur throughout the country, from the Nile Delta towns of Damanhour and Tanta to Port Said along the Suez Canal and into Cairo.

The city's central Tahrir Square is a vast plaza with awkward pedestrian islands separated by traffic, lined with a Kentucky Fried Chicken, the Arab League headquarters and the Egyptian government's hulking bureaucratic headquarters, the *Mugamma*. On summer evenings, it is full of people. Men whistle at passing women, couples linger, tourists are accosted by the oddly seductive call of "You look like an Egyptian" and hawkers promote their wares - not the least of which is sex. In early July of this year, 11 men, said to be conspicuously homosexual, were picked up.

Many of the police reports on arrests of homosexuals have cited "the protection of the society's values" as a motivating factor, adding that the arrested threatened to harm "the country's reputation on the international level." The country's image is of the utmost importance for the officials responsible for these campaigns. Still, homosexual acts are not against the law in Egypt; most men caught in these roundups are charged with *fujur*, or the "habitual practice of debauchery." Some countries in the region, like Saudi Arabia or the United Arab Emirates, expressly criminalize homosexual acts. But in Egypt, the charges have increasingly involved a creative interpretation of a law introduced in 1951 to combat prostitution - drafted as a response to what was viewed as a remnant of Egypt's colonial past. (The British introduced the licensing of brothels.)

The *Queen Boat* affair roughly coincided with a number of circus-like controversies in Cairo surrounding public morality: the outrage following the publication of the Syrian author Haider Haider's novel "Banquet for Seaweed" (which incited riots at Al Azhar University in Cairo, as the book, about two Iraqi exiles in the 1970s, was interpreted as offensive to Islam); the trial of Saad Eddin Ibrahim, an Egyptian-American university professor and human rights activist accused of embezzlement, illegally accepting foreign funds and sullyng Egypt's image abroad; and the trial in 2002 of a prominent businessman who had taken 19 wives. Meanwhile the Muslim Brotherhood, which often positions itself in opposition to what it describes as a decadent, secular regime, won 17 seats in Parliament in 2000.

Public regulation of morality is an area in which the secular regime - often through its mouthpiece religious institution, Al Azhar - is in harmony with the Islamists. Al Azhar, Sunni Islam's highest authority, was brought under direct state control by President Gamal Abdel Nasser in 1961. Through Al Azhar, the secular regime throws the occasional bone to the religious opposition - most often on issues of women and the family. Sometimes, avowedly secular officials and politicians even try to outdo the Islamists in this tug of war over who can win the public's favor as the guardian of morality.

Tanta is a drab industrial town on the Nile, halfway between Cairo and the Mediterranean city of Alexandria. With a population of about 350,000, Tanta has a university and a plethora of cotton-gin and oil factories. It is probably best known for its *moulid*, a gathering celebrating Al-Sayyed Ahmed Al-Badawi, a 13th-century holy man

of Moroccan origin credited with being the founder of the Badawiyah Sufi order. Al Badawi died in Tanta in 1276, and each year in October, just at the end of the cotton harvest, some two million Egyptians descend upon Tanta and Al Badawi's shrine for a week of recitations, performances, dancing and devotion.

The rest of the year Tanta is remarkably quiet. One afternoon in August, I met a young man named Hassan at a baroque, upscale hotel steps away from the shrine. Though it is difficult to speak of a gay community in Tanta (not all men who sleep with men in Egypt use the term "gay," much less identify themselves as such), Hassan is a ringleader of sorts, a thread between generations. A youthful 37, he comes from a working-class family - his father runs an auto-parts shop - and he told me, mischievously, that he got out of military service because he is the only son among girls. For Hassan and many gay men in Tanta, the last few years have been especially hard. "First, there was Shibl's death, then the affair of Ahmed, then Adel's death and the arrests," he explained.

Shibl was a friend of Hassan's, caught with another man in the baths of the shrine - a gathering ground for many gay men at the time. In 2002 he was beaten so badly in detention that he died of cardiac arrest. Ahmed, another friend, was arrested from his home later that year, accused of having sex with two other men in his flat and "forming a group of Satan worshipers." In prison, he was forced to strip down to his underwear, then was humiliated and beaten to the point of haemorrhaging. After his release, he lost his job as a school teacher. One local paper wrote, "A male teacher puts aside all principles and follows his perverted instincts, putting on women's clothes and makeup on his face to seduce men who seek forbidden pleasures."

Adel, a third friend of Hassan's, was killed by an occasional lover. The ensuing investigation, not far removed from a witch-hunt, resulted in many suspected homosexuals in Tanta being arrested, including Hassan. He and others arrested told me that they were held in a police interrogation room called "the refrigerator," marked by a carpet brought in by the police that was caked in Adel's blood. Detainees were tortured nightly for more than two weeks, from 2 a.m. to 6 a.m., according to the same sources. Hassan estimates that at least 100 men were detained and tortured. Some men were forced to stand on their tiptoes for those hours; others got electric shocks to the penis and tongue; still others were beaten on the soles of their feet with a rod called a *felaqa*, to the point of losing consciousness.

Most men were held until they broke, agreeing to work as informants, walking the street to pick up other homosexuals and reporting in each night. "They told us Adel deserved to die," Hassan told me. "They said they wished all gays would die." This went on for at least a month, Hassan and others say, in a pattern of detention, torture, informing, more torture.

On my second visit to Tanta, in August, I sat down for a lunch of *kapsa*, a sweet Saudi rice specialty, with Hassan and Mo, a slight student of English literature at Tanta University. The discussion turned to Islam and homosexuality. Both of them considered themselves practicing Muslims. Mo has combed the Internet for signs as to whether homosexuality is at odds with Islam. He said he had browsed the popular Egyptian lay preacher Ahmed Khaled's Web site and found nothing. But he did see that Sheik Yussuf Al-Qaradawi had called homosexuals "perverts." Al-Qaradawi, an Egyptian cleric generally considered a liberal, is best known for his television program "Shariah and Life" on the satellite channel Al Jazeera, and for his Web site, Islamonline.

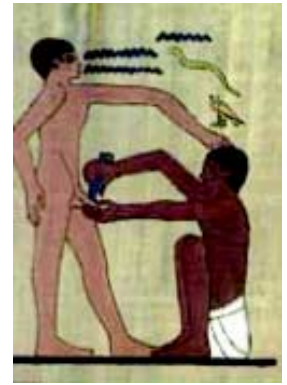
"There is nothing clear about homosexuality in the Koran," Hassan said. "It reads that the man who does it should be hurt. What does it mean 'to be hurt'? In the Arabian peninsula they used a stick the size of this pencil (he raises my pencil) to punish men. It's not like thievery or adultery. And anyway the Prophet was promised boys in heaven. Not girls."

"I read that one should have their head cut off or be thrown from a mountain," Mo continued.

Hassan disagreed: "There is no explicit punishment for gays in the Koran."

Mo countered, "The problem is not the punishment, it is the scandal."

Hassan, looking triumphant, told us that Pope Shenouda III, the head of Egypt's Coptic Orthodox Church, had also spoken out against homosexuality. (Most famously, in 1990, he asked, "What rights are there for homosexuals?") "It's more complicated than you think,"



Hassan said to Mo.

Countless interpretations of the story of the prophet Lot - the source of much of the commentary on homosexuality in Islam, as well as in Judaism and Christianity—have been offered. Ambiguities abound, and while there is no consensus on where Islam stands, popular and legalistic reinterpretations take liberties in selecting the bits that suit particular worldviews - whether they are liberal or intolerant. In October of last year, the Iraqi Shiite cleric Grand Ayatollah Ali al-Sistani issued a fatwa against homosexuals on the Arabic-language version of his Web site. It was inexplicably removed last May (some say international outrage swayed the image-conscious cleric). And while Al-Qaradawi did call homosexuals sexual perverts, he also noted "there is disagreement" over punishment.

Perched on a hill at the end of a windy road in Helwan, an industrial town south of Cairo and once the summer romping ground for the city's well-to-do, is the Behman Hospital. With its pruned bushes and tennis courts, Behman looks more like a country club than a psychiatric institute. Dr. Nasser Loza is the medical director there; he is also an adviser to the Ministry of Health and runs a clinic in the upscale neighbourhood of Mohandiseen. I had heard through friends that Loza counsels homosexual couples, so I went looking for him.

"They come in with quite banal relationship problems," Loza told me when we met one afternoon at the hospital. "They manage to have very normal, quiet lives despite society's negative views about being gay." He added that on average he sees about one new couple every two or three months. "I suppose most are high-level professionals, some are of mixed cultural backgrounds." Loza's patients are the people you hear less of in the din of discussion surrounding homosexuality in this part of the world. Take M., for example, a successful businessman who was among the 52 arrested on the Queen Boat. He has since moved to the States, and recently wrote me in an e-mail message: "Money gave me security. I met my partner at a dinner party. I could travel. And I didn't have my family on my back because I had moved out. I had a normal life until this happened."

Most often, Loza sees families. "Typically, a family comes in with their son or daughter who has just announced that they are homosexual," Loza explained. "They want me to help. The first reaction on the part of the family is denial, and then incredible blame." In 1990, the World Health Organization removed homosexuality from its list of mental disorders, but Loza told me that "whether it is treated as a disease or not really depends on the doctor." While a combination of counseling and antidepressants seems the norm, you still sometimes hear of the application of electroshock therapy.

L., a lesbian originally from Alexandria, is seeing a Cairo psychiatrist. Women have not been subject to the same kind of attacks that men have been in Egypt, perhaps because of their relative invisibility - an invisibility that can itself be oppressive. It can be virtually impossible to meet other gay women. For L., the brunt of the problem is her family. "I've been to three psychiatrists, each time taken in by my parents," she told me. "The first two prescribed antidepressants, they told me it was a phase, that I should 'cheer up.'

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## Prisoners of sex

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The third prescribed electroshock therapy. I never went back.”

In Cairo, L. is studying communications. She has nothing to do with her family and, through the Internet, has found a supportive partner. The weight of the stigma remains. “When a Muslim dies, there is a required 30 minutes of prayer,” she wrote to me in a recent e-mail message. “When a gay person dies, they bury him and flee.”

There is a searing scene in the Moroccan writer Mohamed Choukri’s 1973 novel “For Bread Alone” in which a desperate young man, having recently moved from the country to the city in colonial Morocco, sells himself to an elderly Spaniard. The scene is explicit (they have oral sex in a car), and the novel, which has been banned or caused controversy in many Arab countries, serves as a stunning condemnation of the power disparities engendered by colonialism. Symbolism like Choukri’s is common in Arabic literature and cinema, providing for what the British writer Brian Whitaker has referred to as a “reverse Orientalism,” in which sex, and specifically homosexual sex, is presented as a foreign incursion, a tool of colonial domination.

Sometimes a stigma hangs over efforts to protect homosexuals from repression or attack. Negad Al Boraei, an Egyptian attorney and human rights activist, has irritated many in the local human rights community by a number of his stances, including his willingness to accept American financing for his work. (He readily dismisses his critics as “communists” and “revolutionaries.” He was one of the first recipients in Egypt of financing from the State Department’s Middle East Partnership Initiative.) I went to Al Boraei to talk about how sexual rights fit into the broader human rights agenda.

“I was telling a friend of mine who works for Amnesty International, we have a lot of problems here - torture, violations against street children, we are full of problems,” he told me. As he spoke he gesticulated wildly with his ring-covered hands. “To come in and talk about gays and lesbians, it is nice, but it’s not the major issue. It’s like I am starving and you ask me what kind of cola I want. Well, I want to eat first. Then we can talk about cola! It’s a luxury to talk about gay rights in Egypt.”

When the raid on the Queen Boat occurred, much of the human rights community declined to take the case on, Al Boraei included. (Some activists even attacked those who met with the defendants.) Hossam Bahgat, a young Alexandrian working at the Egyptian Organization for Human Rights, told me he was quietly dismissed after he wrote an article calling upon the human rights community to overcome its fears about working on the case. In the West, however, the Queen Boat became something of a cause célèbre. Amnesty International supported protests in front of the Egyptian Embassy in London. A Web site called GayEgypt.com called on Egypt’s homosexuals to wear red on the two-year anniversary of the Queen Boat raid (an invitation to be arrested, it seems), while 35 members of the U.S. Congress wrote to Egypt’s president, Hosni Mubarak, asking for a stop to the anti-homosexual crusade. It was no wonder that amid this, the Egyptian newspaper Al-Ahram al-Arabi proclaimed, “Be a pervert and Uncle Sam will approve.”

“This was framed locally as an attack from the West,” says Bahgat, who eventually collaborated with Human Rights Watch on the case and later opened his own organization, the Egyptian Initiative for Personal Rights. “It was important to show that working for the rights of the detained was not a gay agenda, or a Western agenda, that this was linked to Egypt’s overall human rights record. Raising the gay banner when most sexual and other human rights are systematically violated every day is never going to get you far in this country.”

In the end, Human Rights Watch avoided laying itself open to easy attack as the bearer of an outsider’s agenda, packaging Queen Boat advocacy in the larger context of torture. Many of the arrested men

were tortured, and torture is something that, at least in theory, most people agree is a bad thing. In Human Rights Watch’s 150-page report on the crackdown, references to religion, homosexual rights or anything else that could be seen or used as code for licentiousness were played down. Torture was played up, and it may very well be the first and last human rights report to cite Michel Foucault’s “History of Sexuality.” Upon release of the report in March 2004, Kenneth Roth, Human Rights Watch’s executive director, and Scott Long, director of the organization’s Lesbian, Gay, Bisexual and Transgender Rights Project, met with Egypt’s public prosecutor, the assistant to the interior minister and members of the Foreign Ministry. Their effort seemed to have had some effect; although occasional arrests continue, the all-out campaign of arrest and entrapment of men that began with the Queen Boat incident came to an end. One well-connected lawyer noted that a high-ranking Ministry of Interior source told him, “It is the end of the gay cases in Egypt, because of the activities of some human rights organizations.”

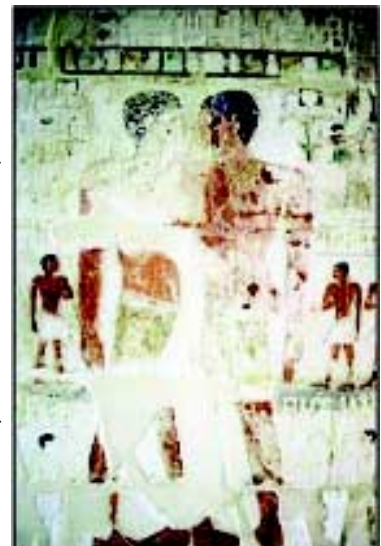
When I spoke to Long about his work on the Queen Boat case and its aftermath, he reflected on his advocacy methods in a context in which human rights, and especially gay rights, are increasingly associated with Western empire-building. “Perhaps we had less publicity for the report in the United States because we avoided fetishizing beautiful brown men in Egypt being denied the right to love,” he said. “We wrote for an Egyptian audience and tried to make this intelligible in terms of the human rights issues that have been central in Egyptian campaigns. It may not have made headlines, but it seemed to make history.” Whether the effort made history or simply interrupted it remains to be seen. Long himself noted, “The fact that the crackdown came apparently out of nowhere is a reminder that the repression could revive anytime.”

The possibilities for official repression exist across the Arab world. Early one morning this past August in Saudi Arabia, the police raided a wedding party in the town of Jizan, arresting 20 men “impersonating women,” according to the newspaper Al Watan. Similarly, late last year, 26 men were arrested when a party in Ghantout, a desert region on the Dubai-Abu Dhabi highway in the United Arab Emirates, was raided. The press went into typical scandal mode, and images of some of the men in women’s clothing circulated on cellphones. A government spokesman was quoted in The Khaleej Times, “Because they’ve put society at risk they will be given the necessary treatment, from male hormone injections to psychological therapies.” Arrests have also taken place in Lebanon - despite its being perceived as having more liberal social mores - as well as Morocco.

In Egypt, religiosity - along with an associated emphasis on public involvement in the private sphere - continues to rise. For the 2005

*The image of two men embracing in an Egyptian tomb 4,300 years old. They are named as Niankhnum and Khnumhotep, chief manicurists of the king from 2380 to 2320 BC in the time of the fifth dynasty of the Old Kingdom.*

*In other scenes they are also shown holding hands and nose kissing, the favoured form of kissing in ancient Egypt.*



campaign the Muslim Brotherhood listed beauty pageants, music videos and sexy photographs as issues needing public debate; banning female presenters (even in veils) from state-run television and expanding religious education in public schools were also on the agenda. The brotherhood won 88 seats. And in most cases, there has been complete impunity for perpetrators of attacks on gay men; individual officers responsible for attacks have been promoted or shuffled around. As recently as September, at least one entrapment case occurred in Cairo; a young man was lured via a chat site and tortured - badly beaten and subject to electroshock on his genitals - by the same office of the public morality squad that had conducted Internet-based entrapments.

In the meantime, routine scapegoating of the West, and of its real and perceived agendas in the region, seems to be reaching new highs. The Egyptian government, despite its intimate strategic relationship with the U.S., has been increasing its rhetorical assaults on what is blithely reduced to an imperial, meddling West - ostensibly to parade its nationalist credentials in the face of America's disastrous exploits in the Middle East. (In September, Gamal Mubarak, the president's smooth-talking, Western-educated son and heir apparent, went so far as to dismiss Western initiatives designed to foster democratization in the region at a policy conference of the ruling National Democratic Party). Blanket attacks on what is vaguely referred to as "human

rights" continue; in late August, Mostafa Bakry's newspaper, Al Osboa, assailed Hossam Bahgat's organization, along with an NGO that works on AIDS, for defending "perverts." The ingredients for another crackdown exist in abundance in Egypt and the region at large.

