

An invisible epidemic?

Male-to-male sex and HIV/AIDS in India

Developing an appropriate response

Naz Foundation International

28th September, 2004

Who are males-who-have-sex-with males (MSM)?

- MSM is not an exclusive category or “target group”
- MSM includes those males with specific sexual identities, such as gay men, as well as those with gendered identities such as *kothis* and *hijras* along with their non-identified ‘manly’ partners
- It also involves any male who has (or had) sex with another male, irregularly or regularly
- But not all MSM are at risk of HIV infection - this would depend upon their specific sexual practices

Who are males-who-have-sex-with males (MSM)?

- Based on evidence, visible male-to-male sex in India appears to be primarily structured around sex and gender roles - the penetrated and the penetrator
- Here the penetrator perceives himself involved in a manly activity - he does not perceive himself, nor is he perceived, as a homosexual
- His penetrated partner is perceived (and most often perceives himself) as “NOT-MAN”
- Neither perceive themselves as “men having sex with men”

Frameworks of male-to-male sex in India

- Most male-to-male sexual behaviours are invisible and not gay/homosexual identified – mostly gendered
- Many males involved in male-to-male sex will also have sex with wives/other women
- Male-to-male sex is substantive and involves males across the economic and social spectrum

Male-to-male sex prevalence

An error of omission and commission

*From 'Mapping of Population Groups Vulnerable to HIV/AIDS in Uttar Pradesh',
compiled by ORG Centre for Social Research, New Delhi, October 2003*

Uttar Pradesh with a male population of 84 million was reported to have only 693 MSM!!

Lucknow with a male population of some 1 million males was supposed to only have 262 MSM!!

BUT

In 1997, in an NFI supported Situational Assessment, Bharosa, the local partner interviewed 400 kothi-identified MSM in Lucknow alone. Since then this small CBO has already met over 5000 kothi-identified males. This does not include their 'manly' sexual partners.

This sort of significant disparity between official documentation and that being provided by local based MSM CBOs is dangerous since it generates under-reporting and thus under-funding. This is valid across India.

Male-to-male sex prevalence

- 25% of medical students at Patna Medical College in a 1992 survey revealed that they had same-sex relationships (Wyatt, 1993)
- Of the 1500 men who replied to a questionnaire in an English men's magazine in India, Debonair, 29.5% stated that had sex with another man before the age of 20 years (Roy Chan, et al. 1998)
- A survey of 527 truck drivers in northeast India revealing that 15% had sex with men (Ahmed, 1993)

Male-to-male sex prevalence

City	City population	Sample size (<i>kothi</i> identified males)	Number of sex sites	Number of reported sex partners in proceeding month
Hyderabad	5 million+	200	102+	8100
Bangalore	5 million+	200	65+	4700

Why do males have sex with males?

Reasons given at a range of NFI workshops

- Desire for other males
- Desire for specific acts
- Pleasure from discharge – “body heat”
- Wives (and at times other women) do not do anal or oral sex
- Males are easier to access
- Anus is tighter than vagina and gives more pleasure

- No one is suspicious when males mix with other males
- Females are more socially policed and more difficult to access
- For play and curiosity
- A girl's virginity should be protected
- No marriage involvement
- Making money
- Maintaining chastity

Violence and abuse

In a 2002 study conducted in Bangladesh with *kothi*-identified males (N=124):

- 33% reported sexual assault or rape by their “friends”
- 48% reported being sexually assaulted or raped by local police
- 64% reported being harassed by police
- 71% reported being sexually harassed by local hooligans
- 87% stated that they have been sexually assaulted because they were effeminate

Violence and abuse

Reports from India indicate similar levels of violence, sexual assault and rape on feminised MSM.

Why work with male-to-male sexual behaviours and HIV?

