

# **MSM, HIV/AIDS and Human Rights in South Asia**

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Sexual health is the integration of the somatic, emotional, intellectual, and social aspects of sexual being, in ways that are positively enriching and that enhances personality, communication and love

*WHO 1995*

It is my aspiration that health will finally be seen not as a blessing to be wished for, but as a human right to be fought for.

*Kofi Anan, Secretary General United Nations*

**Denial, ignorance, illegality, myths, fears, violence, abuse, exclusion, and invisibility create a discourse that stigmatises much of male-to-male sexual behaviours in society.**

**At the same time, current discourses on sexual identities, sexual orientation, and “sexual minorities”, can also increase the invisibility of much male-to-male sex and those involved with it.**

# Who is “MSM”?

- “MSM” is not an exclusive category or “target group”
- It reflects a category of behaviour not an identity
- It includes those males with specific sexual identities, such as gay men, as well as those with feminised and gendered identities (i.e. kothis) and their manly partners drawn from the general male population who do not have a specific sexual identity
- Much of male-to-male sex is based on gender/sex roles where the penetrator does not perceive himself as a “sexual minority” but rather as a MAN who is penetrating a NOT-MAN

# Stigma and Discrimination

- **Kothis, hijras and some other MSM are doubly stigmatised, because of their feminisation and sexual penetration, which reinforces the stigmatisation and leads to exclusion and denial of services**
- **They are also self-stigmatised because of their gendered identities, social exclusion and sense of worthlessness**
- **This stigmatisation is greatly reinforced when living with HIV/AIDS**

# MSM and Abuse of Human Rights

**A study NFI conducted in Bangladesh regarding feminised males and abuse showed:**

- 33% reported assault of a sexual nature or rape at the hands of 'friends'**
- 48% reported that they had been sexually assaulted or raped by policemen**
- 64% reported facing harassment of one kind or the other at the hands of the police**

## MSM and Abuse of Human Rights

- **71% stated that they had faced some or the other form of harassment from *goondas*. Other than rape, these are, extortion [38%], beatings [45%], threats and blackmail [31%]**
- **87% stated that they had been subjected to sexual assault or rape simply because they are effeminate**
- **41% of those who had faced some form of harassment at the hands of the police say that the police guessed that they were MSM from their feminised behaviours**

The socio-behavioural dynamics in Bangladesh are similar to that in the other countries of South Asia. Sufficient anecdotal evidence exists that similar levels of sexual abuse, harassment and violence exists in India, Nepal and Pakistan.

Unless we address the social, judicial and legal impediments to effective sexual health interventions for marginalised and socially excluded populations, then the 'fight' against AIDS will be lost.

## Good Practice in Asia-Pacific

- Decriminalisation of sodomy in Hong Kong
- Repeal of homosexuality as a mental illness in the Peoples Republic of China
- A bill submitted to the Philippines Parliament to make sexual orientation a ground for non-discrimination
- There is no criminalisation of homosexuality in Thailand, and State Tourism Departments supports and promotes a 'gay' subculture, i.e. Bangkok Pride
- In Australia, positive state policies supporting human rights of 'sexual minorities', particularly in the field of HIV/AIDS prevention

## Key Recommendations

- Decriminalisation of sodomy.
- Harmonising the policies of the the home [interior] departments with those of the health departments regarding homosexuality.
- Recognition of gender identities and diversities by the state and protecting and promoting their human rights as part of HIV/AIDS prevention efforts.

## Key Recommendations

- Formulation of laws specifically dealing with male rape, and child sexual abuse, especially of male children.
- Promoting and protecting the basic human and civil/constitutional rights of 'sexual minorities' as a state policy and not just on HIV/AIDS policy papers.

# **MSM and Human Rights**

**Such a rights-based approach to HIV/AIDS and sexual health must also include consensual behavioural, gendered and identity choices, as well as integrate the WHO definition of sexual health.**

**This is about sexual rights, sexual autonomy and sexual choices.**

**Sexual health is a right for all.**