Today the Queen Boat continues to sit docked on the Nile, its name clumsily respelled "Queen Boot" in garish green neon. It is hardly the gay hangout it once was, instead catering to the very occasional budget tourist. Many dragged away by the police that evening five years ago have since left the country, and others keep a low profile, although there are signs that young people have begun cruising the Nile banks again and meeting on the Internet.

As I prepared to leave Cairo at the beginning of the fall, I received an e-mail message from M., the businessman from the Queen Boat, since relocated to the States. "I sit here, and the Americans talk about something called Islamic fascism, the Arabs go on about their values," he wrote. "All of us, and I don't mean gay men, I mean all of us who don't fit the norm - democracy activists, queens, anything - it's us who get branded as Western, fifth columnists. We pay the price."

*Negar Azimi is senior editor of Bidoun, an arts-and-culture magazine based in New York. The New York Times, 4/12/06*

*Forwarded by MSM-Asia egroup*

## NACO readies action plan to help gays in India

With an alarming increase in HIV infection among men who have sex with other men (MSM) in India, the National Aids Control Organisation (NACO) has decided to increase the number of interventions meant for this community from 30 at present to 232 in the next five years.

NACO will allocate Rs 12-18 lakh for each intervention, which will be monitored by a recently formed coalition of 22 gay, bisexual and eunuch (hijra) organisations called 'India Network for Sexual Minorities'.

According to government estimates, 5% of all sexually active males in India have sex with other men, with Chennai, Andhra Pradesh and Orissa reporting the highest number of cases.

NGOs Treat Asia and the Naz Foundation International say that AIDS is spiraling out of control in Asia among the MSM population who are highly vulnerable to HIV/AIDS but remain largely ignored. India, like other Asian countries, has been addressing HIV/AIDS in high-risk groups such as female sex workers and injecting drug users, with the MSM population being left out because "many men are married and do not identify themselves as gay or bisexual".

Studies have found infection rates as high as 28% among MSM in Bangkok and 16% in India. Treat Asia's report, "MSM and HIV/Aids: Risk in Asia", which compiled studies conducted in 19 countries, said access to information and condoms is limited, with prevention programmes available to only 2% of MSMs in 16 Asia-Pacific countries. What's worse, sex between men is illegal in 11 of the countries surveyed. However under NACP-III, India plans to reach out to 2.5 lakh MSMs.

The health ministry is also taking up with the home ministry a proposal to amend Section 377 of the IPC to legalise men having sex with men to enable the government to make preventive interventions within this group to check the spread of the infection.

Humsafar Trust's Ashok Raw Kavi, who helped design the MSM programmes for NACP-III, told TOI, that NACO realises that there are at present three groups infected or affected by HIV/AIDS commercial sex workers, intra-drug users and MSMs. "Till now, most of the funds and programmes have been targeted for the first two categories. The final category got lost through denial. However now, India has realised that the MSM community is the worst affected with the disease and is at grave risk." *Gaybombay, 3/9/06*

## Transsexuals in Malaysia get more acceptance in Muslim society

Transsexuals are gaining more acceptance in mostly Muslim Malaysia, a well-known transsexual said Tuesday, a little more than year after she held a high-profile but controversial wedding with an accountant. Jessie Chung, an ethnic Chinese Malaysian who had sex-change surgery in 2003, said her country's transsexuals are "luckier than those in some other places" because anti-discrimination campaigns by nongovernment groups have helped to change the way in which many people view them.

"I know this because when I walk down the street, strangers who recognize me often approach me with encouraging words," Chung told reporters. "Our society is becoming more open-minded."

Chung, a Christian in her 30s who was born male, made national headlines by becoming the first transsexual to have a public wedding, on Nov. 12, 2005. She married accountant Joshua Beh in front of 800 guests in a ceremony conducted by independent church pastors.

However, the government has ruled the marriage invalid because it is considered a same-sex union. Chung's identification documents state she is a man, since Malaysian transsexuals cannot legally update their gender status even after changing their sex.

Sex-change surgery is legal in Malaysia, but activists have long said transsexuals here face widespread prejudice and often cannot find employment, forcing some into illegal sex work. Outreach groups estimate there are at least 50,000 transsexuals in Malaysia. Chung's wedding sparked public debate about transsexual issues, such as Islamic laws that put Muslims who cross-dress at risk of being jailed and fined, the AP said.

Some 60 percent of Malaysia's 26 million people are ethnic Malay Muslims, but there are large ethnic Chinese and Indian minority communities, mostly Buddhists, Christians and Hindus, who are not subject to Islamic laws.

Chung, a semiprofessional singer, marked her wedding anniversary by launching an album of mainly Mandarin-language ballads that convey her life experiences. Producers hope to market it at home and in Singapore, Taiwan and other Chinese-speaking territories.

*Posted on the internet by Al-Fatiha, 13/12/06*

# Adult male circumcision significantly reduces risk of acquiring HIV

*Interim review of two NIH clinical trials reveals that medically performed circumcision significantly reduces man's risk of HIV through heterosexual intercourse.*

The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), announced an early end to two clinical trials of adult male circumcision because an interim review of trial data revealed that medically performed circumcision significantly reduces a man's risk of acquiring HIV through heterosexual intercourse. The trial in Kisumu, Kenya, of 2,784 HIV-negative men showed a 53 percent reduction of HIV acquisition in circumcised men relative to uncircumcised men, while a trial of 4,996 HIV-negative men in Rakai, Uganda, showed that HIV acquisition was reduced by 48 percent in circumcised men.

"These findings are of great interest to public health policy makers who are developing and implementing comprehensive HIV prevention programs," says NIH Director Elias A. Zerhouni, M.D. "Male circumcision performed safely in a medical environment complements other HIV prevention strategies and could lessen the burden of HIV/AIDS, especially in countries in sub-Saharan Africa where, according to the 2006 estimates from UNAIDS, 2.8 million new infections occurred in a single year."

"Many studies have suggested that male circumcision plays a role in protecting against HIV acquisition," notes NIAID Director Anthony S. Fauci, M.D. "We now have confirmation - from large, carefully controlled, randomized clinical trials - showing definitively that medically performed circumcision can significantly lower the risk of adult males contracting HIV through heterosexual intercourse. While the initial benefit will be fewer HIV infections in men, ultimately adult male circumcision could lead to fewer infections in women in those areas of the world where HIV is spread primarily through heterosexual intercourse."

The findings from the African studies may have less impact on the epidemic in the United States for several reasons. In the United States, most men have been circumcised. Also, there is a lower prevalence of HIV. Moreover, most infections among men in the United States are in men who have sex with men, for whom the amount of benefit provided by circumcision is unknown. Nonetheless, the overall findings of the African studies are likely to be broadly relevant regardless of geographic location: a man at sexual risk who is uncircumcised is more likely than a man who is circumcised to become infected with HIV. Still, circumcision is only part of a broader HIV prevention strategy that includes limiting the number of sexual partners and using condoms during intercourse.

The co-principal investigators of the Kenyan trial are Robert Bailey, Ph.D., M.P.H., of the University of Illinois at Chicago, and Stephen Moses, M.D., M.P.H., University of Manitoba, Canada. In addition to NIAID support, the Kenyan trial was funded by the Canadian Institutes of Health Research and included Kenyan researchers Jeckoniah Ndinya-Achola, M.B.Ch.B., and Kawango Agot, Ph.D., M.P.H. The Ugandan trial is led by Ronald Gray, M.B.B.S., M.Sc., of Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland. Additional collaborators in the Ugandan trial were David Serwadda, M.Med., M.Sc., M.P.H., Nelson Sewankambo, M.B.Ch.B., M.Med.M.Sc., Stephen Watya, M.B.Ch.B., M.Med., and Godfrey Kigozi, M.B.Ch.B., M.P.H.

Both trials involved adult, HIV-negative heterosexual male volunteers assigned at random to either intervention (circumcision performed by trained medical professionals in a clinic setting) or no intervention (no circumcision). All participants were extensively counseled in HIV prevention and risk reduction techniques.

Both trials reached their enrollment targets by September 2005 and were originally designed to continue follow-up until mid-2007.

However, at the regularly scheduled meeting of the NIAID Data

and Safety Monitoring Board (DSMB) on December 12, 2006, reviewers assessed the interim data and deemed medically performed circumcision safe and effective in reducing HIV acquisition in both trials. They therefore recommended the two studies be halted early. All men who were randomized into the non-intervention arms will now be offered circumcision.

"It is critical to emphasize that these clinical trials demonstrated that medical circumcision is safe and effective when the procedure is performed by medically trained professionals and when patients receive appropriate care during the healing period following surgery," notes Dr. Fauci.

Researchers have noted significant variations in HIV prevalence that seemed, at least in certain African and Asian countries, to be associated with levels of male circumcision in the community. In areas where circumcision is common, HIV prevalence tends to be lower; conversely, areas of higher HIV prevalence overlapped with regions where male circumcision is not commonly practiced.

Results of the first randomized clinical trial assessing the protective value of male circumcision against HIV infection, conducted by a team of French and South African researchers in South Africa, were reported in 2005. That trial of more than 3,000 HIV-negative men showed that circumcision reduced the risk of acquiring HIV by 60 percent. The trial was funded by the French Agence Nationale de Recherches sur le Sida (ANRS).

For more information on the Kenyan and Ugandan trials of adult male circumcision, see the NIAID Questions and Answers document at .

The World Health Organization (WHO) press statement in response to the NIAID DSMB recommendation is available on the WHO web site, .

News releases, fact sheets and other NIAID-related materials are available on the NIAID Web site at .

NIAID is a component of the National Institutes of Health. NIAID supports basic and applied research to prevent, diagnose and treat infectious diseases such as HIV/AIDS and other sexually transmitted infections, influenza, tuberculosis, malaria and illness from potential agents of bioterrorism. NIAID also supports research on basic immunology, transplantation and immune-related disorders, including autoimmune diseases, asthma and allergies.

The National Institutes of Health (NIH) - The Nation's Medical Research Agency - is comprised of 27 Institutes and Centers and is a component of the U. S. Department of Health and Human Services. It is the primary Federal agency for conducting and supporting basic, clinical, and translational medical research, and investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit .

*Publish Date: 13/12/200. Posted on the internet by AIDS-Asia*

...heterosexuality is not identical to the reproductive intercourse of the sexes; heterosexuality is not the same as sex distinctions and gender differences; heterosexuality does not equal the eroticism of women and men. Heterosexuality, I argue, signifies one particular historical arrangement of the sexes and their pleasures...

*Jonathon Ned Katz, The Invention of Heterosexuality*

# Statement on Kenyan and Ugandan trial findings regarding male circumcision and HIV

## Male circumcision reduces the risk of becoming infected with HIV, but does not provide complete protection—

*Statement developed by the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the World Bank and the UNAIDS Secretariat.*

**Geneva, 13 December 2006** – The Joint United Nations Programme on HIV/AIDS and its Cosponsors, WHO, UNFPA, UNICEF and the World Bank, note with considerable interest today's announcement by the US National Institutes of Health that two trials assessing the impact of male circumcision on HIV risk are being stopped on the recommendation of the NIH Data Safety and Monitoring Board (DSMB).

The two trials, funded by the US National Institutes of Health, were carried out in Kisumu, Kenya, among men aged 18-24 years and in Rakai, Uganda, among men aged 15-49 years. The trials, which completed enrolment of patients in 2005, were stopped by the DSMB evaluating the results of interim analyses. The role of the DSMB is to assess progress of the trials and recommend whether to continue, modify or terminate them. Although no detailed results have been released at this time, the National Institutes of Health statement makes it clear that the studies are being stopped because they revealed an approximate halving of risk of HIV infection in men who were circumcised.

The results support the findings of the South Africa Orange Farm Intervention Trial, funded by the French Agence Nationale de Recherches sur le SIDA (ANRS) and published in late 2005, which demonstrated at least a 60% reduction in HIV infection among circumcised men.

A further trial to assess the impact of male circumcision on the risk of HIV transmission to female partners from HIV-infected men, led by researchers at Johns Hopkins University, is currently under way in Uganda, with results expected in 2008. The effect of male circumcision on reducing the risk of HIV transmission among men who have sex with men has not been studied in a randomized controlled trial.

WHO and the UNAIDS Secretariat will rapidly convene a consultation to examine the results of these trials to date and their implications for countries, particularly those in sub-Saharan Africa and elsewhere with high HIV prevalence and low male circumcision levels.

Although these results demonstrate that male circumcision reduces the risk of men becoming infected with HIV, the UN agencies emphasize that it does not provide complete protection against HIV infection. Circumcised men can still become infected with the virus and, if HIV-positive, can infect their sexual partners. Male circumcision should never replace other known effective prevention methods and should always be considered as part of a comprehensive prevention package, which includes correct and consistent use of male or female condoms, reduction in the number of sexual partners, delaying the onset of sexual relations, and HIV testing and counselling. It is anticipated that news of these results will heighten interest in male circumcision from governments, non-governmental institutions, and the general public in a number of countries, in addition to increasing demand for male circumcision services. WHO, the UNAIDS Secretariat and their partners will review the detailed trial findings and will then define specific policy recommendations for expanding and/or promoting male circumcision. These policy recommendations will need to take into account:

- cultural and human rights considerations associated with promoting circumcision;
- the risk of complications from the procedure performed in various settings;
- the potential to undermine existing protective behaviours and

prevention strategies that reduce the risk of HIV infection; and

- the observation that the ideal and well-resourced conditions of a randomized trial are often not replicated in other service delivery settings.

Countries or health care institutions which decide to offer male circumcision more widely as an additional way to protect against HIV infection must ensure that it is performed safely by well-trained practitioners in sanitary settings under conditions of informed consent, confidentiality, risk reduction counselling and safety. These countries or institutions must also ensure that male circumcision is promoted and delivered in a culturally appropriate manner and that sufficient and correct information on the continuing need for other HIV prevention measures is provided. This will be necessary to prevent people from developing a false sense of security and, as a result, engaging in high risk behaviours which could negate the protective effect of male circumcision.

In order to support countries or institutions that decide to scale up male circumcision services, WHO, the UNAIDS Secretariat and their partners are developing:

- 1) Technical guidance on ethical, rights-based, clinical and programmatic approaches to male circumcision
- 2) Rapid assessment toolkits for a) determining circumcision prevalence, determining acceptability, identifying key providers, and estimating costs and b) monitoring numbers of circumcisions performed, their safety, and their potential impact on sexual behaviour
- 3) Guidance on training, standard setting, certification, and accreditation.

WHO, UNFPA, UNICEF, the World Bank, the UNAIDS Secretariat and their partners will continue to work together to support governments and other development partners and to provide coordinated, consistent and up-to-date guidance for service delivery, including for the monitoring and evaluation of services and follow-up of men who have been circumcised. These groups will also work cooperatively to identify the best means of increasing the delivery of safe circumcision services in countries that choose to do so.

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The statement from the NIAID News and Public Information Branch can be found on [http://www3.niaid.nih.gov/news/newsreleases/2006/AMC12\\_06press.htm](http://www3.niaid.nih.gov/news/newsreleases/2006/AMC12_06press.htm).

The WHO statement can be found on <http://www.who.int/mediacentre/news/statements/2006/s18/en/index.html>.

# A review of knowledge about the sexual networks and behaviours of men who have sex with men in Asia

Gary Dowsett, Jeffrey Grierson and Stephen McNally  
La Trobe University

## Broad project recommendations

It may be no surprise that a review such as this would recommend that further research needs to be conducted in this area, and we would like to highlight four key areas in which attention needs to be paid to the type of research conducted and the manner in which it is undertaken. These four areas are:

- (1) the use of the concept and terminology of MSM;
- (2) attention to the interplay, dynamism and fluidity of cultural definitions of same-sex sexual practice;
- (3) attention to the dynamic networks of same-sex male sexual practice, particularly where these can be seen as integral to broader social networks; and (4) the roles of gender and sexual economies as organising constructs for much of what is currently characterised as same-sex orientation.

## MSM as a construct

The concept of MSM as a behavioural category masks the diversity and complexity of male-to-male sex in these countries, and may point to the possibility of similar diversity in other parts of the region. Often terms such as "gay", "homosexual" and "bisexual" are used as unproblematic categories in some of the literature reviewed, and we note carefully the difficulties of such usage in the country reports. But using MSM as a category does not work either. Despite the fact that some research uses MSM as a specific group to study, it is clear from the material reviewed that there is not a clearly identifiable group of men who can be labelled MSM in any of the countries. The literature reveals that there are no socially or self-defined groups of men that fit into an overarching category of MSM. What the review shows is that there are just men!! Fishermen, students, factory workers, military recruits, truck drivers, and men who sell sex, and so on: all these categories of men are to be found in the studies and programmes reviewed. And were we to use reports from countries elsewhere to offer pointers to other MSM (e.g. sex between men in mining communities in South Africa), then clearly in these four countries there are other MSM still to be investigated.

There are two key issues here. The literature available is not exhaustive of the possibilities of same-sex-seeking cultures and patterns of sex between men in these four countries, and there is still too little evidence to be certain where many of the MSM populations investigated so far fit into the overall MSM picture.