- The contribution of MSM behaviours to the HIV/AIDS epidemic in India was officially set at 1% in 2001
- However, there are serious under-estimations of behaviour, risk and possibly STI/HIV sero-status
- Most males involved in male-to-male sex will not identify their behaviours
- The reliability of HIV data is also suspect
- In Mumbai a 2003 study indicated an HIV prevalence rate of 20%
- In Chennai, a 2000 study indicated a 4% rate of HIV infection

Why work with male-to-male sexual behaviours and HIV?

- We know that male-to-male sexual behaviours are substantive
- 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 abuses and sexual violence
- Low access to sexual health services
- Multiple partners, low condom use, and very little access to water-based lubricant

Why work with male-to-male sexual behaviours and HIV?

- Significant levels of male sex work
- Bridging populations to spread HIV into the general population, particularly women
- Many are married and/or have sex with other females
- Poverty and low levels of literacy

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- Formed in August 1996 as a UK registered charity specifically to work with MSM networks in South Asia, to develop their own sexual health services through:
 - Providing technical assistance and support to local groups and networks to develop their own CBOs as self-help groups
 - Provide access to range of training, management and M&E tools and BCC resources
 - Conduct situational assessments and other studies on male-to-male sexualities, behaviours and health issues
 - Advocacy on funding and appropriate intervention strategies
 - Promote sexual responsibility towards ALL sex partners

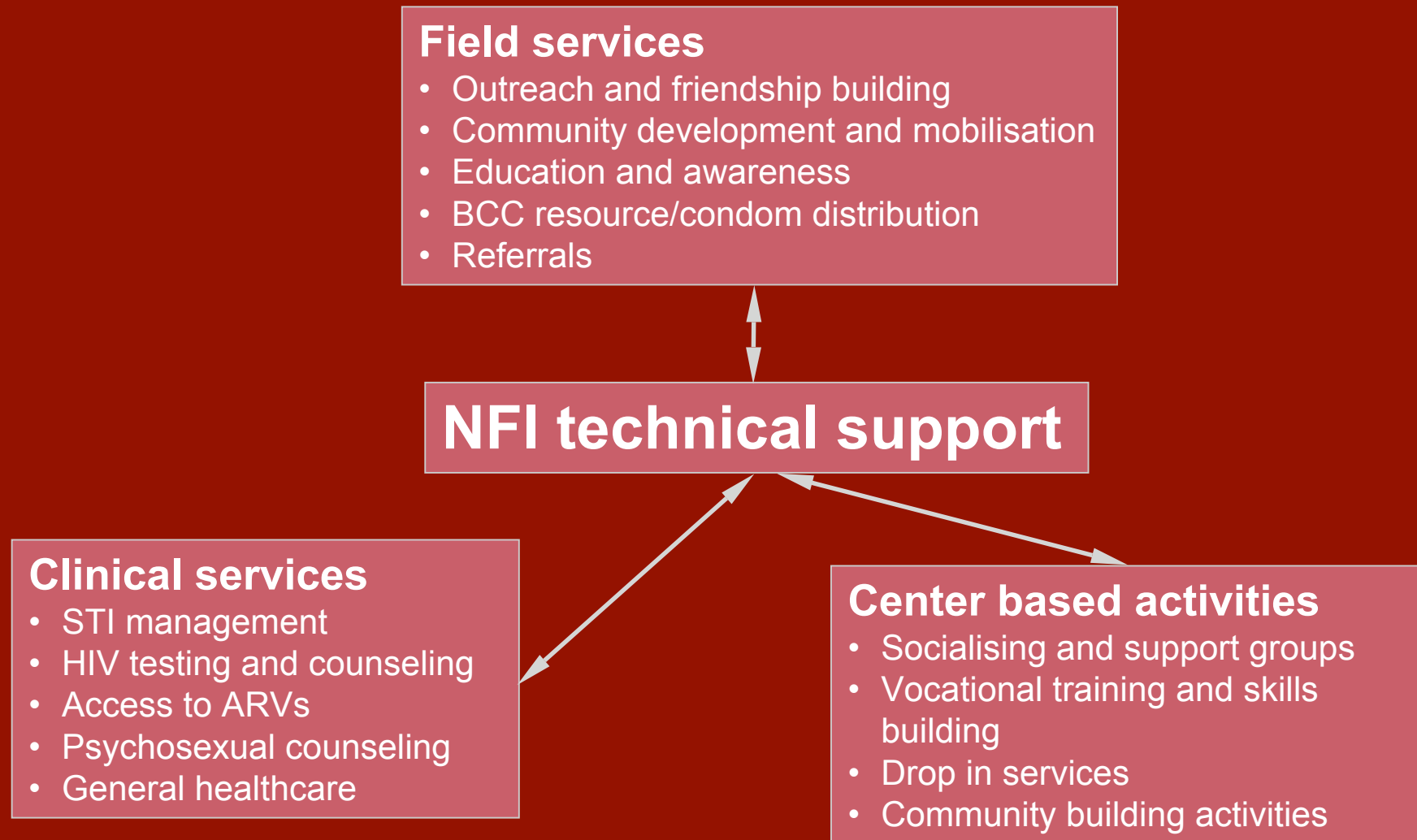
What have we done so far?

