

Naz Foundation International

advocacy, policy and support on male sexualities

providing technical, financial and institutional support to MSM sexual health interventions, collectivities, groups and networks in South Asia

HIV/AIDS Prevention Among MSM

The NFI Experience

Good Practice

Males Who Have Sex With Males

Most MSM behaviours are invisible

Many males involved in male-to-male sex will also have sex with wives/other women

Male-to-male sexual behaviour is substantive and involves males across the economic and social spectrum

Who is MSM?

Male-to -male sex is a category of behaviours and involves those who self-identify as men as well as those who don't such as

Kothi-identified males and hijras;

But also the behavioural category of MSM includes

Gay-identified men;

Non-identified homosexuals;

Manly men who want to penetrate for “body heat” release

Adolescent and other males for experiment, pleasure, friendship

Males in all male institutions

Who is involved in male-to-male sex?

THE KOTHI RESPONSE? ANY MAN!

To kothis these men are not homosexuals

Only “real men” who penetrate them

To these men, they are not homosexuals as they penetrate those who are not “men”

This involves street males, hotel staff, rickshaw drivers, truck drivers, taxi driver, male prisoners, migrant workers, construction labourers, et al

Why do males have sex with males ?

- ❖ Desire for other males
- ❖ Pleasure from discharge, and “body heat”, getting “hot”
- ❖ Females don't do anal/oral sex
- ❖ Males are easier to access - shared beds and spaces
- ❖ Anus is tighter than vagina and gives more pleasure
- ❖ Nobody is suspicious if we mix with other males
- ❖ Females difficult to access, with no chance to be friendly

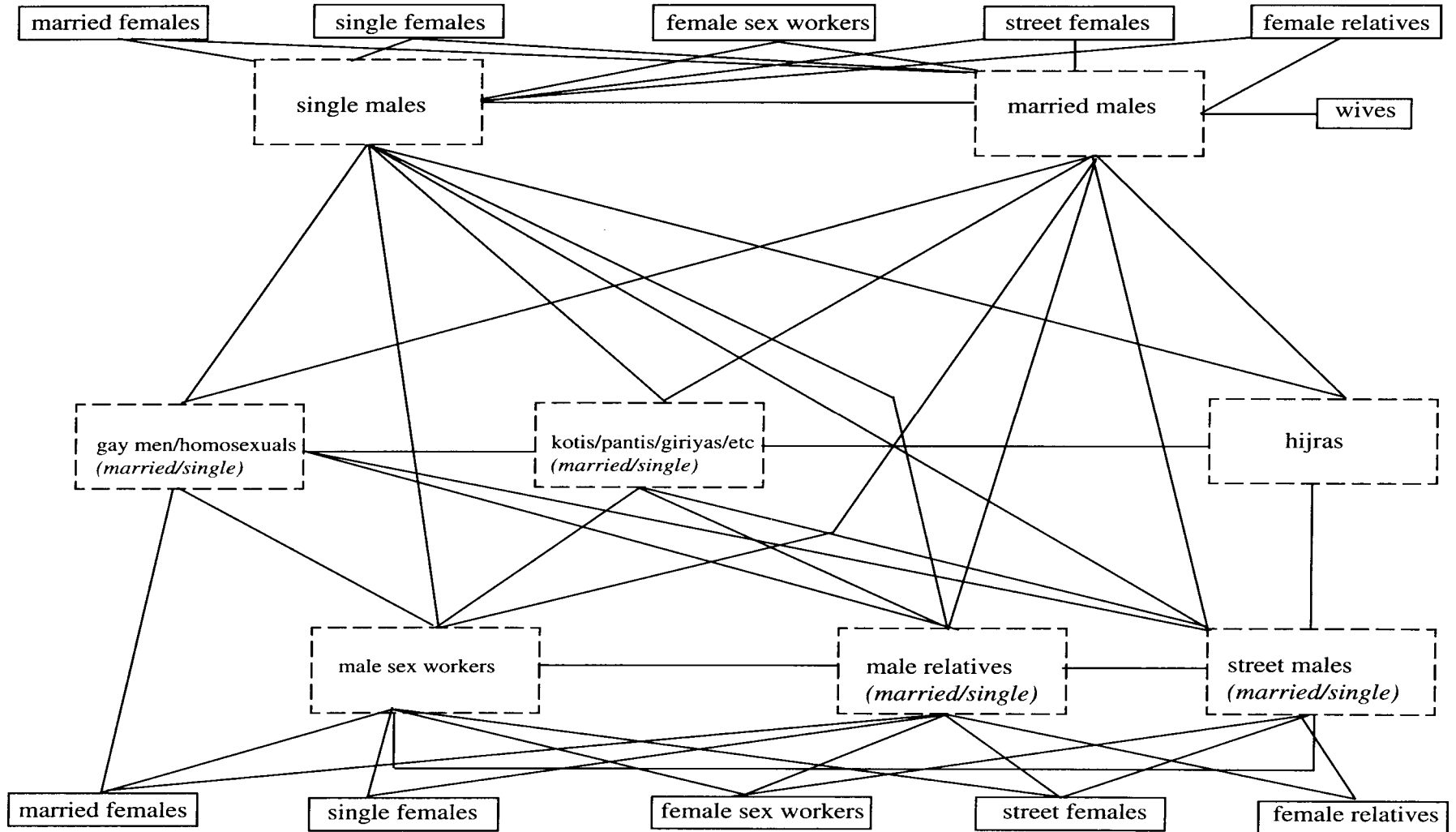
Why do males have sex with males ?

