



Risks | **Responsibilities**

Male Sexual Health and HIV in Asia
and the Pacific-International Consultation

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COUNTRY : Sri Lanka

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MSM are formally organised into three NGOs/CBOs:

Companions on a Journey:

- provides services and safe space to gay-identifying men and MSM
- focuses on decriminalization and providing support, outreach, and education services around HIV

Women's Support Group

- works with lesbians and transgender persons
- focuses on promoting the rights of these communities within mainstream women's rights and human rights organizations
- provides outreach to commercial sex workers, serving Colombo and outstations

Equal Ground

- working to repeal penal code prohibition of homosexual activity
- organizes social events in Colombo

MSM are informally organized into:

Several internet-based groups for MSM (including Sri Lankan Gay Friends, 6699 Club, and Sri Connection)

Informal social gatherings to discuss relevant issues

MSM specifically captured in the **National HIV Surveillance System** : No

Lack the following data:

- National HIV prevalence among MSM
- Sub-national HIV prevalence among MSM
- Behaviour surveillance data

‘MSM and HIV’ - related research available, ongoing or planned : Yes

* **National Survey on Emerging Issues among Adolescents in Sri Lanka -- UNICEF** (published, 2004):

- 18.2% of in-school boys aged 14-19 reported “homosexual relations” (N=4664)
- 13.0% of out-of-school boys aged 15-19 reported “homosexual relations” (N=5042)

* **Analysis of STD Clinic Attendees** (2006): among all 476 male patients attending Colombo STD clinic 1st quarter 2006

- 85% reported having only female partners
- 12% reported both male and female partners
- 3% reported only male partners

- * **MSM Study in Anuradhapura (2005):** among 105 MSM over 18 years old who had anal sex in previous year:
 - 63% of those who had sex with women only had an STD diagnosis
 - 52% of those who had sex with men only or with both men and women had an STD diagnosis
 - Average number of partners ranged from 2 to 4 for the last year and from 4 to 10 during lifetime.
 - Condom use: 18% always; 49% occasionally; 33% never
 - Prevalence of TPPA 5%, genital warts 6.4%
 - No cases of HIV, VDRL or other STIs identified

- * **Dr. Thayaparan's MD Thesis (2002):** 171 MSM studied; enrolled from STD clinics, clubs, parks, shopping malls, etc.
 - 80% single, 13% married, 7% w/s/d
 - 77% had only male partners, 23% both male and female partners
 - 80-90% engaged in insertive anal sex, 57-72% in oral sex, and 20-76% in receptive anal sex
 - 1.4 - 4% always used condoms, 38-90% never used condoms – condoms not used because “partner trusted” 40-60% of the time

- * **KAP Survey by Companions on a Journey (1999):** 992 MSM and GIM in Colombo and nine other districts
 - 72% single, 13% married, 12% w/s/d
 - 50% had only male partners, 35% both male and female partners

- * **STD Clinic Attendees at Katsugastota Clinic (1999): 599 male STD clinic attendees**
 - 4.2% had last sexual exposure with a male

- * **Dr. L. Rajapakse's MD Thesis (1995): 462 youth ages 15-24 in slums and shanties in Colombo municipal area**
 - 18.2% had had male sex partner(s)

- * **Dr. D. Sivaratnam's MSc Study (1992): 99 clients of sex workers who attended Colombo STD Clinic**
 - 7% had sex with male sex workers, of these: 5% had sex only male sex workers, 2% had sex with both male and female sex workers

- * **MSM KAP Survey (ongoing) being conducted by Companions on a Journey, with support from PSF**

Key Information Gaps that hinder establishing and/or scaling up ‘MSM and HIV’ - specific programmes and interventions :

- **No population estimates on MSM** (will be estimated in 2006 or 2007)
- **No behavioral surveillance data** (first survey, including MSM, being launched in 2006)
- **Limited HIV sero-prevalence data** (MSM will be included in 2006)
- **Limited STI prevalence data**

Demographic data available on males who have sex with males : Yes, but only as described in the previously summarized studies

MSM - specific budget [lines] in the National HIV Plan : No

GFATM : No

GFATM Funds specifically earmarked for 'MSM and HIV' : No

Other international donor and/or multilateral institutions funds

specifically earmarked for 'MSM and HIV' : Yes

- **UNAIDS PSF for ongoing KAP study:** \$7,500 for a study of 500 persons in Colombo and four other districts, this is being conducted by Companions on a Journey

Donor coordination in supporting 'MSM and HIV' – specific programmes and interventions (donors themselves and donors with government).

