

Invisible Men – An Invisible Epidemic

male-to-male sex and HIV/AIDS in South Asia

The situation and our response

Naz Foundation International



FHI Asia Regional Office, Bangkok, Thailand

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Leadership statement

Bangkok AIDS Conference 2004

“We must acknowledge the threat to, and suffering, of all vulnerable people, including children, young people, women, sex workers, people who inject drugs, males who have sex with males and migrant and displaced persons – and commit to reducing their vulnerability to HIV infection.”

As presented at the XV International AIDS Conference by Ms. Graca Machel, Patron of the Leadership Programme, on July 16, 2004 in Bangkok.

Frameworks of male-to-male sex in South Asia

**Sexual and gender identity and behaviour
framed**

by:

- **Gendered framework with “performative” behaviours**
- **Sexual practices and sex roles**
- **Chosen identities**
- **Beliefs around sexual behaviour, and need for “discharge”**
- **Situation - location, accessibility of women, etc.,**
- **Economic need**
- **Class/cast, education and poverty**
- **A homosocial and homoaffectional culture**

Frameworks of male-to-male sex in South Asia

- **Most male-to-male sexual behaviours are invisible and not gay/homosexual identified**
- **Sexual/gender identities tend to be based on class and education, and sex roles**
- **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**
- **MSM then is no an exclusive category or “target group” – it reflects a behaviour which is common**

Indigenous identities/sexualities

- ***Self-identified kothis/zenanas/metis***

Males who feminise themselves performatively as a means to attract “real men” – primarily from low income populations – a penetrative identity

- ***Hijras and transgenders***

Males who perceive themselves as not-men/not-women. A sociocultural Identity

- **Gay-identified men**

Primarily from upper middle class who define themselves as gay – sexual orientation

- **Men/Male Youth**

Do not have a sexual identity, but experience male-to-male sex for a range of reasons

Also in South Asia, some male-to-male sexual relationships are defined by age – “beardless youths”

Quotes from *kothi*-identified males

“Why do men have sex with men? This is not normal. We kothis are here for them.”

“I don’t mind if my panthi beats me up. It only shows how manly and powerful he is.”

“When my parik (“husband”) beats me, I feel as helpless as a woman. Since I want to be a woman, it actually makes me feel good.”



Appropriate terms

In terms of HIV prevention,
bipolar categories of:

- “Man” / “woman”
- “Homosexual” /
“heterosexual”
- “Gay” / “straight”

do not work to address HIV
concerns. Hence the
category “men who have sex
with men” has been used, but
the term “men” can be
problematic since this is also
socially constructed.



“Male” v “Men”

In South Asia much of male-to-male sex is based on gender, sex, and or, age roles.

The penetrating partner often sees himself as a “man”, while the penetrated partner tends to be perceived, and perceives himself as not a “man”.

Thus in both cases, the term “men who have sex with men” becomes problematic.

Therefore we use the term “males who have sex with males”.

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



Male-to-male sex prevalence

In Bangladesh, ICDDR,B reported in the 2003 behavioural surveillance report

22% of rickshaw pullers had male-to-male sex

In Sri Lanka, 50% of male university students reported that their first sexual experience was with another male

Youth and Sexual Risk in Sri Lanka, Women and AIDS Research Programme, Washington DC, International Centre for Research on Women, 1997, Silva, K.T. et al

Why do males have sex with males?

- **Desire for other males – same gender/orientation**
- **Desire for specific acts**
- **Pleasure from discharge – “body heat”, play, curiosity**
- **Wives do not do anal or oral sex**
- **Females are more socially policed and more difficult to access**
- **Males are easier to access – shared beds and spaces**
- **Anus is thought to be tighter than vagina and gives more pleasure**
- **Protecting a girl’s virginity, and maintaining chastity**
- **For money**

Violence and abuse

In a 2002 study conducted in Bangladesh with feminine-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**

Violence and abuse

- **71% reported being sexually harassed by local hooligans**
- **87% stated that they have been sexually assaulted because they were effeminate**
- **41% stated that their harassment by police was because they were effeminate**
- **Reports from elsewhere in South Asia indicate similar levels of violence, sexual assault and rape on feminised MSM**

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**
- **Many are married and/or have sex with other females**
- **Bridging populations to spread HIV into the general population, particularly women**



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**

Vulnerability and risk

This leads to social exclusion exacerbated by fear of discovery, which leads to:

- **Low condom usage**
- **Multiple partners**
- **Lack of sexually transmitted infection treatment**

Higher vulnerability leads to
Higher risk behaviours

Issues that must be addressed

- **Advocacy and policy**
 - Repeal of legislation and training of law enforcement agencies, judiciary and media
- **Identity-based self-help interventions**
 - *kothi*, *hijra* and gay self-help groups help in community building and mobilisation, along with recognition of gender variance and diversity
- **Anal sex as a mainstream behaviour**
 - Partners of feminised males are from the general male population, many of whom also have anal sex with women

Issues that must be addressed

- **Capacity and skills building**
 - With low income populations there are a lack of skills, knowledge and capacity. They require on-going technical support.
- **Promote sexual responsibility**
 - The majority of males who have sex with males will become married. Female partners are at risk also.