## The many practices of male-to-male sex

The sexual practices of men need to be put into cultural context. There are many meanings attached to various sexual practices. From the literature reviewed, it is not always possible to know what meanings are attached to various sexual practices. It is clear that both 'traditional' sexual relations produce many of the patterns seen in the studies reviewed. In some cases these patterns are recognised, for example, the hijra, waria and kathoey all represent longstanding categories of men who are recognised to be available for and pursue sex with other men. Similarly, rickshaw pullers in South Asia could be seen to constitute another longstanding population of men who also have sex with men on occasion (and with women and sex workers of both sexes as well) and the sexual acts they engage in are quite varied because of this dispersal of sexual interests. There are also emerging patterns of sex between men resulting from modernisation and urbanisation, e.g. gay men in Indonesia, sex between males students or with sex workers in Bangladesh, which are yet to resolve into clear or singular patterns.

Similarly, cities are continually providing spaces for sex (parks, railway stations etc.) where younger and/or older men meet, and

where prevention activity by NGOs is discursively re-shaping the populations they reach in ways that may not reflect logical clustering in terms of common sexual identification or any sense of being a group of like persons. The sexual practices facilitated by this quite substantial amount of sex with 'casual' partners (as it would be termed in the West) are varied. There is some evidence of a kind of gendered behaviour (kathoey is thought to be receptive in anal intercourse - except this is not always the case in practice) that may be age-related, and some of it contextualised within deeper relational meanings (e.g. boyfriends).

But the key message once again is considerable variation that makes it difficult to categorise risky practice in relation to this group or that as such, or to any specific circumstances (e.g. young sex workers are always receptive [not so]).

## Dynamic networks

Within this quite diverse and dispersed sexual activity there are, admittedly, denser networks of MSM. The dilemma is that these often have been subject to more research and appear more 'solid' as groupings than they should. We are convinced that positioning these more well-known populations as the key MSM grouping in any country is erroneous and we warn against that substitution.

There are certainly male sex workers (MSW) who sell sex quite regularly and are known as such. However, it would appear that these men cannot easily be sequestered into an MSW group as a discrete permanent category, because their sporadic sex selling does not make many MSW a form of commercial sex work analogous to female sex workers (FSW) in the way that could warrant the tag "commercial sex worker (CSW)" - and for this reason we have not used this last term in this report. Therefore, categorising a man because he has sold sex yesterday as MSW for the purposes of assigning a risk status would be incorrect.

Even if MSM sexual networks exist - and there is evidence of denser, more continuous networks surrounding or facilitated by the AIDS service organisations serving MSM these networks are not stable over time. There are variations related to seasonality, life stage (e.g. marriage), urban-rural migration, educational pursuits, and so on. Men move in and out of these networks. But the key issue appears to be the large number of men who are not 'networked' in any conventional way. Here, there is dearth of research reports or data on such men, usually married, or in mid life, who have maintained a sexual interest in other men and pursued that over many years. We have little sense of that continuity from the research findings available. Nor do we have much sense of how these men see themselves and their risk in relation to HIV/AIDS. Considerably more exploration of these men - possibly the majority of men actually having sex with other men in these countries - is needed, and reveals a significant great gap in our knowledge and lays a trap for who is positioned as the MSM in epidemiological modelling.

## Gender and sexual economies

The realities of sexual practices do not always fit popular beliefs. For example, cultural meanings and practices of men who identify as kathoey, waria or hijra are not that same. Classifying kathoey, waria and hijra as the 3rd sex or 3rd gender who are penetrated does not allow for a range of meanings and practices influenced by time and space. Indications are that modal preferences in sexual acts do exist but are far from firm or predictable, and there is some sense that there is a discursive *construction* occurring as a result of AIDS service organisations, researchers, and other NGOs utilising concepts (such as "gender role") to configure and make sense of what they are

observing.

Similarly, men classified as MSW in studies are a diverse group of men. They sell sex for many different reasons and perform different types of sex work, i.e. for money, exchange for food, accommodation and survival. Male sex workers in the West often identify as 'heterosexual'; it is unclear from the reports reviewed how such distinctions or identifications might work in these Asian countries and how they would play themselves out in relation to sexual practice. There is evidence of those categorised as MSW having diverse sexual partners; whether that leads to identification as 'heterosexual', or its cultural equivalent, is unclear. As such, it is unwise to position such men as some equivalent to Western 'bisexual' men and position them as a potential bridge population between the homosexually active and those normatively heterosexual - precisely because these two sides of the Western sexuality binary are themselves neither stable nor readily applicable in these countries as well. Indeed, MSW may be more at risk of receiving HIV from the men who pay them or from the FSW they themselves also seek out.

#### Conclusion

These four issues by no means capture the full complexity of the difficulty emerging in any analysis of MSM in these four countries. These are explored in more detail in the four country reports. But they frame the key conceptual issues and point to major obstacles in the

utilisation of the category MSM in any singular or simplistic way. What this review has revealed is very large amount of sex between men occurring within many diverse configurations, some more firmly within networks than others, but in the main very fluid and changeable. There is significant vulnerability to HIV infection among these populations, but the directions for transmission are not at all clear or easily predictable *on the current evidence*.

The research reviewed is also patchy in terms of quality at times, dominated by forced choice survey method often with incompatible categories and items, and with poor sampling frames at times. Such findings are suggestive, highly so at times, but need to be approached cautiously. Large, better-designed studies exist and, in the main, point to and confirm the central tenet of the argument in this review - an acknowledgement of diversity and a warning against the convenience of convergence.

Clearly there is more to be done. Providing good conceptual and methodological leadership in producing some systematisation in further research would go a long way toward securing better data sets and more sophisticated findings. These are important to predict the movement of the epidemic in these countries, and in understanding the vulnerability of those populations of men whose sexual interests in other men have to date been neglected and forgotten in forging responses to HIV/AIDS in this region.

## Sex workers and gays roped in to fight AIDS

Southern African countries on Tuesday began a three-day meeting to look at how sex workers and homosexuals could be roped in to fight HIV and Aids in the world's worst affected region.

"To make advances in prevention, we must begin to tackle honestly the difficult questions that the epidemic raises ... addressing positively the needs of sex workers and of men who have sex with men," Malawi's Health Minister Marjorie Ngaunje said.

She said the fight against HIV and Aids "will take a better turn if we stop doing business as usual ... we must address the real drivers of the epidemic and target groups that are most vulnerable."

Ngaunje, speaking at the opening of the third annual forum of national AIDS authorities from the 14 member nations of the Southern African Development Community (SADC), said southern Africa needed to break the silence on the most vulnerable group.

The host minister told AFP outside the meeting: "Let's be open and start talking about prostitutes and homosexuals because its only South Africa among the SADC states that recognises homosexuals."

"These issues are a strange phenomenon in most countries ... prostitution is not officially accepted in Malawi and other countries but the truth is that it happens and let's open up and we need to start talking about these issues."

Ngaunje said HIV prevention "will take a better turn if we stop doing business as usual... We must address the real drivers of the epidemic and target groups that are most vulnerable."

Omotayo Olaniyan, African Union regional delegate to the SADC, told the meeting that poor provision of services for sex workers and drug users had allowed HIV to take root in society's most vulnerable populations.

Olaniyan said young people and women were also vulnerable to infection due to poverty and their lack of control over their sex lives in male-dominated societies.

"These are the heart of the acceleration of the spread of HIV," Olaniyan said.

He said southern Africa was the "epicentre" of the pandemic, since one third or 32 percent of all people with HIV worldwide lived in the region and 34 percent of all deaths arising from AIDS in 2006 occurred in southern Africa.

"You will agree with me that these are not acceptable developments...it is a well known fact that we are not yet winning the war against HIV and AIDS."

A 2006 report by UNAIDS shows that 63 percent of all adults and children with HIV live in Sub-Saharan Africa.

According to the report, adults and children newly infected with the virus rose to 2.8-million in 2006 from 2.4-million in 2004.

The meeting will also tackle the burning issue of whether male circumcision helps prevent the spread of HIV.

SADC groups Angola, Botswana, the Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.

Forwarded by Richard Burzynski, ICASO, 14/12/06

### Why we must work with male-to-male sex and HIV prevention, care and support

Because:

- It is the right thing to do on humanitarian grounds
- It is the right thing to do epidemiologically
- It is the right thing to do from a public health perspective

Males who have sex with males (MSM) whether their self-identity is linked to their same sex behaviour or not, have:

- The right to be free from violence and harassment
- The right to be treated with dignity and respect
- The right to be treated as full citizens in their country
- The right to be free from HIV/AIDS

MSM who are already infected with HIV have the right to access appropriate care and treatment equally with everyone else, regardless of how the virus was transmitted to them.

## Men who have sex with men (MSM): how much to assume and what to ask?

Marian K Pitts, Murray A Couch and Anthony MA Smith. *MJA*, Volume 185 Number 8, 16<sup>th</sup> October 2006, p450-452

### An extract

#### Recognition of MSM

How does one recognise MSM? Would the behavioural question be: "Have you ever had sex with a man?" or "Have you had sex with a man in the past year?" and/or "Have you also had sex with a woman?" And how would the word "sex" be interpreted?

Presumably, the narrowest definition of MSM would be a man who has experienced anal sex (insertive or receptive) on at least one occasion in his life. However, it is not surprising that publications on MSM almost never offer a definition, or, if they do, proceed to bundle MSM with gay, bisexual and other homosexually active men into a single analysis.

MSM and their health needs are most likely to evade recognition because of the heteronormative nature of most clinical practice – based on the assumptions that, until proven otherwise, all people have a simple sexual identity, and that it is heterosexual. A gay [-identified] man who is "out" about his sexuality to his doctor (67.2% of men in the *Private lives* survey had told their doctors<sup>1</sup>) may find his general health concerns sometimes overshadowed by concerns about sexual health. This may be understandable, given the relatively high rates of HIV and other STIs among these men. However, STIs [sexually transmitted infections] or any other single issue should not become an overriding focus of any clinician-patient relationship.

#### When, how, and what to ask a man about sex?

Simply put, when and if you consider it matters, avoiding a default

assumption that the man is heterosexual, even if he is married, partnered with a woman or has children. MSM have wives and children too! In most cases, the need to ask is determined by presenting condition, and it may not matter so much to whom a man is attracted, or what he identifies as his sexual identity, as what his recent sexual practices have been. So, ask questions about the sex he *does*, rather than about what he *is*. Of course, if the presenting problem has to do with a complicated life course perhaps including mental health issues, then questions about sexual attraction and identity could well be the important ones.

... Finally, we are confident that it is rare that health articles define the population in terms of a single behavioural characteristic. To think analogously, would we not shrink from referring to WWR (women who reproduce), PWJ (people who jog), or indeed MSW (men who have sex with women)? Is it so surprising that we would prefer the term "male-to-male sexual practices" or MMSP?

1. Pitts MK, Smith AMA, Mitchell A, Patel S. *Private lives: a report on the health and wellbeing of GLBTI [gay, lesbian, bisexual, transgender, intersex] Australians*. Monograph series No. 57. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University, 2006.

## Gay men and primary care: the issues discussed in JAMA editorial

Michael Carter, Tuesday, November 28, 2006. *AIDSMap*, 1/12/06

Authors in a special men's health edition of the *Journal of the American Medical Association* published on November 14th, examine ways in which the healthcare needs of gay men can be addressed in primary care. Although the article was written with United States' general practice in mind, some of its recommendations nevertheless seem appropriate for the United Kingdom, particularly as there are proposals for the routine care of HIV-positive individuals to be transferred to general practice, and because many gay men presenting with symptoms of HIV to general practice often have their diagnosis missed.

For the past quarter of a century, healthcare providers working with gay men (or men who have sex with other men and do not identify as gay or bisexual) have been preoccupied with HIV. Even though potent anti-HIV therapy can mean a longer, healthier life, HIV remains a significant health concern for gay men in the United States and other western countries today. In the US, an estimated 200,000 men became infected with HIV due to sex with another man, and it's estimated that a further 20,000 men will acquire the infection due to sex with another man in 2006.

Although the number of HIV infections in the UK is smaller, gay men are still the group most affected by HIV, and there has been a steady increase in the number of new infections involving gay men in the UK each year since the late 1990s onwards.

But despite the attention given to HIV, the authors stress the importance of remembering that, even in city's with large gay populations and a high HIV prevalence, the overwhelming majority of gay men remain HIV-negative. They also stress that it is equally important to remember that all gay men, regardless of their HIV status, have healthcare needs that are the same as other men, and that

primary healthcare services that are devoid of prejudice, judgment and homophobia need to be provided to ensure that gay men access the care and treatment that they need.

Yet the authors note that gay men are likely to have some healthcare needs addition to those of most heterosexual men. These include regular screening for sexually transmitted infections, hepatitis A and B vaccination, screening for cancerous and pre-cancerous cell changes in the anus caused by strains of the human papilloma virus, problematic drug or alcohol problems, increased mental health needs, support dealing with stigma, and help forming a positive identity in the face of prejudice and discrimination, particularly during the "coming out process."

"Straightforward, non-judgmental" discussions should, the authors recommend, take place in primary care regarding these issues. The authors also emphasise that GP practices should also ensure that they have an environment that makes gay men feel comfortable. For example, there should be "inclusive" health information provided and questions about "next of kin" should not be restricted to blood relatives or opposite-sex partners.

The authors conclude, "much work remains to determine how to help gay men and non-gay-identified MSM engage in healthy lives that include embracing a positive image and minimising sexual risk. Despite the complexities involved and the need for further research, clinicians can listen to these patients openly and without judgment and become better educated about current recommendations for the care of gay or other MSM."

#### Reference

Makadon HJ et al. *Optimizing primary care for men who have sex*

## Iraq police abduct gays at gunpoint

Ten gay men have been abducted in Iraq and it is feared all of them may have been murdered.

Five young activists from Iraqi LGBT, Amjad 27, Rafid 29, Hassan 24, Ayman 19 and Ali 21 were seized at gunpoint by Iraqi police while holding a secret meeting in the al-Shaab district of Baghdad on 9 November.

They were communicating with Ali Hili, a British-based gay Iraqi Muslim who heads Iraqi LGBT and is Middle East spokesman for UK queer rights group Outrage.

Hili said: "For the last few months they had been documenting the killing of lesbians and gays, relaying details of homophobic executions to our office in London, and providing safe houses and support to queers fleeing the death squads.

"Suddenly there was a lot of noise, then the connection ended."

Just days later, Haydar Kamel, aged 35, the owner of famous men's clothing shop in the al-Karada district of Baghdad, was kidnapped near his home in Sadr city. The kidnappers were members of the Mahdi army, an Islamist militia loyal to fundamentalist leader Muqtada al-Sadr.

"Haydar had previously received death threats because of rumours about his alleged homosexuality. For many months, he had financially supported several gay men who were in hiding after they had been threatened by death squads," claims Hili.

Police also arrested four employees at the Jar al-Qamar barbershop in the al-Karada district of Baghdad which was popular with gay men.

None of the 10 men have been heard from and it is feared all have been summarily executed.

"These disappearances are the latest 'sexual cleansing' operations mounted by extremist Islamist death squads, many of whom have

infiltrated the Iraqi police," notes Hili, who has obtained details of the kidnappings from his underground Iraqi LGBT activist colleagues in Baghdad.

"They are systematically targeting gays and lesbians for extrajudicial execution, as part of their so-called moral purification campaign. The aim of the death squads is the creation of a fundamentalist state, along the lines of the religious dictatorship in Iran."

Earlier, in June this year, extremist Islamist death squads burst into the home of two lesbians in city of Najaf. They shot them dead, slashed their throats, and murdered a young child the lesbians had rescued from the sex trade.

The two women, both in their mid-30s, were members of Iraqi LGBT. They were providing a safe house for gay men on the run from death squads. None of those men were at home when the assassins struck. They are now hiding in another of the group's safe houses in Baghdad.

Hili said: "Two militias are doing most of the killing. They are the armed wings of parties in the Bush and Blair-backed Iraqi government. Badr is the militia of the Supreme Council for Islamic Revolution in Iraq, which is the leading political force in Baghdad's government coalition. Madhi is the militia of Muqtada al-Sadr."

Outrage's Peter Tatchell says Iraqi LGBT has established a network of activists working in Baghdad, Najaf, Karbala, Hilla and Basra.

"These courageous activists are helping gay people on the run escape to Syria, Jordan and Lebanon," Tatchell said.

"The world ignores the fate of gay Iraqis at its peril. Their fate today is the fate of all Iraqis tomorrow." *Pink Paper UK*, 5/12/06

## Singapore to legalise anal and oral sex - but only for heterosexuals

As part of Singapore's first major penal code amendments in 22 years, anal and oral sex in private among consenting heterosexual adults will soon be decriminalised but the law criminalising sexual acts between men will remain.

Anal and oral sex will no longer be a criminal offence in Singapore but this will only apply to consenting heterosexual adults while sexual acts between men will remain a crime, the government said on Wednesday.

The Ministry of Home Affairs (MHA) said it has conducted a detailed review of sexual offences in the penal code. The review was first announced in November 2003 after a huge public outcry erupted over the injustice of convicting a police constable for consensual oral sex with a teenager who was thought to be of legal age until later.

A relic of British colonial rule, Section 377 - which criminalises sexual acts 'against the order of nature with any man, woman or animals' and provides for life imprisonment for life, or with imprisonment and a fine - will be repealed while Section 377A, which criminalises "gross indecency" between males whether in public or in private and prescribes up to two years' imprisonment, will be left as is.

Britain, Hong Kong and Australia have since repealed laws prohibiting sex between men in 1967, 1991 and 1997 (in the state of Tasmania, the last Australian state to do so) respectively.

An "explanatory note" issued by MHA to official newsrooms after office hours on Tuesday, which was obtained by *Fridae*, read: "The law on sexual offences deals with sexual relationships and embodies what society considers acceptable or unacceptable behaviour.