- Supported the development of 25 MSM community based organisations (CBOs) developed across South Asia, (16 in India) reaching over 500,000 *kothi*-identified males and their partners
- Regional MSM trainers network developed
- 25 MSM CBOs receiving on-going technical assistance and support
- A range of behaviour change communication resources, training manuals and briefing papers developed
- Situational assessments conducted in 12 cities across the region (9 in India)

What have we done so far?

- Information and Resource Centre developed in Lucknow, India
- Regional Liaison Office established in Lucknow, India
- Strategic development plan for scaling up response across the region
- Significant advocacy work done nationally, regionally and internationally

Services framework



Stakeholder analysis

- **Primary beneficiaries**
 - *kothis*, other self-identified MSM, males sex workers
- **Secondary beneficiaries**
 - Their male and female partners
- **Linking agencies**
 - state and country CBOs
 - Local grassroots CBOs, networks
- **Enablers**
 - Donors, policy makers, judiciary, state enforcement agencies

Tools and Models

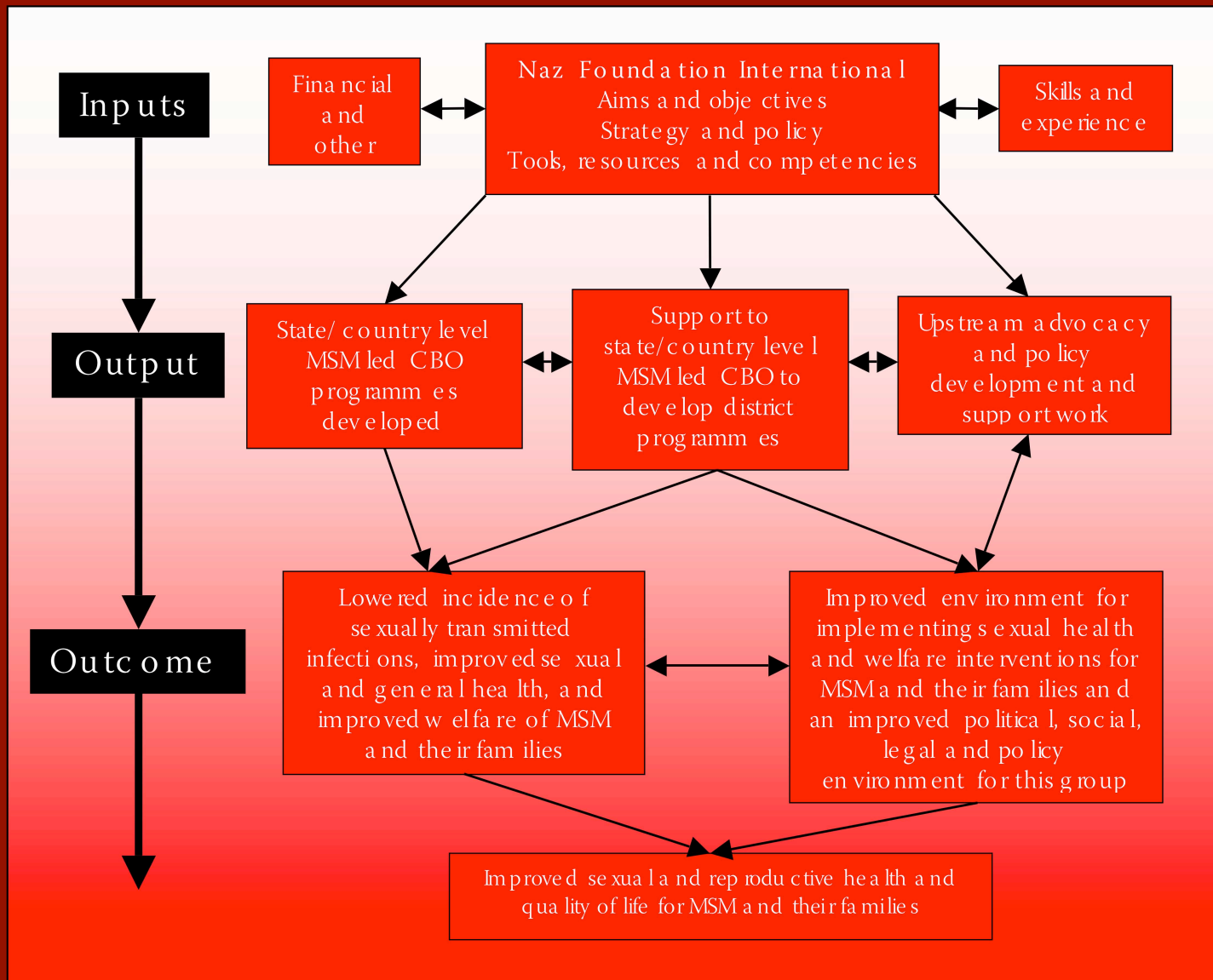
Adaptable and replicable

- Documentation
 - re-formatting CBO development and management handbooks as user friendly and in local languages
- Training manuals
 - Reformatting as user friendly and in local languages
- Development of new components
 - Counseling: pre-post test, psychosexual
 - Appropriate care and support
 - Management of a VTC centre
 - Developing self-help PLHA support groups
- Communication materials
- NFI Partners Network: a tool for sharing skills and information

Strengths

- Credibility
 - Proven track record
- Knowledge and experience
- Models of replicability and scaling up developed
- Existing partnerships

Process model



Government's potential role and partnership with NFI

- **Advocacy and policy**
Sensitisation of enablers, and common policy between Home and Health ministries in regard to MSM (and other vulnerable populations)
- **Identity-based self-help interventions**
kothi, hijra and gay self-help and CBO interventions along with recognition of gender variance and diversity provided with appropriate funding. This will require direct funding to new CBOs as they form and changes to funding guidelines –NFI can act as a mentor and sponsor

Government's potential role and partnership with NFI

- **ALL risky sexual activities as a part of general education**

Partners of feminised males are from the general male population, many of whom also have anal sex with women

- **Increase coverage**

This will require identifying gaps in MSM HIV/AIDS services and ensure support for emergent services where gaps exist

Government's potential role and partnership with NFI

- **Technical assistance, capacity and skills building**
 - *With low income populations there are a lack of skills, knowledge and capacity. They will require on-going technical support. NFI can provide that*
- **Rapid scaling up within a strategic approach**
NFI has the models, tools and experience



Thank you!

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Advocacy, policy and support on male sexualities