Issues that must be addressed

We must also address the social construction of masculinity that allows *genderphobia* to be a part of that construction, which enables violence against feminised males (and females) to be socially permissible, in a society that socially excludes such males, and says they are less than human.



Naz Foundation International

Millennium Development Goals

- **MDG 1**

Eradicate extreme poverty and hunger NFI works with low income MSM populations

- **MDG 6**

Combat HIV/AIDS, malaria and other diseases

Naz Foundation International

- **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:**
 - **Community building and empowerment**
 - **Where the beneficiaries are also the service providers**
 - **Advocacy on sexualities, alternate masculinities, HIV status**
 - **Promoting sexual responsibility towards ALL sex partners**

What have we done so far?

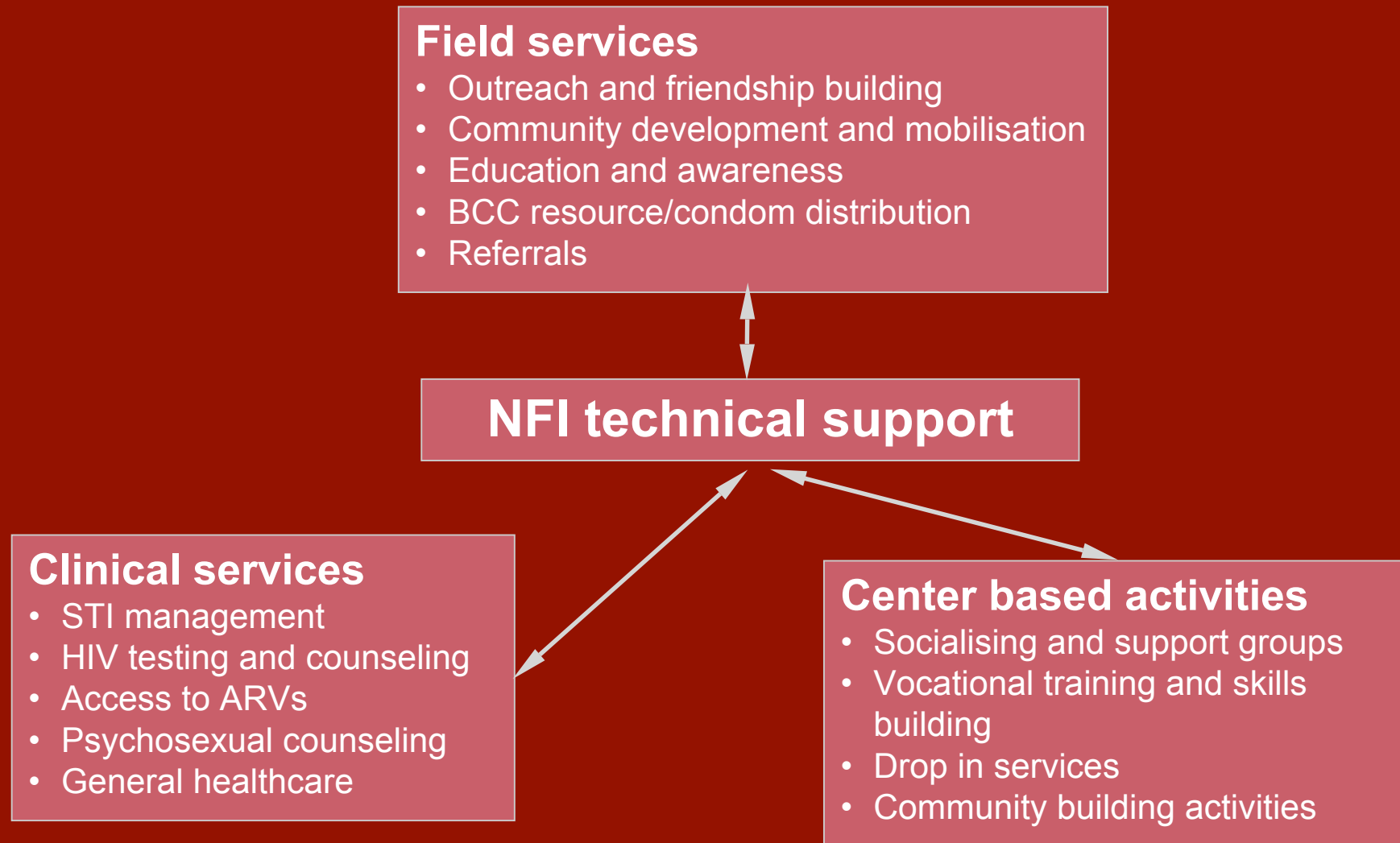
- **25 MSM community based organisations (CBOs) developed across South Asia, reaching over 500,000 *kothi*-identified males and their partners**
- **Regional MSM trainers network developed**
- **25 MSM CBOs receiving on-going technical assistance and support**
- **A range of behaviour change communication resources, training manuals, briefing papers and essays produced**
- **Situational assessments conducted in 12 cities across the region**
- **Hosted 3 Regional MSM and sexual health conferences**

Calcutta (1999), Hyderabad (2000), New Delhi (2003)

What have we done so far?