"When it comes to homosexual acts, the issue is whether Singaporeans are ready to change laws to bring them in line with heterosexual acts. Singapore remains, by and large, a conservative society. Many do not tolerate homosexuality, and consider such acts abhorrent and deviant. Many religious groups also do not condone homosexual acts. This is why the Government is neither encouraging

nor endorsing a homosexual lifestyle and presenting it as part of the mainstream way of life."

The news has enraged the local gay community. Miak, who is an active member of several gay groups, said: "What is the argument for the decriminalising of non-vaginal sex between heterosexuals but not for homosexuals? Is it about how conservative Singapore society is, and how some people find homosexual sex deviant, offensive, repugnant? I think that the same people might also find non-vaginal - meaning oral/anal sex which will soon be legalised - deviant, offensive and repugnant too!"

"The law hasn't been used to prosecute in recent times - so what is the point of retaining it? To maintain a facade of moral standards?"

While welcoming the repeal of Section 377, gay and lesbian advocacy group People Like Us (PLU) said that the "assurance" that it "will not be proactive in enforcing the section against adult males engaging in consensual sex with each other in private" is inadequate as it cannot be relied upon legally.

In a statement issued on Wednesday to call on the government to repeal both Section 377 and 377A, PLU said: "The retention of s.377A, even if not enforced, will signal to many that homophobia is justifiable and acceptable and has the support of the State. "If the government aims for an open, inclusive society, it should be doing all it can to overturn prejudice and discrimination, rather than give people reason to remain closed-minded through retaining s.377A for symbolic purposes."

Subhas Anandan, president of the Association of Criminal Lawyers in Singapore, questioned the rationale for not repealing Section 377A in a *Channelnewsasia* interview: "If you are a homosexual or a lesbian, I think you can get into trouble. We are talking about an inclusive society and being more broad-minded. Why do we want to keep these people away, out of the circle? I think we should be more broad-minded, more sympathetic and allow these people to be included in our society." *MSM-Asia*, 17/11/06

## MSM and AIDS in Asia

HIV/AIDS is hitting Asia in a big way, and MSM are now bearing the brunt of it. Dr Tan Chong Kee urges all MSM to ask ourselves what we can do to stop the spread of HIV among the community.

In July 2004, Dr Bates Gill, the Freeman Chair in China Studies from the Centre for Strategic and International Studies in Washington, testified to the Asia and the Pacific subcommittee of the US House of Representatives' Committee on International Relations. He entitled his testimony "The Coming 'Second Wave': HIV/AIDS in Asia."

When Dr Gill sounded that alarm more than two years ago, HIV/AIDS among Asian MSM (men who have sex with men) was not considered a serious issue. He made no mention of it in his testimony. In just two short years, the situation has completely changed. HIV infections among MSM in many parts of Asia are now showing a sharp rise.

Dr Gill states that: "The center of gravity of the global epidemic is shifting perceptibly eastward from Africa and increasingly affects Eurasia." This shift that Dr Gill noticed is now in full swing. The most recent update released by UNAIDS, published on 21 November 2006, show that South and Southeast Asia is now in second place behind only Africa with a total of 860,000 new infections in one year, and about 7.8 million persons living with HIV/AIDS. Let's take the smaller figure of 860,000 and think what it means. It means almost one new infection every 36 seconds. By the time you've read this far, two more people have already become HIV+ somewhere in South and Southeast Asia.

The situations in some of the hardest hit countries are staggering. In India, 12.5% of MSM in Mumbai are HIV+ while in Andhra Pradesh it is 18.2%. In Phnom Penh Cambodia, HIV prevalence among MSM in 2003 was already estimated to be 14.4%. In Indonesia, 22% of transgender sex workers (Waria) are HIV+. In Bangkok Thailand, more than 1 in every 4 (28.3%) MSM you meet is likely to HIV+. MSM also contribute to a disproportionately large amount of new infections. Being no more than 5-10% of the total population, they contribute to 22% of new infections in Singapore. In Japan HIV infections among MSM has recently seen a 64% increase.

If we compare the prevalence rate among the general population and among MSM, the difference becomes even more stark. In Ho Chi Minh City Vietnam, a MSM is 20 times more likely to be HIV+ than his heterosexual counterpart. In Hong Kong, MSM are 25 times more likely to be HIV+. In Japan, 44 times more likely. In China, 46 times more.

An even more worrying trend is how hard new infections are now hitting MSM youths. In Thailand, prevalence among youths between 16-21 years old rose from 13% to 23%. In Myanmar, prevalence among adult is 1.3% but among young people 15-24 years old is 2.2%. In Singapore, STD and HIV prevalence among youths are also rising sharply.

These high prevalence rates are the result of low rates of condom use among MSM. In Myanmar, 60% of young men use condom consistently. In Singapore only 42% of MSM use condoms for anal sex. In Thailand only 20-30% of sexually active young Thais use condom consistently. In Shenzhen China, authorities report that less than 20% of MSM use condom consistently. In Siam Reap Cambodia, MSM condom use rate is only 16%. In Philippines, only 6% of sex workers use condom with all their clients. In Japan, MSM anal sex is so ignored by the Japanese government that there is no data on MSM condom use. As a rule of thumb, consistent condom use needs to be 80% or more to prevent the rapid spread of HIV in a population.

If that is not scary enough, many governments across Asia are still dragging their feet in facing up to these staggering numbers of MSM afflicted by HIV/AIDS. Deep seated prejudice and stigma are causing many governments to refuse launching full-scale outreach and safe-sex public education programs for MSM or to impede those launched by NGOs. For example, police raids on saunas in Malaysia have

caused owners to ban outreach workers.

This is extremely shortsighted because the cost of prevention is several orders of magnitude less than the cost of caring for an HIV+ patient, even before taking the loss of productivity into consideration. Dr Peter Piot, Executive Director of UNAIDS puts it very bluntly: "Asian nations face a choice. They can act now or pay later... There is no question about what needs to be done to fight AIDS in Asia. The only question is whether the governments and people of Asia will have the courage to do it."

Government inaction on the one hand is exacerbated by the invisibility of MSM on the other. As the Therapeutics Research Education AIDS Training (TREAT) report on Asia (published Aug 2006) noted: "Safe sex practices are adopted and maintained only if they become normative behaviour that is embraced by a community. But what if there is no MSM community to embrace them?"

In parts of Asia where MSM behaviours are still stigmatised, e.g., China, India, Indonesia, Malaysia, Japan, etc., apart from a younger generation of gay identified men, many older MSM in rural areas are married and engage in sex with men surreptitiously. They do not identify as gay nor admit to their extra-marital sexual practices. They are also less likely to practice safe sex. And they cannot be targeted for MSM outreach in the conventional way because they blend into the general population. This means that the many lessons learned in the West for outreach to gay-identified men are not easily applicable in such regions.

The state of Andhra Pradesh in India is now the leader in the race to find an effective prevention strategy suitable for Asia. Hindustan Times reported in August 17, 2006 that: "People in Andhra Pradesh recently woke up to find that the morning paper wasn't the only thing being slipped under their doors. Along with it was a message of safe sex, a free three-pack of condoms. Looking for ways to popularise condom use in the face of the alarming spread of HIV/AIDS in the state, health officials had the condoms delivered along with the daily paper to 50 villages and four towns in the backward Telengana district."

This is a brilliant strategy because it is a cheap way to deliver safe-sex public education to large segments of the population. The public education message can include information on all forms of safe-sex practices. In that way, even MSM who are hidden among the general population can be reached.

Speaking at the Opening Session of the 16th International AIDS Conference in Toronto in Aug 2006, Bill and Melinda Gates challenged the world's politicians to see sex workers not as vectors of HIV infection but as essential allies and crucially well-placed educators. Similarly, instead of blaming MSM, seeing us as essential allies and crucially well-placed educators will go a long way in preventing the kind of tragedy in Africa from descending onto Asia.

The key question for MSM all across Asia now is to ask ourselves what we can do to stop the spread of HIV among my community. Each of us could contribute in our own ways. Some of us could put pressure on our government to learn from Andhra Pradesh and act. Others could volunteer in their local HIV/AIDS agencies. Still others could talk about it with their friends and family to engender a ground swell of awareness to galvanise action. But above all, every one of us must start practicing safer sex consistently, tell all our friends of our conviction, and advise them to do the same. Yes, talk about safer sex with all your gay or MSM friends as often as you can. They might not listen to an outreach worker, but they certainly will listen to you. Tell them, in your own words, why you think it is important and why you are now doing it. It is up to each one of us to drive the condom use rate in our countries up to 80% and beyond.

We all know what must be done to prevent the spread of AIDS from crippling our community. So now go and do it!

*MSM-Asia newsgroup, 1/12/06*

## Higher HIV infection rate among gay men in China, says expert

The HIV infection rate among gay men in China is climbing at an alarming rate largely due to a lack of awareness about the disease, according to an expert on homosexual studies.

The HIV infection rate is nearing 1.5 percent among sexually active homosexual men, Zhang Beichuan, a professor with Qingdao University's Medical School, told an anti-AIDS forum in Yichang.

"The health authorities have to do something to curb the rising infection rate among gay men, who account for two to four percent of the sexually active adult male population," Zhang said.

China's first, and most recent, official figure on male homosexuality was released in 2004, putting the total of gay men in the country at between five and ten million. The Ministry of Health currently claims China has around 650,000 HIV carriers, which translates into an infection rate of 0.05 percent in the combined male and female population of 1.3 billion.

In his latest study in a northeast China city, Zhang found that only 20 percent of the 215 gay men he interviewed used condoms and 90 percent of them ruled out any likelihood of having contracted HIV.

And it seems a lack of general education is not to blame. "About half of them were college graduates," Zhang said.

In a Beijing survey, only 15 percent of 482 sexually active gay men understood that they were at risk of contracting HIV, according to a 2005 report by the United Nations' UNAIDS.

An earlier report said 80 percent of China's gay men admitted knowing nothing about the spread of HIV/AIDS.

The fact that gay men are often forced into heterosexual marriages worsens the situation, said Prof. Zhang, one of the few experts on homosexuality in China. "More people will be affected if no action is taken quickly."

Homosexuality does remain a taboo subject in many sectors of Chinese society, but the general public is moving towards treating homosexuals as equals and protecting them from HIV/AIDS.

"Regardless of what people think, homosexuality is an inevitable social issue we have to face," said Shi Wei, a health official in Chaoyang District, which has both Beijing's largest white-collar and migrant population.

Earlier this year, the Disease Prevention and Control Center of Chaoyang District opened a forum for homosexuals on its official website.

"Forum for Comrades" - named after the slang term used by gay men - is aimed at providing a platform for gay men to share their emotions and experiences, and for health advisors to offer counseling and advice on AIDS.

"It's a sign that homosexuals have begun to be accepted by the public," said Prof. Zhang. "It will also help protect this vulnerable group from HIV/AIDS."

In 2003, China sent the first group of gay volunteers to cities around China to help promote AIDS awareness among homosexuals.

Now, 20 large and medium-sized cities have a special working team, consisting of gay volunteers and health specialists, which teaches sexually active gay men how to protect themselves.

Zhang believes that gay women are less at risk from contracting HIV than gay men. "As women tend to be more careful, lesbians in general are less at risk from HIV/AIDS."

There are no official statistics detailing the number of lesbians in China but Zhang estimates that there are around ten million.

The HIV infection rate is still highest among intravenous drug users and was nearly five percent in 2000, the most recent data available.

*MSM-Asia, 25/10/06*

## Definitions

*Used at the Risks and Responsibilities: Male Sexual Health and HIV in Asia and the Pacific International Consultation, New Delhi, India, 23-26 September 2006 (www.risksandresponsibilities.org)*

### Males who have sex with males

Usually the term 'men who have sex with men' is used but the word man/men is socially constructed around duty, social obligations, and marital status, rather than biological age. NFI prefers to use the word "male" in its biological understanding rather than the word "men", as many males involved in male-male sexual practices do not identify as "men" nor are perceived as "men".

Its use however does not imply that this is an identity term referring to an identifiable community that can be segregated and so labelled. Within the framework of male-to-male sex, there are a range of masculinities, along with diverse sexual and gender identities, communities, networks, and collectivities, as well as just behaviours without any sense of affiliation to an identity or community. This statement addresses the concerns of all these diversities within the framework of *males who have sex with males*.

Another term could well be male-male sexual practices

### Transgender

Broadly speaking, transgender people are individuals whose gender expression and/or gender identity differs from conventional expectations based on the physical sex they were born into. The word transgender is an umbrella term which is often used to describe a wide range of identities and experiences, including: female-to-male and male-to-female sexual reassigned persons, cross-dressers, drag queens, drag kings, gender queers, and many more. [In the Asia and Pacific region this would include hijras, some kothis, zenanas and metis, kathoey, waria, bakla, fa'fa'finis, etc.] Because transgender is an umbrella term, it is often thought to be an imprecise term that does not adequately describe the particulars of specific identities and experiences. (For example, the identity/experience of a post-operative FTM transsexual will probably be very different from that of a female-identified drag king who performs on weekends, but both are often lumped together under the term "transgender.")

*web.mit.edu/hudson/www/terminology.html, accessed 14/9/06*

### Sexual health

Sexual health is a state of physical, emotional, mental and social wellbeing related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, a well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. *World Health Organisation. Draft working definition, October 2002*

#### On the other hand

On the one hand...gay and lesbian activists have emphatically affirmed the idea of a world divided between homosexual 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.

*Jonathon Ned Katz, 1996*

## Pakistan sitting on a ticking AIDS bomb

Shukria Gul, the first woman with HIV in Pakistan to come out publicly and campaign on behalf of fellow sufferers, now counsels those who have nowhere else to turn.

She contracted the disease from her husband who received a contaminated blood transfusion and later died.

The doctors treated me as if I had an illness you get from just touching people. In my neighbourhood people started pointing at me, saying 'she's the one with AIDS'."

Shukria set up one of Pakistan's few direct support groups and her experience has made her highly critical of government departments dealing with HIV. "They give money to agencies who do nice work on paper. Maybe they do work but I haven't seen any of it on the ground.

"AIDS will never be contained unless small grassroots groups like mine are supported, so we can spread the message of prevention by direct contact."

Though, HIV is not a dominant epidemic in the adult population of Pakistan, coupled with the extremely low awareness of HIV/AIDS in Pakistan, as well as growing number of cases, the AIDS epidemic is poised to take a hold in Pakistan. The presence of additional risk factors such as unscreened blood, and low condom use rates make the situation fertile for AIDS to become a major public health issue.

The National AIDS Programme's latest figures show that around 3,000 HIV cases have so far been reported since 1986, but UN and government estimates put the number of HIV/AIDS cases between 70,000 and 80,000 with the vast majority going unreported due to social taboos about sex and victims' fears of discrimination, officials said.

Pakistan is a good example of a country that is learning fast but late about the threat of HIV/AIDS.

Unlike India, recorded prevalence in Pakistan is small and the authorities are working to keep it that way. However, there are still plenty of complaints that government departments and non-government organisations have done little to help those infected or indeed have any idea of the full extent of the problem.

Since 1987, the numbers of reported HIV infections and AIDS cases in Pakistan have risen steadily and affect all geographical regions of the country. The total number of reported cases by September 2006 was 2,998. However, the WHO/UNAIDS forecast model estimates a much higher number: between 70,000 and 80,000 people or 0.1 percent of the adult population. Hetrosexual transmission (52.55 percent) and contaminated blood or blood products (11.73 percent) are the most commonly reported modes of transmission for HIV/AIDS in Pakistan.

Other modes of transmission include injecting drug use (2.02 percent), male-to-male or bisexual relations (4.55 percent), and mother-to-child transmission (2.2 percent). Mode of transmission in 26.9 percent of the reported HIV/AIDS could not be established. The male-to-female ratio is 42:6 and 7:1 (per 100,000) in reported HIV-positive and AIDS cases, respectively. Limited available research indicates that HIV prevalence is one percent to two percent in vulnerable or high-risk populations such as female sex workers and long-distance truck drivers.

The first case of AIDS in a Pakistani citizen was reported in 1987 in Lahore. During the late 1980s and 1990s, it became evident that an increasing number of Pakistanis, mostly men, were becoming infected with HIV while living or traveling abroad. Upon their return to Pakistan, some of these men subsequently infected their wives who, in some cases, passed along the infection to their children. In 1993, the first recognized transmission of HIV infection through breast-feeding in Pakistan was reported in the city of Rawalpindi. During the 1990s, cases of HIV and AIDS began to appear among groups such as sex workers, drug abusers and jail inmates. The increased rates of infection among these groups are assumed to have facilitated, at least to some extent, a further dissemination of HIV into the general

population.

Currently classified by WHO/UNAIDS but high-risk country for the spread of HIV infection, Pakistan has recently witnessed changes in the epidemiological trends of the disease owing particularly to rapid rise in infection among injecting drug users.

According to UNAIDS estimates, some 70,000 to 80,000 persons, or 0.1 percent of the adult population in Pakistan are infected with HIV although cases reported to the National AIDS Control Programme are less. As in many countries, the numbers may be underreported mainly due to the social stigma attached to the infection, limited surveillance and voluntary counselling and testing systems, as well as lack of knowledge among the general population and health practitioners.

Data analysis indicates that most infections occur between ages of 20-44 years, with men outnumbering females by a ratio 5:1. The trends are closely similar to other countries affected by HIV/AIDS. By September 2006, sexual transmission accounted for the majority of reported cases (67.48 percent). Other modes of transmission include infection through contaminated blood and blood products (6.99 percent); injecting drug abuse (0.82 percent); and mother to child transmission (three percent).