Describe : The World Bank-funded National HIV/AIDS Prevention Project supports behavioral surveillance and will soon be supporting MSM activities

There is an **operational National Strategic Plan on HIV** : There is an NSP 2002-2006, but it is not operational. An operational NSP will be developed by early 2007, and it will include MSM

Male-to-male sex is legal : No

MSM – specific HIV programmes face **problems with law enforcement** :

Yes -- For example:

- outreach workers distributing condoms were arrested and harassed in December 2005
- men are afraid to be caught with condoms by police, for fear of being arrested for sex work
- men who have sex in public places (due to lack of private space) tend to have rushed (unsafe) sexual encounters out of fear of being caught by the police

Obstacles [not related to information gaps] that hinder establishing and/or scaling up of 'MSM and HIV' – specific programmes and interventions : Yes

Cultural and social barriers: the lack of social acceptance and safe spaces for social and sexual interaction and the discussion of sex contribute to unsafe sexual behavior, make reaching MSM difficult, and may lead men to have multiple partners since monogamous relationships cannot be formalized. The perception of unfriendly clinical services keeps MSM away from STI treatment and HIV testing, and the lack of targeted IEC materials for MSM from the government health services limits the coverage of safer sex information.

Legal aspects: the criminalization of sexual behavior makes MSM invisible and at the same time creates an environment in which they place themselves out of reach of outreach programmes

Lack of technical know-how and resources: these limit the quality and scope of services to MSM; this includes the high cost of lubricant

‘MSM and HIV’ - specific interventions in the National HIV Plan : No

‘MSM and HIV’ are part of the country’s scaling up towards universal access to prevention, treatment, care and support initiative : Yes

If “YES” Describe :

- the Universal Access report called for the need to collect more data on MSM and HIV, and to increase outreach and condom provision to MSM.
- MSM will be added as a sentinel group to the sero-prevalence reporting in 2006
- target of 50 percent condom use among MSM by 2010
- capacity building of NGOs will be supported to facilitate increased access to services

Additional Observations:

- MSM identity is complex because MSM refers to behaviour:
 - some gay men marry due to social and cultural pressure
 - there are MSM who consider themselves straight but have sex with men
- MSM face harassment from law enforcement in cruising areas as well as extortion of money and forced sex; violence against MSM impacts negatively on their sexual and emotional health
- Poverty and exposure to sexual violence leads men to work as sex workers
- Deprivation of a mother's presence (often due to migrant work) may lead boys to become closer to their fathers and may lead them to become victims of older men who offer affection and intimacy

Needs/Recommendations

- Reform the penal code to decriminalize homosexual behavior, and educate the public and government officials on the rights of MSM
- Expand condom and lubricant availability to villages
- Ensure availability of condoms and lubricant in prisons
- Increase acceptance of condoms, perhaps by including a notice on condom packets that affirms the legality of possession and use
- Increase safe sex practices by distributing condoms along with information about protected sexual behavior
- Improve education on sex and sexuality within the formal education curriculum, and increase the use of peer education

Needs/Recommendations (cont'd)

- Improve the sensitivity of service providers to MSM specific issues, including awareness of the importance of confidentiality
- Provide clinical services outside clinical settings, where MSM will feel more comfortable and accepted
- Develop links between the MSM community and more NGOs and government entities
- Develop a resource and document database for use by the MSM community
- Conduct more peer-reviewed research regarding MSM

Thank you...