- **Human rights study conducted in Bangladesh, now being replicated in India**
- **Masculinities and sexualities study conducted in Bangladesh among young men**
- **Information, Resource and Training Centre developed in Lucknow, India**
- **Regional 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



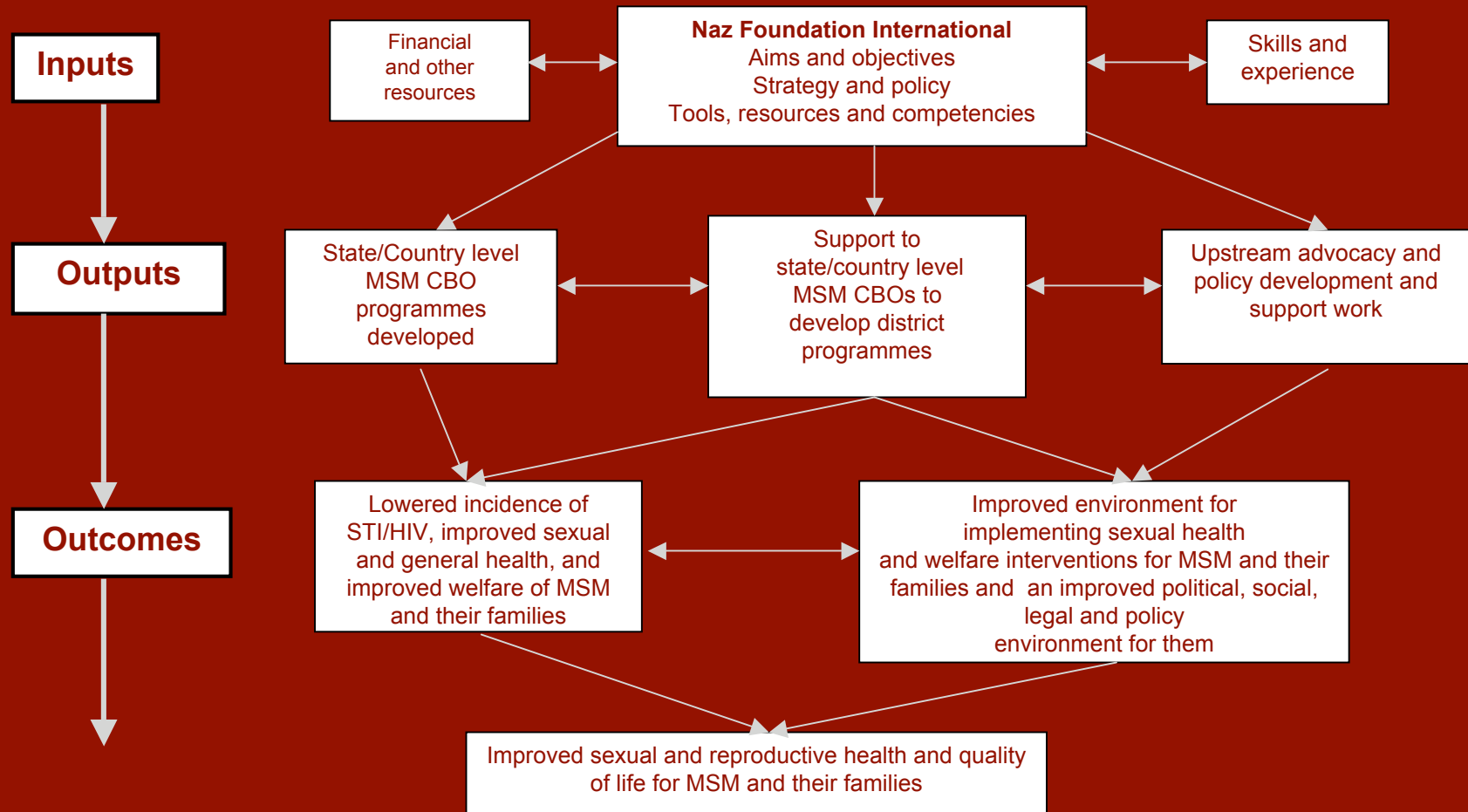
A strategic response to MSM and HIV/AIDS

- **Objectives**
 - **To develop and disseminate replicable, scalable and cost-effective prevention, care and treatment interventions relevant to MSM behaviours and sexual health needs**
 - **To build and support a network of state-level linking organisations in India and similar national-level organisations in other South Asian countries, which have the capacity to provide on-going assistance to grass-roots organisations working directly with MSM populations.**

A strategic response to MSM and HIV/AIDS

- **Objectives**
 - **To improve the understanding of MSM behaviours and cultures in South Asia, among decision makers, opinion leaders, donors and other influential constituencies, particularly related to HIV/AIDS, social stigma and discrimination, gender and sexual violence**
 - **To advocate for policies that recognise the fundamental human rights of MSM, and create a political and social environment conducive to working with these males and their partners.**
 - **To secure stable, long-term financial and technical support for appropriate HIV and AIDS related interventions among MSM populations in South Asia.**

NFI Process Model



Thank you!



Advocacy, policy and support on male sexualities

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