The mode of transmission remains unknown in 20 percent of the reported cases most probably due to stigma and lack of awareness. But given the combination of high levels of risk behaviour and limited knowledge about AIDS among drug injectors and sex workers in Pakistan, experts warn that the country could be on the verge of a serious epidemic.

Situation updates in 2005 by various agencies such as the UNAIDS report an "outbreak" of HIV among injecting drug users in Larkana, Sindh, where out of 170 people tested, more than 20 were found HIV positive.

In Karachi, a 2005-06 survey of Sexually Transmitted Infections among high-risk groups found that more than one in five Injecting Drug Users (IDUs) was infected with HIV. These represent the first documented epidemics of HIV in well-defined vulnerable populations in Pakistan.

The Enhanced HIV / AIDS Programme aims to "prevent HIV from becoming established in vulnerable populations and spreading to the general adult population, while avoiding stigmatization of the vulnerable populations". Following are the factors for vulnerability to AIDS:

### High-risk behaviour among injecting drug users (IDUs)

IDUs are at a high risk of acquiring HIV and other blood-borne infections because they often resort to unsafe practices such as needle and syringe sharing. Pakistan is a major transit and consumer country for opiates from neighbouring Afghanistan, the world's largest producer of opium.

As far back in 1999 the United Nations Office of Drugs and Crime had conducted studies in Lahore that revealed that addicts were switching methods of drug ingestion moving from smoking or "sniffing" or inhaling to injecting polydrug cocktails. This, the UNODC had warned could lead to increase in HIV as needle sharing and use of non-sterile equipment was common. The number of drug dependents in Pakistan is currently estimated to be about 500,000, of whom an estimated 60,000 inject drugs. It is also unlikely that outbreaks, which have been witnessed in 2004 and 2005, are likely to be contained or limited to one area. Many of these injectors move from city to city (21 percent of the Karachi users had also injected in other cities) and a very high proportion of them use non-sterile injecting equipment (48 percent in Karachi had done so in the week before the survey was conducted).

Risk behaviour in Lahore is even higher: 82 percent of injectors had used non-sterile syringes in the previous week, 35 percent did so all the time, and 51 percent had injected in another city in the previous year, according to Pakistan's Ministry of Health.

An HIV epidemic among injecting drug users was reported in 2004 in Sindh, in the town of Larkana where almost 10 percent of drug injectors tested HIV-positive. Knowledge of HIV among injectors (and sex workers) is extremely low. In Karachi, Pakistan's main trading city, more than one quarter had never heard of AIDS and many did not know that using non-sterile injecting equipment could result in infecting them with HIV, according to Ministry of Health's findings.

#### **Unsafe practices among sex workers**

Female sex workers (FSWs) and female migrant workers are often exploited and abused, and have little recourse due to their low social status and limitations in legal protection. Commercial sex is prevalent in major cities and on truck routes. Behavioural and mapping studies in three large cities found a sex workers population of 100,000 with limited understanding of safe sexual practices. Furthermore, sex workers often lack the power to negotiate safe sex or seek treatment for STIs.

Recent findings indicate that although HIV prevalence remains below one percent, FSWs and their clients report low condom use. Less than half the FSWs in Lahore and about a quarter in Karachi had used condom with their last regular client. In Karachi, one in five sex workers cannot recognize a condom, and three-quarters do not know that condoms prevent HIV (in fact, one third have never heard of AIDS), reports UNIADS Update 2005.

It is therefore little wonder that only two percent of female sex workers said they used condoms with all their clients in the previous week. In addition to the lack of knowledge and low use of condoms, there is a high degree of sexual interaction between drug injectors and sex workers.

Ministry of Health findings reveal that over 20 percent of female sex workers in Karachi and Lahore had sold sex to injecting drug users and condom use was very low during those encounters. Among injecting drug users in Lahore, almost half had had sex with a regular partner in the previous year, one third had paid for sex with a woman (11 percent used a condom consistently) and almost one quarter had paid for sex with a man (five percent used a condom consistently). Male sex workers also trade sex with injectors, 20 percent of whom reported buying anal sex in the previous year (and only three percent of them used a condom consistently).

#### **Men who have sex with men (MSM)**

While there is little documentation about the extent to which men engage in sexual activity with other men in Pakistan, the limited evidence available suggests that such activity does occur throughout the country.

Anecdotal evidence indicates that sexual activity between men occurs relatively frequently in boys' hostels and jails; additionally, research suggests that sex between men is often practiced among long distance truck drivers. Finally, there is a small but highly mobile population of transvestites, transsexuals and eunuchs known as the hijra, who are known to engage in unsafe sexual practices. Lahore had an estimated 38,000 MSM in 2002. The MSM community is heterogeneous and includes Hijras (biological males who are usually fully castrated), Zenanas (transvestities who usually dress as women) and masseurs. Many sell sex and have multiple sexual partners.

*(Editor's note: a 2005 sero surveillance study in Karachi among MSM indicated a 4% prevalence rate of HIV)*

#### **Inadequate blood transfusion screening and high level of professional donors**

The collection and transfusion of blood and blood products, the use and re-use of unsterilised medical instruments (especially needles and syringes) and the generally low level of attention to standard infection control procedures are important potential avenues for the spread of HIV in Pakistan's general population.

The indiscriminate use of blood transfusions and of needles in both formal and informal health sectors is common. In addition, standard procedures for infection control in health care settings are often not strictly followed.

A relatively high prevalence of both hepatitis B and C infection in the general population suggests that unsafe blood transfusion practices and poor infection control are likely to make a significant contribution to the further rapid spread of these infections and of HIV/AIDS among the general population.

It is estimated that 40 percent of the 1.5 million annual blood transfusions in Pakistan are not screened for HIV. In 1998, the AIDS Surveillance Centre in Karachi conducted a study of professional blood donors.

The study found that 20 percent were infected with Hepatitis C, 10 percent with Hepatitis B, and one percent with HIV. About 20 percent of the blood transfused comes from professional donors.

Migration can create conditions in which people become vulnerable to infection. It is commonplace in Pakistan for men to travel away from their homes to find work, either within the country or abroad. This separation from their spouses, families and communities can result in loneliness and isolation, and can lead migrants to engage in social and sexual practices that put them at risk of exposure to HIV.

In addition, though there is virtually no documentation of the HIV/AIDS-related risks experienced by the large number of refugees in Pakistan, global experience suggests that this population may be highly vulnerable to HIV.

Large numbers of workers leave their villages to seek work in larger cities, in the armed forces, or at industrial sites. A significant number (around four million) are employed overseas. Away from their homes for extended periods of time, they become exposed to unprotected sex and are at risk for HIV/AIDS.

Studies indicate that 94 percent of injections are administered with used injection equipment. Use of unsterilized needles at medical facilities is also widespread. According to WHO estimates, unsafe injections account for 62 percent of Hepatitis B, 84 percent of Hepatitis C, and three percent of new HIV cases.

Personal awareness and knowledge of reproductive health issues is limited, and often erroneous, among men and women of Pakistan due in part to the generally low levels of education, and also due to their limited access to effective reproductive health services.

Men and women alike are often unaware of the differences between reproductive and sexual "health" and reproductive and sexual "disease". When they do become aware of a possible sexual or reproductive problem, they often seek care from traditional healers (hakims) or from one of the many unregulated "sex clinics" in the informal health sector.

In addition, it is estimated that only 60 percent of the country's population have access to the formal healthcare system and many (through personal preference or necessity) resort to the use of hakims or traditional healers.

It is not uncommon for clinics in villages to be operated by self-described "doctors" who may actually have little or no formal medical training. This reliance upon unqualified practitioners may compound the risk of further infection due to their lack of knowledge and the possibility of inadequate infection control during their therapeutic procedures.

Health care professionals generally believe, however, that the incidence of STIs in Pakistan may be increasing due to the relatively widespread presence of risk behaviors. The 2004 STI survey found that four percent of MSMs in Karachi were infected with HIV, as were two percent of the Hijras in the city.

Syphilis rates were also high with 38 percent of MSMs and 60 percent of Hijras in Karachi infected with the disease. As a consequence, sexually-transmitted infections rates are high: in Karachi, 18 percent of injectors were found to be infected with syphilis, as were 36 percent of male sex workers and 60 percent of Hijras or transgender persons.

*AIDS-Asia, 27/10/06*

## Gay Nigerians speak out

In the Muslim north of Nigeria, Bisi Alimi could be stoned to death for being having gay sex.

In the south, he could face three years in prison. Now, a proposed law would make it illegal just to share a meal at a cafe with gay friends.

The proposal under debate in Nigeria's House of Representatives would outlaw not just gay marriages, but any form of association between gay people, social or otherwise, and publication of any materials deemed to promote a "same-sex amorous relationship".

Anyone attending a meeting between gay people, even two friends in a private house, could receive a sentence of five years under the act.

Engaging in homosexual acts is already illegal in Nigeria, with those convicted facing jail terms in the south and execution in the north.

Few in Nigeria's deeply closeted gay community are publicly opposing the bill and it is widely expected to pass.

"This meeting, right here, would be illegal," says activist Alimi, stabbing the air with a French fry for emphasis as he sits at a table with three gay friends and a reporter. "We could be arrested for talking about this. You could be arrested for writing about us."

Other activities specifically prohibited under the proposed law include participating in gay clubs, or reading books, watching films or accessing Internet sites that "promote" homosexuality.

Alimi's been trying to drum up united opposition to the legislation, but says Nigeria's homosexual community is so far underground and the subject is so taboo that it's been difficult.

The 27-year-old activist is one of few openly gay Nigerians, having been "outed" by a university newspaper three years ago.

Haruna Yerima, a member of Nigeria's House of Representatives, portrays the legislation as aimed at stamping out something already well under control.

"It's not really such a big problem in Nigeria, we just want to prevent such occurrences (gay marriages) from happening here," he says.

Yerima said he approved of the limitations on films and books because they could be used to "make such practices popular."

Even social contact between gays should be limited, he said, because it might encourage behavior that was "against our culture...against our religion."

Alimi's friends say the bill will make a difficult life even more dangerous. Families already often cast out gay children and neighbors turn against gay friends.

Civil rights organizations and human rights lawyers have said that the bill could also be used to deny legal representation to gay people who have been arrested.

Attitudes toward gays in Nigeria are typical of those across the continent. In neighboring Cameroon, Amnesty International says accusations of homosexuality and anti-gay laws have been used as a weapon against political opponents.

South Africa legalized gay marriages last month in fiercely debated legislation, making it the only country on the continent to do so.

But the impetus was more a desire to stamp out all forms of discrimination in a reaction to apartheid than tolerance of gays, who are subject to prejudice and violence in South Africa.

The hostility in Nigeria means that there are very few gay or lesbian organizations in Nigeria.

Oludare "Erelu" Odumuye - the nickname means "queen mother" in Yoruba - heads one, Alliance Rights. Odumuye said he has been harassed in the street and detained by police accusing him of promoting homosexuality and running an unregistered organization. "That bill would criminalize me if it was passed into law. It would criminalize my organization, it would criminalize my friends," he says.

Thousands of people use Alliance Rights for health services, to gather information or to meet, Odumuye says. To avoid harassment,

they have no set membership list and their buildings are not in town centers or identified by signs.

Odumuye argues that the bill is aimed at pleasing the ruling party's political base - which includes powerful religious groups - ahead of April elections.

But Akin Marinho, a Nigerian human rights lawyer, says that bill's prohibitions are illegal under Nigeria's constitution and international treaty obligations.

Not only does the bill affect freedoms of speech and expression, but foreign companies could face lawsuits if gay or lesbian staff are unable to take up positions in Nigeria, he says.

"It's a civil liberties issue as well as a gay rights issue," Marinho says. "Under this bill, anyone watching 'Brokeback Mountain' or even 'Will and Grace' could be prosecuted... it could also infringe on lawyer-client relations," he says, pointing out that the vague wording of the bill could interpret a meeting between a gay client and a lawyer as a meeting designed to promote same-sex relationships.

Even some conservative religious leaders say the bill goes too far.

Though Bishop Joseph Ojo, who presides over the congregation at the evangelical Calvary Kingdom Church, says gay relationships are "foreign to Africans" and should be outlawed, he adds that homosexuals should "have freedom of speech and expression."

Nigerians have been publicly flogged, exhibited before the press naked, or beaten severely in prison after being charged with homosexuality. Alimi's companions say they're wary of voicing too much opposition to the new law out of fear of arrest.

Death sentences have been meted out in the north, though no one has yet been executed.

"There is a lot of ignorance, and that is why people are afraid," Alimi says. "But we are not willing to come out and say, yes, I am gay. Here I am. I am human too."

*Posted on the internet by Al-Fatiha, 12/12/06*

## Hong Kong lowers age of consent for gay sex

Monday, Hong Kong's government gave in to a challenge to its gay sex laws, lowering the age of consent from 21 to 16. The decision followed a humiliating government defeat in court system after an appeal against a judicial review's decision that the law governing the age of homosexual consent was unconstitutional.

Hong Kong's Security Bureau said in a statement that it would not seek to challenge the court's decision. "After considering all the relevant factors, the government decided not to appeal the judicial review."

Since Hong Kong only decriminalized homosexuality in 1991, gay and lesbian youths had faced life imprisonment if they were caught having sex before the age of 21. Their heterosexual counterparts, however, faced a five-year sentence. In a decision made by the courts in September, the law was rendered unenforceable.

"I fail to see on any basis the justification of this age limit," chief high court judge Geoffrey Ma wrote in his judgment last month. "No evidence has been placed before us to explain why the minimum age requirement for buggery is 21 whereas as far as sexual intercourse between a man and a woman is concerned, the age of consent is only 16."

The case was originally brought to the courts by William Leung, a 21-year-old gay man.

His lawyer, Michael Vidler, hailed the government decision in a statement. "Now they are not appealing it, which means they accept the fact and the court's judgment. It's about time the government initiates steps to remove the law without further delay. Failure to do so will be a slap in the face for the constitution."

*Hong Kong AIDS Foundation, 17/10/06*

## Homosexuality, drug abuse increasing HIV in India: study

Homosexuality and the increasing use of contaminated drug syringes are the main reasons for the rise in HIV infections in northeast India and also in major cities like Delhi, Mumbai and Chennai, states a new study.

“Poor knowledge of HIV has been found in groups of men who have sex with men. In Bangalore, for example, three in four men who have sex with men did not know how the virus is transmitted, and a large proportion of them engaged in unprotected sex with other men,” says the UNAIDS/WHO 2006 AIDS Epidemic Update.

India has about 5.2 million HIV infected people, according to estimates by the state-run National AIDS Control Organisation (NACO). The UN report, however, puts the number of infected people in India at 5.7 million, of which 5.2 million are adults in the age group of 15-49.

Based on analyses done by NACO and researchers, the report says there has been very little study on the role of sex between men, but recent data has thrown up some disturbing trends - HIV prevalence among homosexuals in Chennai is 6.8 percent and 9.6 percent in Mumbai.

“In some areas, a substantial proportion of men who have sex with other men also sell sex,” the report says, citing a large study in Andhra Pradesh that says one in four men sold sex to other men.

“Using contaminated injecting drug equipment is the main risk factor for HIV infection in the northeast of India (especially in Manipur, Mizoram and Nagaland), and features increasingly in the epidemics of cities such as Chennai, Mumbai and New Delhi.”

The HIV/AIDS Update points out that in Chennai, 31 percent of injecting drug users were found to be HIV-infected.

Another study of men seeking treatment for sexually transmitted infections in Mumbai clinics showed that among those patients who injected drugs, 12 percent were HIV positive, 80 percent of who had recently (in the past three months) paid for sex and 27 percent of whom had themselves sold sex.

“Harm reduction programmes need to be extended and expanded as a matter of urgency in those parts of India with serious drug injecting-related HIV epidemics. Failing that, there is a possibility that the combination of injecting drug use and paid sex could lead to larger HIV epidemics,” the global report warns.

As of 2006, several needle exchange programmes are operating in the northeast region, West Bengal and Delhi. However, only one project using substitution therapy has been started in the state of Manipur.

The global report underlines that the extent and effectiveness of India’s efforts to increase safe sex practices between sex workers and their clients, and between men who have sex with men (and their other sex partners) will likely determine the scale and development of India’s HIV epidemic. *Saathi*, 25/11/06

## Where love has lost its voice

India's eminent citizens argue for homosexual rights  
Vikram Seth's Open Letter

To build a truly democratic and plural India, we must collectively fight against laws and policies that abuse human rights and limit fundamental freedoms. This is why we, concerned Indian citizens and people of Indian origin, support the overturning of Section 377 of the Indian Penal Code, a colonial-era law dating to 1861, which punitively criminalises romantic love and private, consensual sexual acts between adults of the same sex.

In independent India, as earlier, this archaic and brutal law has served no good purpose. It has been used to systematically persecute, blackmail, arrest and terrorise sexual minorities. It has spawned public intolerance and abuse, forcing tens of millions of gay and bisexual men and women to live in fear and secrecy, at a tragic cost to themselves and their families.

It is especially disgraceful that Section 377 has on several recent occasions been used by homophobic officials to suppress the work of legitimate HIV-prevention groups, leaving gay and bisexual men in India even more defenceless against HIV infection.

Such human rights abuses would be a cause for shame anywhere in the modern world., but they are especially so in India, which was founded on a vision of fundamental rights applying equally to all, without discrimination on any grounds. By presumptively treating as criminals those who love people of the same sex, Section 377 violates fundamental human rights, particularly the rights to equality and privacy that are enshrined in our Constitution as well as in the binding international laws that we have embraced, including the International Covenant on Civil and Political Rights. Let us always remember the indisputable truth expressed in the opening articles of the Universal Declaration of Human Rights that “All persons are born free and equal in dignity and rights... Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind.” We will move many steps closer to our goal of achieving a just, pluralistic and democratic society by the ending of Section 377, which is currently under challenge before the Delhi High Court. There should be no discrimination in India on the grounds of sexual orientation. In the name of humanity and of our Constitution, this cruel and discriminatory law should be struck down.

