

Advocacy, policy and support on male sexualities

# Out of the shadows

## *Male-to-male sex and HIV/AIDS in South Asia*

**Kim Mulji**  
*Executive Director*

# Aims

- 1. Outline differing male sexualities and gender identities in South Asia**
- 2. Explain major issues of concern with relation to male to male sex and HIV/AIDS and sexual health**
- 3. Detail our approach to dealing with these issues**

# Frameworks of male-to-male sex in South Asia

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

# Indigenous identities

## *kothis/zenanas/metis*

- A self-identified label used by feminised males who have sex with males, and who use feminised behaviours in public spaces to attract “real men” for sex. They are usually sexually penetrated.
- However, many *kothis* will also be married with children in a culture of “compulsory heterosexuality”
- They are primarily from low income populations

# Indigenous identities

## Hijras

- A self-identified term used by males who do not define themselves as “men”, or “women”, but as a “third gender”. Hijras cross-dress publicly and privately, and form part of a social, religious and cultural community. Ritual castration is often a part of the hijra identity. Sex with males, often for reward is common. They also have their own language, known as “Ulti”.

# Indigenous identities



## Gay identity in South Asia

- Gay-identified men tend to come from educated and upper-income urban areas
- They tend to find partners who are also gay-identified
- Do not socialise or access low-income *kothi*-identified males
- Might access non-identified “real men”

## 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)

# Male-to-male sex prevalence

In Pakistan, the July 1996 edition of AIDS Analysis Asia reported that:

- 20% of men in one rural area have male-to-male sex
- 40% of men living in a Karachi squatter settlement had male-to-male sex
- 72% of truck drivers in central Karachi had sex with other males, while 76% had sex with female sex workers

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

- There is a lack of knowledge about MSM and HIV prevalence
- In Bangladesh, syphilis rates for *kothi*-identified MSM vary between 4%-10%
- In Mumbai a 2003 study indicated an HIV prevalence rate of 20%
- In Chennai, a 2000 study indicated a 4% rate of HIV infection
- We know that male-to-male sexual behaviour is common

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

- Very few interventions in a region of over 1.5 billion people
- Self-identified MSM, such as *kothis*, gay men and *hijras* are socially excluded
- MSM are 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?

- Low self-esteem and disempowerment
- Most male-to-male sexual behaviours are invisible
- Bridging populations to spread HIV into the general population, particularly women
- Many are married and/or have sex with other females

# Vulnerability and risk

- Power inequalities and disempowerment
- Low self-esteem
- Violence and abuse
- Rape, blackmail and illegality
- For low-income feminised males this is reinforced by:
  - Poverty
  - Low levels of literacy

# Our approach

- Advocacy and policy work
- Identity-based self-help interventions
- Anal sex as a mainstream behaviour
- Capacity and skills building
- Promote sexual responsibility

# NFI services model

## Field services

- Outreach and friendship building
- Community development and mobilisation
- Education and awareness
- BCC resource/condom distribution
- Referrals

## NFI technical support

## Clinical services

- STI management
- HIV testing and counseling
- Access to ARVs
- Psychosexual counseling
- General healthcare

## Center based activities

- Socialising and support groups
- Vocational training and skills building
- Drop in services
- Community building activities

# Thank you

**Website:** [www.nfi.net](http://www.nfi.net)

**E-mail:** [kim@nfi.net](mailto:kim@nfi.net)

**Phone:** 020 8563 0191