- ❖ For play and/or curiosity
- ❖ Girls virginity must be protected
- ❖ No marriage involvement/no financial involvement
- ❖ Making money
- ❖ No chance of making a boy pregnant
- ❖ Maintaining chastity

Why work with male-to-male sexual behaviours?

- Very few interventions in a country of over 1 billion people.
- Self-identified MSM, such as kothis, gay men and hijras are socially excluded.
- Highly vulnerable to human rights abuse, sexual violence and rape.
- Low access to sexual health services, with multiple partners and low condom use. Very little access to water-based lubricant.
- High risk behaviours along with low self-esteem and disempowerment
- Most male-to-male sexual behaviours are invisible
- Many are married and/or have sex with other females

MAPPING MALE TO MALE SEXUAL BEHAVIOURS IN SOUTH ASIA



There are only 2 main strategies for promoting sexual health

➤ **THE MORAL STRATEGY**
– *DON'T DO IT*

➤ **THE PRAGMATIC STRATEGY**
– *DO IT SAFELY*

WHICH STRATEGY WOULD BE THE MOST EFFECTIVE?

Sexual Health

a WHO definition (1975)

the integration of physical, emotional, intellectual and social aspects of sexuality in a way that positively enriches and promotes personality, communication and love

UNAIDS, NFI, and many others clearly recognise that the most effective strategy for sustainability in risk reduction in socially excluded populations involves:

Community-building and empowerment

Beneficiaries as service providers

Self-help community-based organising

Ownership

Advocacy on sexualities, alternate masculinities, HIV status and sexual practices

Some key components in any MSM intervention

- Identify key MSM individuals and networks
- Provide appropriate skills building and on-going technical support
- Provide adequate long term funding
- Address legal, judicial and social impediments
- Assist in community-building and self-help organising

Some key components in any MSM intervention

- Ensure adequate low-cost supplies of condoms and lubricant
- Ensure that clinical staff have good knowledge and understanding of MSM issues and specific sexual health needs
- Provide across the board advocacy on MSM issues
- Work with STI/HIV interventions that address male sex health for the general male populations

Naz Foundation International

SERVICES FRAMEWORK

FIELD SERVICES

OUTREACH AND FRIENDSHIP BUILDING
COMMUNITY DEVELOPMENT AND
MOBILISATION
EDUCATION AND AWARENESS
BCC RESOURCE/CONDOM DISTRIBUTION
REFFERALS

CLINICAL SERVICES

STI MANAGEMENT
HIV TESTING AND
COUNSELLING
ACCESS TO ARVS
PSYCHOSEXUAL
COUNSELLING
GENERAL HEALTH CARE

TECHNICAL SUPPORT

CENTER BASED ACTIVITIES

SOCIALISING AND SUPPORT
GROUPS
VOCATIONAL TRAINING AND
SKILLS BUILDING
DROP IN SERVICES
COMMUNITY BUILDING
ACTIVITIES

NFI Process Model