Sincerely

Vikram Seth, Swami Agnivesh, Soli Sorabjee, Aditi Desai, Nitin Desai, Captain Lakshmi Sahgal, Siddarth Dube, MJ Akhbar, Subashni Ali, Kanti Bajpai, Kaushik Basu, Shyam Benegal, John Dayal, Barkha Dutt, Amitav Ghosh, Satish Gujral, Syeda Hameed, Sudhir Kakar, Girish Karnad, Saleem Kidwai, Sunil Khilnani, Jhumpa Lahiri, Sonal Mansingh, Shubha Mudgal, Kuldip Nayat, Aruna Roy, Arundhato Roy, Vir Sanghvi, Mrinalini V Sarabhai, Rajdeep Sardesai, NC Saxena, Aparna Sen, Admiral RH Tahiliani (retd), Tarun Tejpal, Siddharth Varadarajan, BG Verghese and 150 others.

For the full list of signatories, see [www.openletter377.com](http://www.openletter377.com)

**Amartya Sen, Nobel Laureate**

I have read with the much interest agreement the open letter of Vikram Seth and others on the need to overturn Section 377 of the Indian Penal. Even though I do not, as matter of general rule, sign joint letters, I would like, in this case, to add my voice to those of Vikram Seth and his cosignatories. The criminalisation of gay behaviour goes not only against fundamental human rights, as the open letter points out, but it also works sharply against the enhancement of human freedoms in terms of which the progress of human civilisation can be judged. There is a further consideration to which I would like to draw attention. Gay behaviour is, of course much more widespread than the cases that are brought to trial. It is sometimes argued that this indicates that Section 377 does not do as much harm as we, the protesters, tend to think. What has to be borne in mind is that whenever any behaviour is identified as a penalizable crime, it gives the police and other law enforcement officers huge power to harass and victimise some people. The harm done by an unjust law like this can, therefore be far larger than would be indicated by cases of actual prosecution.

It is surprising that independent India has not yet been able to rescind the colonial era monstrosity in the shape of Section 377, dating from 1861. That, as it happens, was the year in which the American Civil War began, which would ultimately abolish the unfreedom of slavery in America. Today, 145 years later, we surely have urgent reason to abolish in India, with our commitment to democracy and human rights, the unfreedom of arbitrary and unjust criminalisation.

*Hindustan Times*, 16/09/06

## I am what I am

Separating anatomy from what it means to be a man or a woman, New York City is moving forward with a plan to let people alter the sex on their birth certificate even if they have not had sex-change surgery.

Under the rule being considered by the city's Board of Health, which is likely to be adopted soon, people born in the city would be able to change the documented sex on their birth certificates by providing affidavits from a doctor and a mental health professional laying out why their patients should be considered members of the opposite sex, and asserting that their proposed change would be permanent.

Applicants would have to have changed their name and shown that they have lived in their adopted gender for at least two years, but their would be no explicit medical requirements.

"Surgery vs non-surgery can be arbitrary," said Dr Thomas Frieden, the city's health commissioner. "Somebody with a beard may have had breast implant surgery. It's the permanence of the transition that matters most."

If approved, the new rule would put New York at the forefront of efforts to redefine gender. A few states do not require surgery for such birth certificate changes, but in some of those cases patients are still not allowed to make the change without showing a physiological shift to the opposite gender.

In New York, the proposed change comes after four years of discussion among health officials, an eight-member panel of transgender experts and vital records offices nationwide. It is an outgrowth of the transgender community's push for recognition that some people may not have money to get a sex-change operation, while others may not feel the need to undergo the procedure and are simply redefining themselves as members of the opposite sex. While a radical notion elsewhere, New York City has often tolerated such blurring of the lines of gender identity.

And the proposal reflects how the transgender movement has become politically potent beyond its small numbers, having root in the muscular politics of the city's gay rights movement.

Transgender advocates consider the New York proposal an overdue bulwark against the discrimination that recognises an emerging shift away from viewing gender as simply the sum of one's physical parts. But some psychiatrists and doctors are sceptical of the move, saying sexual self-definition should stop at rewriting medical history.

"They should not change the sex at birth, which is a factual record," says Dr Arthur Zitrin, a Midtown Manhattan psychiatrist who was on the panel of transgender experts convened by the city. "If they wanted to change the gender for all the compelling reasons that they've given, it should be done perhaps with an asterisk."

The change would lead to many intriguing questions: For example, would a man who becomes a woman be able to marry another man? (Probably.) Would an adoption agency be able to uncover the original sex of a proposed parent? (Not without a court order.) Would a woman who becomes a man be able to fight in combat, or play in the National Football League? (These areas have yet to be explored.)

The Board of Health, which weighs recommendations drafted by the Department of Health and Mental Hygiene, is scheduled to vote on the proposal in December, and officials say they expect it to be adopted.

At the final public hearing for the birth certificate last week, a string of advocates and transsexuals suggested that common definitions of gender, especially its reliance on medical assessments, should be abandoned.

They generally praised the city for revisiting its 25-year-old policy that lets people remove the sex designation from their birth certificate if they have had sexual reassignment surgery. Then they demanded more freedom to choose.

Michael Silverman, executive director of the Transgender Legal Defence and Education Fund, said transgender people should not have to rely on affidavits from a health care system that tends to be

biased against them. He said many transgender people cannot afford sex change surgery or therapy, and often do not consider it necessary.

Another person who testified, Mariah Lopez, 21, said she wanted a new birth certificate to prevent confusion, and to keep teachers, police officers and other authority figures from embarrassing her in public or accusing her of identity theft.

A few weeks ago, at a welfare officer in Queens, Lopez said she included a note with her application for public assistance asking that she be referred as Ms when her turn for an interview came up. The woman handling her case repeatedly addressed her as Mister.

"The thing is, I don't even remember what it's like to be a boy," Lopez said, adding that she received a diagnosis of transgender identity disorder at age six. She asked to be identified as a woman for this article.

The eight experts who addressed the birth certificate issue strongly recommended that the change be made for the practical reasons Lopez identified. For public health studies, people who have changed their gender would be counted according to their sex at birth.

Joann Prinzivalli, 52, a lawyer for the New York Transgender Rights Organisation, a man who has lived as a woman since 2000, without surgery, said the changes amount to progress, a move away from American culture's misguided fixation on genitals as the basis for one's gender identity.

"It's based on an arbitrary distinction that says there are two and only two sexes," she said.

"In reality, the diversity of nature is such that there are more than just two, and people who seem to belong to one of the designated sexes may really belong to the other."

*BangkokPost 12/11/06*

## Transsexual to fight "mental disorder" statement

Thailand: A transsexual (male-to-female) is preparing to file a lawsuit with the Administrative Court against the army's statement in a conscription certificate (Sor Dor 43), which exempted him from service having a "mental disorder".

Samart Meecharoen, a 22-year-old student of Ban Somdej Chao Phraya Rajabhat University, said the document, issued two years ago, deprived him of career opportunities as a private firm turned down his application for a part-time job, citing it as the reason. His petition to the court, supported by the National Human Rights Commission, the Lawyers Council of Thailand, the Rainbow Sky Association of Thailand and the Saphan Group representing same-sex lovers, will be submitted to the court on November 10.

If the court accepts the case for consideration, it will be the first of its kind in the country.

"I cannot accept it (the mental disorder statement) because I don't have a mental problem. In fact, I'm a normal guy who feels like a woman," said Mr Samart, who calls himself Nong Namwan. He underwent the military conscription process two years ago in his hometown of Lop Buri province.

He has long hair and has worn women's clothes for a long time. He has had a breast operation but has yet to change his sex organ.

He said unless the document is changed properly, he would have no chance of working after finishing his studies at university in the next two years.

"I am the breadwinner of the family. If I have no job, I don't know how to earn money to feed my ageing parents," he said.

The army earlier this year recognised the problem and agreed to remove the term "mental disorder" from the document for new conscripts, as urged by rights advocacy groups.

However, it has yet to find ways to change the old documents.

Nauyana Supaphung, a human rights commissioner, lauded the army for its understanding. "We are waiting for better changes," she said. *Bangkok Post, 2/11/06*

## Boy or girl? Be what you want to be

Until recently, many children who did not conform to gender norms in their clothing or behaviour and identified intensely with the opposite sex were steered to psychoanalysis for behaviour modification.

But as advocates gain ground for what they call gender-identity rights, evidenced most recently by New York City's decision to let people alter the sex listed on their birth certificates, a major change is taking place among schools and families. Children as young as five who display predispositions to dress like the opposite sex are being supported by a growing number of young parents, educators and mental health professionals.

Doctors, some of them from the top paediatric hospitals, have begun to advise families to let these children be who they are to foster a sense of security and self-esteem. They are motivated, in part, by the high incidence of depression, suicidal feelings and self-mutilation that has been common in past generations of transgender children. Legal trends suggest that schools are now required to respect parent's decisions.

"First we became sensitive to two mommies and two daddies," said Reynaldo Almeida, the director of the Aurora School, a progressive private school in Oakland, California. "Now it's kids who come to school who aren't gender typical."



young boy who prefers a skirt and long hair

The supportive attitudes are far easier to find in traditionally tolerant areas in the country like San Francisco than in other parts, but even in those places there is a fierce debate over how best to handle the children. Cassandra Reese, a first grade teacher outside Boston, recalled that fellow teachers were unnerved when a young boy showed up in a skirt. "They said, this is not normal", and 'It's the parents fault'," Ms Reese said. They didn't see children as sophisticated enough to verbalise their feelings. As their children head into adolescence, some parents are choosing to block puberty medically to buy time for them to figure out who they are, raising a host of ethical questions.

*Sunday Times of India, 3/12/06*

*Editor's note: this gender question, along with those arising from issues of sexual preference and desire arise from the oppositional nature of how we place ourselves in the either-or masculine-feminine or homosexual-heterosexual dichotomy. Such questions as this article raise shows us the fallacy of such a dichotomy, where we attached gender performance to biological bodies, as much as same-sex sexual desire and practices to oppositional beliefs. Surely, it is time to approach these questions maturely and move beyond such oppositional dichotomies, and stop forcing individuals to fit into some pre-ordained box of qualities, and begin to recognise sexual and gender diversity in nature, including humankind.*

## Male genital hygiene affects risk of HIV infection

Washing the penis regularly lowers the risk of HIV infection in uncircumcised men, and even among men who are circumcised, according to two papers in the *Journal of Acquired Immune Deficiency Syndromes* for September.

Male circumcision is associated with a reduced prevalence of HIV, according to Dr. Nigel O'Farrell, from Ealing Hospital in London, and colleagues. They now suggest that interventions to improve genital hygiene may also be effective in reducing HIV infection risk.

Specifically, they theorized that the presence of subpreputial penile wetness would increase risk, and that washing to keep the area under the foreskin dry would reduce risk. They define penile wetness as "the observation of a diffuse homogenous film of moisture on the surface of the glans and coronal sulcus).

Their study included 386 uncircumcised men residing in or near Durban, South Africa, who were free of genital ulceration or urethral discharge. Clinicians who examined the men observed that half had some degree of wetness around the glans and coronal sulcus. Approximately 80% were judged to be slightly wet, 19% as wet, and 2% as very wet.

In contrast, only one of 36 circumcised men they examined had wetness.

Factors associated with penile wetness were younger age, low level of attained education, low income, higher lifetime numbers of sexual partners and not washing after sex.

The prevalence of HIV infection was 66.3% among men with penile wetness, versus 45.9% in those with no wetness. After adjusting for HIV predictors and confounders, the adjusted odds ratio (OR) for HIV infection was 2.27 when comparing men with wetness versus those who were dry. The degree of wetness did not affect the risk.

The authors note that the HIV prevalence among uncircumcised men without penile wetness was close to that of circumcised men (42.9%).

Although many of the factors associated with penile wetness were poverty-related, Dr. O'Farrell's group suggests that "information, education, and communication programs at a number of levels would be needed: for instance, encouraging washing related to sexual activity - pre-coital or post-coital or as an everyday life skill."

In the second *Journal* report, Dr. King K. Holmes, from Harborview Medical Center in Seattle, and associates interviewed 150 men living in Kenya regarding socioeconomic status and hygiene practices; 15% were HIV positive, and 97% were circumcised.

Components of hygiene associated with risk included amount of time spent in a bath (more than 10 minutes) and bathing immediately after sex.

Multivariate analysis revealed three independent risk factors for HIV infection: previous treatment for a serious illness (OR = 5.1,  $p = 0.02$ ), circumcision (OR = 0.12,  $p = 0.04$ ) and genital hygiene (OR = 0.41,  $p = 0.03$ ).

*J Acquir Immune Defic Syndr 2006;43:69-77,117-118.*

You can access this and previous editions of Pukaar online at:

[www.nfi.net/pukaar-news.htm](http://www.nfi.net/pukaar-news.htm)

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

[www.nfi.net/publications.htm](http://www.nfi.net/publications.htm)

# The framework of sexuality and rights

International human rights law protects all persons equally, without distinction or discrimination. The broad range of human rights; civil, political, economic, social and cultural, should be equally enjoyed by all individuals. The protection of the basic human rights of MSM should therefore be grounded in a human rights framework, that all people are worthy of equal respect and dignity whatever their situation.

The core international human rights treaties and conventions adopted by the General Assembly, inter-alia, the Universal Declaration on Human Rights,<sup>1</sup> Convention Against Torture, Inhuman and Degrading Treatment,<sup>2</sup> International Covenant on Civil and Political Rights,<sup>3</sup> the International Covenant on Economic, Social and Cultural Rights<sup>4</sup>, the International Convention on Elimination of All Forms of Discrimination Against Women<sup>5</sup>, and the Convention on the Rights of the Child<sup>6</sup> guarantee all human beings freedom from discrimination on many grounds, including sex, colour, language, religion, political opinion, birth, national or social origin, property, civil, political and social or other status.

The principle of non-discrimination has also been adopted in regional human rights instruments such as the African Charter on Human and People's Rights,<sup>7</sup> the American Convention on Human Rights<sup>8</sup>, and the European Convention on Human rights.<sup>9</sup>

Further, the Human Rights Committee, which monitors the implementation of the International Covenant on Civil and Political Rights, has addressed the issue of the right to privacy, noting that Article 17<sup>10</sup> of the International Covenant on Civil and Political Rights is violated by laws which criminalise private homosexual acts between consenting adults.<sup>11</sup>

The Committee has also resolved that the term "sex" in article 26 of the Covenant on Civil and Political Rights, which prohibits discrimination on various grounds,<sup>12</sup> includes sexual orientation.<sup>13</sup> Furthermore, the Human Rights Committee has also confirmed that the prohibition against discrimination requires states to review and, if necessary, repeal or amend their laws, policies and practices to proscribe differential treatment that is based on arbitrary HIV-related criteria.<sup>14</sup>

Discrimination against men who have sex with men and other disadvantaged groups<sup>15</sup> increases such person's vulnerability to the risk of HIV infection, as well as the likelihood that they will be targeted for coercive measures, such as mandatory testing, arbitrary arrest, segregation, detention and deportation.<sup>16</sup>

Such discrimination also compromises the health of the general population as those affected, actively avoid detection and contact with health and social services. The result is that those most needing information and, education and counselling are driven underground. Here, specifically in the context of HIV/AIDS, the Human Rights Committee has found that the "criminalisation of homosexual practices cannot be considered a reasonable means or proportionate measure to achieve the aim of preventing the spread of HIV/AIDS ... by driving underground many of the people at risk of infection ... [it] would appear to run counter to the implementation of effective education programmes in respect of the HIV/AIDS prevention."<sup>17</sup>

Safeguarding human rights in the context of HIV/AIDS is, therefore, not only vital in itself as a principle, but it is also pragmatic. Its aim is to encourage those who are infected to cooperate with the authorities so as to slow down the epidemic. This can be achieved only if people have assurances that their rights will be respected.<sup>9</sup>

## References

- <sup>1</sup> Adopted by the General Assembly on 10<sup>th</sup> December 1948 under Resolution 217 A (III)
- <sup>2</sup> Adopted by the General Assembly on 10<sup>th</sup> December 1984 under Resolution 39/46 of December 1984. Entered into force on the 26<sup>th</sup> June 1987.
- <sup>3</sup> Adopted by the General Assembly under G.A resolution 2200 (XXI), UN GAOR, 21<sup>st</sup> session, Supplement No. 16, UN Doc. A/

6316 (1966). Entered into force 23 March 1976.

<sup>4</sup> Adopted by the General Assembly on 16 December 1966 under G.A. Res. 2200 (XXI); UN GAOR, 21<sup>st</sup> Session, Supplement No. 16 at 49, UN Doc. A/6316 (1966).

<sup>5</sup> Adopted by the General Assembly under GA Resolution 34/180 of 18 December 1979. Entered into force 3<sup>rd</sup> September 1981

<sup>6</sup> Adopted by the General assembly under GA res. 4/25 of 20<sup>th</sup> November 1989. Entered into force 2<sup>nd</sup> September 1990

<sup>7</sup> Adopted on 26<sup>th</sup> June 1981. Entered into force 21<sup>st</sup> October 1986

<sup>8</sup> Adopted 22<sup>nd</sup> November 1969. Entered into force 18<sup>th</sup> July 1978

<sup>9</sup> Adopted 4<sup>th</sup> November 1950. Entered into force 3<sup>rd</sup> September 1953

<sup>10</sup> Article 17 states (i) "No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation. And (ii) Everyone has the right to the protection of the law against such interference or attacks.

<sup>11</sup> Communication No. 488/1992, Nicholas Toonen V Australia, (Views adopted on 31<sup>st</sup> March 1994, fiftieth session). See Report of the Human Rights Committee Volume II General Assembly Official Record Forty-ninth session (Geneva, 18<sup>th</sup> October to 5<sup>th</sup> November 1993); Fiftieth session (United Nations Headquarters, 21<sup>st</sup> March to 8<sup>th</sup> April 1994) Fifty-first session (Geneva, 4<sup>th</sup> to 29<sup>th</sup> July 1994), (A/49/40). <http://www.unhcr.ch/tbs/doc.nsf/Pages226-237>, paragraph 8.2

<sup>12</sup> "race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status"

<sup>13</sup> *ibid*, paragraph 8.7

<sup>14</sup> *ibid*, paragraph 11

<sup>15</sup> Such groups may also include women, children, minorities and indigenous populations, those living in poverty, migrants and other aliens and injecting drug users.

<sup>16</sup> See examples of HIV/AIDS related litigation <http://www.tac.org.za/>; Carrasco E (2000); and Access to Treatment as a Right to Life and Health. Canadian HIV and AIDS Policy Law Review; 5:4. Available at: <http://www.aidslaw.ca/maincontent/otherdocs/Newsletter/vol5no42000/carrascodurban.htm>

<sup>17</sup> Communication No. 488/1992, Nicholas Toonen V Australia, (Views adopted on 31<sup>st</sup> March 1994, fiftieth session). See Report of the Human Rights Committee Volume II General Assembly Official Record Forty-ninth session (Geneva, 18<sup>th</sup> October to 5<sup>th</sup> November 1993); Fiftieth session (United Nations Headquarters, 21<sup>st</sup> March to 8<sup>th</sup> April 1994) Fifty-first session (Geneva, 4<sup>th</sup> to 29<sup>th</sup> July 1994), (A/49/40). <http://www.unhcr.ch/tbs/doc.nsf/Pages226-237>, paragraph 8.5

(Extract from the NFI Charter for Social Justice developed by Shivananda Khan, Aditya Bondyopadhyay and Miriam Maluwa. See [www.nfi.net](http://www.nfi.net) for full text)



## AIDS in India: Police powers and public health

Clashing priorities between India's police force, which wants to crack down on illegal sexual behaviour, and health workers, who promote safe sex to high-risk groups, are threatening to undermine the country's fight against AIDS. Patralekha Chatterjee reports from Lucknow and Delhi.

20 years after the first case of HIV was reported in India, the number of people infected with the virus has topped 5 million. The government has ramped up its response to the spiraling numbers of new infections, but its failure to resolve the clash between public-health priorities and police powers is threatening to derail the country's fight against HIV/AIDS.

At the heart of the crisis are systems of law and enforcement that remain insensitive to the requirements of the unfolding epidemic and the dangers posed by cultural taboos that impede discussions about sexual health (more than 80% of HIV cases in India are attributed to sexual transmission). Recent incidents in Lucknow, a North Indian town famed for its magnificent gardens and historic monuments, brought to the fore the crippling contradictions in India's approach to AIDS.

In early January, the Lucknow police arrested four men for allegedly running an online gay club; the move sparked protests from national and international human rights groups. Criminalisation of people most at risk of HIV infection may increase stigma and discrimination, ultimately fuelling the AIDS epidemic warns UNAIDS India Coordinator Denis Broun.

Section 377 of the Indian Penal Code is used to justify arrests and harassment of outreach workers and peer educators working with men who have sex with men (MSM). The law criminalising homosexual sex (dubbed an unnatural offence) dates back to 1860 and could land the offender with up to 10 years imprisonment.

India's National AIDS Control Organisation (NACO) recognises the need to reach out to sexual minorities and its latest annual report lists 31 interventions by various State AIDS Control Societies specifically targeting the gay community. But NACO is powerless to stop police targeting individuals in high risk groups.

Weeks after the police crackdown on homosexual men, the aftershocks still reverberate on the streets of Lucknow. 6 months ago, on an average weekday evening, I would meet at least six or seven (feminised males) at these hang-out joints. Today, that number has halved, says an outreach worker with Bharosa Trust, a local organisation working with this community.

Since the January crackdown, Bharosa has stopped holding its regular workshops where peer educators promote safe sex in public parks. Tragically, those worst-affected by this loss have been the semi-literate daily wage-earners who most need the information and the free condoms. Uttar Pradesh, of which Lucknow is the capital, does not have a single state-funded public-health intervention targeting the gay community nor has HIV-prevalence been mapped through the state's annual surveillance survey.

Police harassment of gay men reflects a wider problem. In India, as in many other cultures, men who have sex with men is a term that includes men who may not identify themselves as gay or homosexual and who may also have sex with women. This community forms a bridge for transmission of the infection to the general population.

In July, 2001, four staff members of Naz Foundation International (NFI) and Bharosa Trust, were jailed for 47 days after the police raided their offices. The two organisations work among the MSM community in Lucknow raising awareness about AIDS. "I was arrested for promoting homosexuality. The leaflets we use for our outreach work were dubbed obscene. The police claimed that the replica of a penis used to demonstrate the proper use of condoms was actually a sex toy," recalls Arif Jafar, Regional Director of NFI Lucknow.

And yet, such tools are crucial to combating the spread of HIV

among the most vulnerable sections of Indian society, the semi-literate or illiterate, who have no access to the internet or even basic health services. "The educational material to persuade them to practice safe sex at all times has to be visually explicit," argues Shivananda Khan, CEO of the London-based NFI. Sadly, it is left to the discretion of the police to judge whether such tools are pornographic or not.

The paradoxes are not confined to the Indian attitude towards MSM. Outreach workers dealing with intravenous drug users, for example, are equally vulnerable. Needle sharing is the main form of high-risk behaviour related to injecting drug use. To counter these problems, needle-exchange programmes have been introduced in some parts of the country. But such initiatives run the risk of being misinterpreted by law-enforcement agencies.

The proposed Immoral Traffic (Prevention) Amendment Bill presents another difficulty for AIDS control efforts. Ignoring protests by sex workers and HIV/AIDS service organisations, amendments to the bill, expected to be introduced in a forthcoming session of the Parliament, seek to penalise clients of sex workers rather than the sex workers themselves. But activist groups, such as India's Lawyers' Collective, have argued that penalisation of clients will be deleterious to health and safety interventions including existing government and donor programmes to promote condoms for preventing HIV/AIDS. Clients wanting to avoid arrests will be driven into remote, hidden settings where sex workers will find it difficult to negotiate protection.

Already, attempts by outreach workers to contact clients to promote safer sexual practices are constrained by their invisibility. The new provision will obstruct AIDS education and prevention in sex work even further, claim critics. Though the amendments are being touted as pro sex workers, in reality, they expose them to greater harassment and intrusion by the police, asserts the Lawyers' Collective.

The ambivalence of Indian officials towards HIV/AIDS was highlighted by Human Rights Watch in a 2002 report. In its official policies and statements, the Indian government has recognised the importance of reaching out to women in prostitution and men who have sex with men as a central element of its HIV/AIDS response. But in practice, one branch of the government the public-health service lies on the non-governmental sector to provide condoms and information to persons at high risk, while another branch of government the law enforcement establishment abuses those who provide these services, observed the New York-based international human rights watchdog.

Activists and lawyers' groups are now campaigning for legal reform to repeal the Section 377 law. Indian NGOs concede that it may not happen soon, but they remain hopeful of future reform. And there are some positive signs of change as India gears up for the third phase of the National AIDS Control Programme (NACP III, 2006 - 2011). Arif Jafar says that NFI is discussing with NACO the idea of an executive order to law enforcement agencies forcing them to allow active promotion of condoms to MSM communities.

The local government in Delhi, India's capital city is taking the lead in confronting the diverse attitudes of health officials and other bureaucrats. We are doing several things. We provide letters to the NGOs who we work with so that outreach workers involved with harm reduction programmes and promoting needle exchange or those distributing condoms to groups with high-risk behaviour are not harassed. One also has to be tactical; "Instead of using a photograph to demonstrate the correct way of slipping on a condom, we use a line diagram," says Delhi paediatrician Jai Pal Kapoor, who works with the Delhi State AIDS Control Society (DSACS).

One of the biggest challenges, adds Kapoor, is sensitising bureaucrats from other ministries and departments, including the police, about the issues underlining HIV and AIDS.

[www.youand aids.org](http://www.youand aids.org), 6/9/06

## Condom scam unearthed in state

The lid was opened from a shocking scam involving non-government organisations (NGOs) working for prevention of HIV after the state government recently found that the former had made money by supplying rejected condoms to high-risk groups, including sex workers, truckers and men who have sex with men (MSMs).

An investigation by the state government has revealed that the NGOs supposed to distribute condoms among the high-risk groups are not only buying spurious condoms, but also sending inflated bills to the government and claiming money.

The gross malpractice for the past two years was discovered by the Health department a few months back during the tenure of S. Suresh Kumar, who was the then director of West Bengal State HIV AIDS Prevention and Control Society. Soon after, Kumar launched an investigation.

However, even after unearthing the scam, the department is yet to concentrate on central procurement of condoms and medicines.

"The condoms we found were repackaged ones with no quality standards.

They were made illegally at Bagri market. The NGOs bought them in bulk and distributed them," said Kumar, currently working with National AIDS Control Organisation in Delhi.

"A section of NGOs usurped lakhs by distributing false medicines and rejected condoms, which is unpardonable. You cannot play with

people's lives, since condom distribution and medicine supply for patients with sexually transmitted diseases (STD) are the mainstay in our fight against HIV-AIDS. After the NGOs were caught, the central procurement system was put in place, but recently they are trying to discontinue it. We are all for central procurement by the government," said Debapriya Mullick, adviser, NGO-AIDS Coalition, a private body which keeps the liaison between the NGOs and the government.

According to Health department sources, the samples of condoms distributed among sex workers and truckers in different parts of the state were collected and sent for tests in a laboratory in Chennai. They were found to be rejected and sub-standard.

Sex workers in red-light areas across the state, and truckers on the highways were given such condoms, which were duplicates of foreign brands. During investigation, it was also revealed that such condoms had a clandestine manufacturing unit-cum-market in Bagri area of Burrabazar, where foreign labels were pasted on the packets. The NGOs made bulk purchases from this market.

"These condoms had pictures of nude women on the covers, with the labels announcing that they were foreign made. These were very cheap compared to the authentic ones. Each NGO forwarded bills worth lakhs for such condoms," said a highly placed officer in the West Bengal State HIV-AIDS Control Society.

*The Indian Express, 10/10/06*

## Condoms "too big" for Indian men

*A survey of more than 1,000 men in India has concluded that condoms made according to international sizes are too large for a majority of Indian men.*

The study found that more than half of the men measured had penises that were shorter than international standards for condoms.

It has led to a call for condoms of mixed sizes to be made more widely available in India.

The two-year study was carried out by the Indian Council of Medical Research.

Over 1,200 volunteers from the length and breadth of the country had their penises measured precisely, down to the last millimetre.

The scientists even checked their sample was representative of India as a whole in terms of class, religion and urban and rural dwellers.

The conclusion of all this scientific endeavour is that about 60% of Indian men have penises which are between three and five centimetres shorter than international standards used in condom manufacture.

Doctor Chander Puri, a specialist in reproductive health at the Indian Council of Medical Research, told the BBC there was an obvious need in India for custom-made condoms, as most of those currently on sale are too large.

The issue is serious because about one in every five times a condom

is used in India it either falls off or tears, an extremely high failure rate.

And the country already has the highest number of HIV infections of any nation.

### "Not a problem"

Mr Puri said that since Indians would be embarrassed about going to a chemist to ask for smaller condoms there should be vending machines dispensing different sizes all around the country.

"Smaller condoms are on sale in India. But there is a lack of awareness that different sizes are available. There is anxiety talking about the issue. And normally one feels shy to go to a chemist's shop and ask for a smaller size condom."

But Indian men need not be concerned about measuring up internationally according to Sunil Mehra, the former editor of the Indian version of the men's magazine Maxim.

"It's not size, it's what you do with it that matters," he said.

"From our population, the evidence is Indians are doing pretty well."

*Story from BBC NEWS, 6/12/06*

## 40% of Indian men have gay sex

India might have given the world the Kamasutra, but most of the country's young men cling to conservative attitudes toward sex, and are often confused about the subject, a survey published Monday showed.

One statistic in the survey of young men's sexual attitudes published in the India Today magazine showed that 63 per cent of those polled said they expected their future wives to be virgins.

But while the majority of men polled expect their wives to have remained celibate before tying the knot, 46 per cent said they have had premarital sex, and 47 per cent said sex was very important in their lives.

Some 34 per cent said they would have sex "anytime, anywhere." The survey was conducted by AC Nielsen-Org-Marg for India Today and polled 2,559 unmarried men between the ages of 16 to 25 in 11

Indian cities.

Much of India remains relatively traditional when it comes to sex, especially with regard to premarital sex.

In many parts of the country, even talking about sex is still considered taboo. But attitudes are slowly changing and annual sex surveys have become a regular feature in Indian magazines.

Half of those polled in the India Today survey said women who wore revealing clothes were sexually liberated, and nearly 62 per cent said they watched pornographic films with friends.

The survey also looked at attitudes toward homosexuality. Although homosexual sex is a crime in India - and prejudices remain widespread - 37 per cent of men surveyed said they'd had at least one homosexual experience.

The magazine did not say when exactly the survey was conducted, and no margin-of-error was given. *Associated Press, 7/11/06*

## India's law criminalizing homosexuality hinders HIV prevention, violates human rights of MSM, UNAIDS official says

India's law criminalizing homosexuality is undermining the fight against HIV/AIDS and violates the human rights of men who have sex with men, Denis Broun, UNAIDS India coordinator, said on Thursday, *Reuters UK* reports (Zaheer, *Reuters UK*, 11/30). The law, enacted in 1861 and known as Section 377, makes "carnal intercourse against the order of nature with man, woman or animal" punishable by up to 10 years in prison and, when strictly interpreted, makes it illegal to distribute condoms to gay men and men in prison. The law - which seldom is used to prosecute gay adults in consensual relationships - is most often used to arrest offenders in cases of sexual abuse of children. Some people warn that if the law is repealed, efforts to prosecute people who commit sexual abuses against children could be negatively affected (*Kaiser Daily HIV/AIDS Report*, 9/18). According to India's National AIDS Control Organization, there are about 2.5 million MSM in the country. However, UNAIDS says the

number could be anywhere between five million and 15 million. "People are being harassed by section 377 and men having sex with men do not come forward and receive adequate prevention information," Broun said. He added that most Indian MSM are bisexual and that they risk transmitting the virus to their female partners. The law "puts gay activists under great pressure in their fight against AIDS," K.K. Abraham, general secretary of the Indian Network for People Living with HIV/AIDS, said, adding, "The government needs a reality check and (has) to do away with this law if it is serious about fighting HIV/AIDS" (*Reuters UK*, 11/30). The statute is being challenged under a 2001 lawsuit brought by the Naz Foundation India Trust. The Delhi High Court initially threw out the case, but the Supreme Court of India earlier this year instructed the high court to review the case again. *Kaisernetwork.org*, 1/12/06

### Should adults play?

Get ready for yet another controversy. This time, the bone of contention is whether adults have the fundamental right to play with sex toys and traders the right to sell them. So far, the trade has been booming in underground markets like Palika in Delhi's Connaught Place. Now, an enterprising phoren-returned gentleman in Amritsar has opened up the border market for the needy.

Policing is a problem with this business too. But hush-hush transactions across the counter have started. "Some of these toys are selling for as low as Rs 300," says a news dispatch from the holy city. "Indian minds are opening up to a higher level of sexual freedom," says a report quoting the dealer.

There are indigenous inflatable dolls at a price of Rs 2,000 onwards, erotic foreplay kits and so on. All these products are brought from Mumbai and Delhi, the report says. With a population of 1.3 billion, slightly ahead of India's, China's sex toy market is worth \$6.6bn and expanding at 30 per cent annually.

According to People's Daily study, only 21 per cent of Chinese men knew where to find the clitoris. There had been rapid increase in new HIV cases among teenagers, many of whom were unaware of how the disease was transmitted, it says.

As we're struggling to determine the legal definitions of 'obscenity', 'patriotism', 'promiscuity' and 'national pride', an American court has already upheld law-banning sales of 'sex toys'.

It rejected the argument of 'sexual privacy' saying the US Constitution doesn't guarantee it. "If we craft a new fundamental right today by which to invalidate the law, we would be bound to give that right full force and effect in all future cases including, for example, those involving adult incest, prostitution, obscenity, and the like," the US court added.

The law, first adopted by Alabama in 1998, allowed the sale of ordinary vibrators and body massagers those aren't designed or marketed primarily as sexual aids. It exempted sales of sexual devices "for a bona fide medical, scientific, educational, legislative, judicial or law enforcement purpose".

Georgia and Texas are the only other states that restrict the distribution of sexual devices. American Civil Liberties Union that questioned the ban had argued that private, consensual sexual conduct among adults is constitutionally protected and beyond the reach of government regulation. The US Supreme Court's decision in 2003 striking down a Texas law didn't have Alabama's explanation why sale of performance enhancing drugs like Viagra, Cialis and Levitra was not similarly prohibited. "On the face of it, sex toys are illegal to sell," a dissenting Judge had said, adding, "shops can survive prosecution if they can prove their products are for novelty use only." *AIDS-India*, 4/9/06

### Africa's first same-sex marriage law becomes effective

Gay couples in South Africa can legally get married from Thursday on as the country's same-sex marriage bill, first for Africa, was officially signed into law.

South African Deputy President Phumzile Mlambo-Ngcuka on Thursday approved the Civil Union Bill in her capacity as acting president. President Thabo Mbeki is attending a conference in Nigeria.

South Africa, whose constitution is the first in the world to prohibit discrimination on the basis of sexual orientation, thus became Africa's first country to legalize the same-sex marriage though opposition remains vehement.

"The act seeks to regulate the solemnization and registration of civil unions, by way of either marriage or a civil partnership, and provides for the legal consequences of the solemnization and registration of civil unions," said a statement issued by the presidency.

This "is in line with the Constitutional Court judgment in December last year in the case of the Lesbian and Gay Equality Project and Eighteen Others v the Minister of Home Affairs and Others," it said.

The court found that the common law definition of marriage in the Marriage Act of 1961 was inconsistent with the constitution, and invalid to the extent that it did not permit same-sex couples to enjoy the status, benefits and responsibilities it accords to heterosexual couples.

Following extensive public hearings on the issue, during which it was strenuously opposed by religious groups and opposition parties, the National Assembly adopted the bill on Nov. 14 and the National Council of Provinces a week later.

"We do need to fight and resist all forms of discrimination and prejudice, including homophobia. We should also condemn violence against same-sex couples fueled by hatred as recently observed here at home and in other countries," Home Affairs Minister Nosiviwe Mapisa-Nqakula said earlier this month.

Although the bill has become effective, the debate was by no means over and South Africans should continue to engage each other on such matters in a constructive way to lead the country towards "the kind of society that we all fought for as embodied within our constitution," said Mapisa-Nqakula.

"The challenge that we shall continue to face has to do with the fact that when we attained our democracy, we sought to distinguish ourselves from an unjust painful past, by declaring that never again shall it be that any South African will be discriminated against on the basis of color, creed, culture and sex," the minister said.

*Al-Fatiha*, 30/11/06

# The way forward: knowledge development

Gary W Dowsett, Ph, Professor, Deputy Director & VicHealth Senior Research Fellow, Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne, Australia.

Presentation at the Risks and Responsibilities: Male Sexual Health and HIV in Asia and the Pacific International Consultation, 23-26 September 2006, New Delhi, India

## What have we heard here in Delhi?

- Significant lack of information (data) about MSM in almost all countries
- Lack of epidemiological data on prevalence and incidence
- Lack of data on risk behaviours
- Lack of data on MSM partners (men, women, transgender, intersex)
- Lack of data on young MSM and on transgender people
- Lack of anthropological and sociological data of the phenomenon of MSM and transgenders
- Not enough policy research, operations research incl. evaluation, and little basic social research into issues like discrimination, stigma, & critical sexuality studies

## Critical sexuality studies (on men)

- How do we understand the commonalities among men in relation to sex?
- What is masculine sexual pleasure?
- Men have sex with other men everywhere in the world and always have
- But is it the same everywhere, in every era?
- No – many differences, but many dispersed pleasures shared in common
- Central is penetration/penetrability – but the meaning is not the same?
- Increasingly, gay/MSM sex activity/ideas challenge ideas of what it is to be a man, to be masculine – HIV/AIDS making a contribution here
- TG challenges to gender (HIV/AIDS at work here also)
- (Gender ↔ sexuality) where ( ) = culture – the key concept

## The problem of MSM

- Not a very good term; originally a compromise to get around using 'gay man' by focusing on sex practices not sexual identity
- It is a confused term: it collapses sexual object choice (male) with one possible HIV risk practice (anal intercourse)
- It is not scientifically sound epidemiological risk category because:  
(1) many MSM do not have anal sex  
(2) it omits others who practise anal intercourse, viz. women,  
(3) it cannot encompass transgenders
- Therefore, it is inherently unstable as a category for knowledge production
- And that produces a problem for behavioural monitoring, for epidemiology, for prevention research, & for prevention education as cultural practice

## The problem MSM solved

- Stigma against gay men from early in epidemic, not just in the West
- It's not who you are but what you do (sexually) that matters
- Way to 'term' early examples from developing countries that same sex eroticism looked nothing like Western gay communities, e.g. Brazil and Thailand
- Also, 'explained' non-gay-identified men having sex with men

## BUT, it didn't work:

- Gay men still stigmatised everywhere
- It is still confused about risk practices and "risky people"
- It actually doesn't explain anything about men who do not belong to a gay or any named MSM group such as *kothi*
- It can't deal with intersection of gender and sexuality, e.g. transgender

## The problems MSM creates #1

- MSW, MSWM → MS – poor thinking about gender and simplistic thinking about men
- Aggregates diverse same-sex-erotic cultures, covering up

differences vital to developing focused and appropriate prevention efforts

- Obscures the effects on sexuality of postcolonialism, modernization, urbanisation, and globalisation
- Fails to recognise the quite different axes upon which same sex desire is enacted (e.g. peer-related, gender-influenced, eroticised difference, institutional and situational settings, transactional sex, peripheral pleasures)
- It invisibilises gay men and gay cultures where these exist

## The problems MSM creates #2

- MSM is prone to a serious misreading of how HIV spreads and its directionality, as it is still working with a 'core/bridging population' model rather than sexual networks or sexual cultures model
- MSM is misread epidemiologically as an analogue for gay men, in that it seeks to place MSM alongside IDU and sex workers in an equivalence
- MSM is not a bounded population like sex workers or IDU; it is a concept without a centre and theoretically inadequate
- Again, it doesn't work for transgenders
- BUT, we are stuck with it so how do we improve it and make it work better for us?

## Thinking about sexual diversity

- Can often mean many different types of sexualities
- But are they all equally treated? What about hegemonic and subordinated sexualities – maybe more accurate picture? Maybe marginalised sexualities might be better than sexual minorities?
- There is no single way to be a man either
- Remember what we've learned from masculinity theory – hegemonic masculinity and subordinated masculinities
- MSM the most diverse of the subordinated sexualities, but not all heterosexuality is 'heteronormative'
- E.g. most MSM are heterosexually active, and many heterosexual men have had homosexual experience
- Most men who have sex with named groups of MSM (1) have no name, and (2) are usually 'heterosexual' if asked
- Maybe transgender is equally diverse and will need to 'unpack' too

## Thinking about culture

- How do we understand culture as the context for sex?
- What might the idea of sexual cultures offer us instead of, or alongside, sexual identities or sexual categories?

*Sexual cultures: patterns of sexual activity and meanings attached to them shared in common and developed over time in certain circumstances.*

- Sexual cultures would work with differences within transgenders as well
- Value in sexual network theory for 'outside' the named MSM groups
- This kind of knowledge production requires real collaboration between communities and researchers

## Alternative ways to address the problems that the use of the term MSM creates

- Where does gay work? Let's talk about gay men when appropriate. There is a lot to learn from gay men about sex and sexuality, community organising and advocacy, politics and programming – without becoming 'gay'
- Indigenous terms will help, but what how are we using them? What are we representing about them and claiming for them? Are they the

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## Knowledge development

*continued from page 26, col. 2*

same as sexual cultures?

- Greater historical and cultural specificity needed to understand patterns of same sex practice and cross gender practice
- Stop de-contextualising sex acts: anal intercourse is not the same practice everywhere and at all times, e.g. misuse of "bareback sex"
- Working with the *meanings* of "sex practices", not simply reified "sexual behaviours"
- Disaggregate – do NOT add different forms of same sex practice into a single category both across cultures and within the same culture
- MSM is not a group or population with a boundary: it can never be counted – look for alternative ways to comprehend diversity, interconnection and distinction between us
- Prevention then becomes "horses for courses" – developing flexibility in prevention strategies that work with various strands of same sex desire
- Work with good sexuality and gender theory
- Health and HIV/AIDS is a long way behind here, using old concepts e.g. gender and sex role

### Limitations & challenges

- What of men who cannot be grouped with peers, or have no social

networks that allow grouping – e.g. many MSM cannot be reached this way? We cannot count them but we have to reach them?

- Many marginalised men (homeless, disabled, ethnic/racial minority, migratory etc.) not included – still need new strategies here
- Focusing on the named or easily reached groups for research and surveillance might be missing the major part of the epidemic among men – it may misread the epidemic
- Marginalised sexualities must stick together: complaining about each other is missing the point; concentrate on the real enemy: our neglected epidemics and those who neglect us
- Minority identity politics may simply confirm our marginalisation: challenging the sexuality and gender orders may prove a stronger strategy
- Understanding sex between men does not always require surveillance – tendency to fetishise the numbers – be careful what you ask for: surveillance is not just about numbers, it is also *surveillance* by governments and agencies which have rarely been shown to act in our interests

### And remember...

- We are not just discovering more about ourselves and male-to-male or TG eroticism...
- We are actually inventing ourselves as we create a response to the pandemic

## Turkey's transsexuals face increasing violence

Belgin still vividly remembers the night, more than a quarter of a century ago, when police herded her and dozens of other transsexuals and transvestites on to a train as part of a campaign to clean up Istanbul. "We did not know where the train was taking us. The police beat us and locked us up in the wagons. They gave us no water or food," she said, evoking scenes reminiscent of World War Two.

The roundup took place just before the 1980 military coup in Turkey which led to the suspension of democracy and the jailing of hundreds of thousands of people for their political views. Some were executed. Many people fled abroad.

Since then, Turkey has taken big strides forward in human rights, scrapping the death penalty and clamping down on torture, with an eye on future membership of the European Union. But Belgin says it still fails to protect people like her.

"I first wore this dress in 1970. Not much has changed since then," said Belgin, a retired prostitute who now works for Lambda Istanbul, a group that campaigns for the rights of transsexuals, transvestites, gay men and lesbians.

Rights groups say transsexuals face increasing violence and this reflects a wider trend in Turkish society - the growing influence of Islam in daily life since the centre-right AK Party, which has Islamist roots, came to power in 2002.

"Now the police raid their bars and take these people into detention more frequently," said Huseyin Ayyildiz, branch secretary of the Human Rights Association in Istanbul. He said this reflected the AK Party's promotion of more Islamist-minded police officers keen to defend conservative family values.

### Pious clients

The intolerance is not restricted to transsexuals or homosexuals, the rights groups say.

"Businesses are having difficulty getting licenses to sell alcohol," Ayyildiz said. Islam prohibits alcoholic beverages.

In the capital Ankara, Deniz, a transvestite who works as a prostitute, complained that many clients were ignoring her calls.

"Most of my clients are pious Muslim men and they are very afraid that the police will publicize their names," said Deniz, who also declined to give her full name.

Belgin said Turkish men were guilty of hypocrisy. "Men who secretly come to us at night for sex jeer at us on the streets," said Belgin, 53. She said she had to work as a prostitute because prejudice

prevented her finding another job.

She said many of her friends had been murdered over the years and violence against transsexuals, most of whom work in the sex industry, showed no sign of abating.

"Some people talk about human rights. I have never seen them," she said. "Here you can kill a dog or a transsexual. There is no difference. "The murders of my friends have never been resolved. The police turn a blind eye in such cases."

Like homosexuality, having a sex change operation is legal in Turkey but there are no laws to protect transgender people from discrimination as there are in some Western countries.

### Public morality

A tradition of tolerance for cross-dressing and same-sex liaisons that existed in the old Ottoman Empire has long faded.

In August, efforts by transsexuals to set up an association in the western, conservative-minded town of Bursa were blocked by the authorities on grounds of protecting "public morality."

Over the years, many transsexuals have moved from the provinces to Istanbul, a sprawling metropolis which at least provides anonymity and a network of support.

Belgin sees little change in police attitudes. "There was a police chief (in the past) who was known as bone-breaker Cetin because he did not leave transsexuals before breaking their bones," she said.

Another liked burning the arms of transsexuals with a cigarette lighter. "He would then ask how they would endure the fires of hell in the after-life if they cannot stand this," Belgin said.

And now? "They come with hate and feelings of revenge and do not hide their aim of cleansing Beyoglu (hub of Istanbul's night life) of its transsexuals."

Turkish police spokesman Ismail Caliskan rejected the accusations that the police breach human rights. "The police have always been a target of such accusations ... (human rights groups and transsexuals) always say 'the police beat us'. These claims are not true," he told Reuters.

Kaos GL is a LGBT organization and a legally registered non-governmental organization that publishes a bi-monthly magazine to completely cover Turkey. Please refer any questions to: [news@kaosgl.com](mailto:news@kaosgl.com) and refer to the web site for information: <http://news.kaosgl.com/>  
*Al-Fatiha 5/10/06*

## Third session of the Human Rights Council joint statement

H.E. Wegger CHR. Strømmen, Ambassador, Permanent Representative of Norway to the United Nations Office and other international organisations in Geneva  
Geneva, December 1, 2006

I have the honour to make this statement on human rights violations based on sexual orientation and gender identity on behalf of the following 54 States, including 18 members of the Human Rights Council:

Albania, Andorra, Argentina, Australia, Austria, Belgium, Bosnia and Herzegovina, Brazil, Bulgaria, Canada, Chile, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Guatemala, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Mexico, Montenegro, Netherlands, New Zealand, Panama, Peru, Poland, Portugal, the former Yugoslav republic of Macedonia, the Republic of Korea, the Republic of Moldova, Romania, Serbia, Spain, Slovakia, Slovenia, Sweden, Switzerland, Timor-Leste, Ukraine, the United Kingdom, the United States of America, Uruguay, and my own country Norway.

- At its recent session, the Human Rights Council received extensive evidence of human rights violations based on sexual orientation and gender identity, including deprivation of the rights to life, freedom from violence and torture.

- We commend the attention paid to these issues by the Special Procedures, treaty bodies and civil society. We call upon all Special Procedures and treaty bodies to continue to integrate consideration of human rights violations based on sexual orientation and gender identity within their relevant mandates.

We express deep concern at these ongoing human rights violations. The principles of universality and non-discrimination require that these issues be addressed. We therefore urge the Human Rights Council to pay due attention to human rights violations based on sexual orientation and gender identity, and request the President of the Council to provide an opportunity, at an appropriate future session of the Council, for a discussion of these important human rights

**Non-government organisations around the world celebrate historic UN statement on sexual orientation and gender identity.** NGOs from around the world welcomed a landmark statement on human rights, sexual orientation and gender identity, delivered last Friday at the United Nations Human Rights Council by Norway on behalf of 54 States.

The statement condemns human rights violations directed against people because of their sexual orientation or gender identity, commends the work of UN mechanisms and civil society in this area, calls on UN Special Procedures and treaty bodies to address these issues, and urges the Human Rights Council to pay due attention to human rights violations based on sexual orientation and gender identity, including consideration at an upcoming session.

"This is the largest-ever statement delivered at the UN on sexual orientation issues, and the first ever to explicitly highlight human rights violations based on gender identity," said John Fisher, Co-Director of ARC International. "We are encouraged by the measurable increase in cross-regional support for sexual orientation and gender identity issues in recent years. The time has come to ensure that human rights violations based on sexual orientation and gender identity receive the international scrutiny and condemnation they demand."

"Numerous Special Procedures have documented violations of the human rights of lesbian, gay, bisexual and transgender persons," said Chris Sidoti, Director of the International Service for Human Rights. "These violations include use of the death penalty, torture, criminal sanctions, police harassment, violence, rape, beatings, disappearances, denials of freedom of expression, raids and closures of NGOs, and

discrimination in education, employment, health and housing. Too often in the past, these human rights abuses have passed in silence. Now, the era of invisibility is over."

Rosanna Flamer-Caldera, Co-Secretary General of the International Lesbian and Gay Association highlighted the fact that more than 460 NGOs from 69 different countries had joined together to commend Norway for its leadership and support the statement. "Activists from around the world often work on issues of sexual orientation and gender identity at risk of their jobs, their freedom, even their lives. The Norwegian statement has United States and NGOs from around the world to send a clear message that human rights violations directed against our communities can no longer be ignored."

Earlier this year, UN High Commissioner for Human Rights Louise Arbour in a keynote speech to an International Conference on Lesbian, Gay, Bisexual and Transgender Rights noted that "violence against lesbian, gay, bisexual and transgender persons is frequently unreported, undocumented and goes ultimately unpunished. ... This shameful silence is the ultimate rejection of the fundamental principle of universality of rights. ... Excluding LGBT individuals from these protections clearly violates international human rights law as well as the common standards of humanity that define us all."

## Happy Hookers

Happy Hookers is an independent documentary film (54 mts / DVD) exploring the secret world of male sex workers in Bombay, India- where homosexuality is still criminalisable.

The film enters the lives of 3 young men who live and ply themselves as sex workers in Bombay. Bisexual Shakeel has left his rural village and migrated to Bombay, where he works as an extra in Bollywood,

and through his sex work- seems to have created a new lifestyle. Vicky is effeminate and enjoys being a woman in the Marathi folk "tamasha" that he dances in, when he isn't being sent by his pimp to customers; Imran is married, works part-time at a tailoring shop and cruises the nearest railway station for some easy cash to take home to his family.

The film explores social taboo's regarding HIV, homosexuality and the commodification of sex, as well as throw's light on the fact that men in sex work occupy an entirely different universe to that of female sex workers. The differences between the two genders is enormous and reflects on the spaces that men and women occupy in a patriarchal "man's world". It is shot on DV and features composed music alongside a retro Bollywood track.

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