

Addressing impediments to HIV/AIDS prevention, care and support for MSM

Shivananda Khan OBE
Naz Foundation International



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Sources of knowledge

Between October 1996 - June 2005

- Conducted 12 situational assessments among self-identified MSM and their partners in South Asia - over 2400 accessed
- Developed and assisted 28 community-based HIV/AIDS service providers in Bangladesh, India, Nepal and Pakistan.
- Comprehensive literature review
- Conducted 2 studies on impediments to sexual health promotion among self-identified MSM, one in India and one in Bangladesh.
- Regular reports from 28 partner projects.

Frameworks of male-to-male sex in South Asia

Gendered framework and performative identities, sexual practices, and sex roles



Male to male desire based on feminised gendered roles an identification - sexual acts based on gender roles, i.e. man/not-man where the penetrator tends to identify with the normative masculinity, and the penetrated identifies with the feminine. Neither see themselves as MSM.

“Why do men have sex with men? 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* beats me, I feel as helpless as a woman. Since I want to be a woman, it actually makes me feel good.”

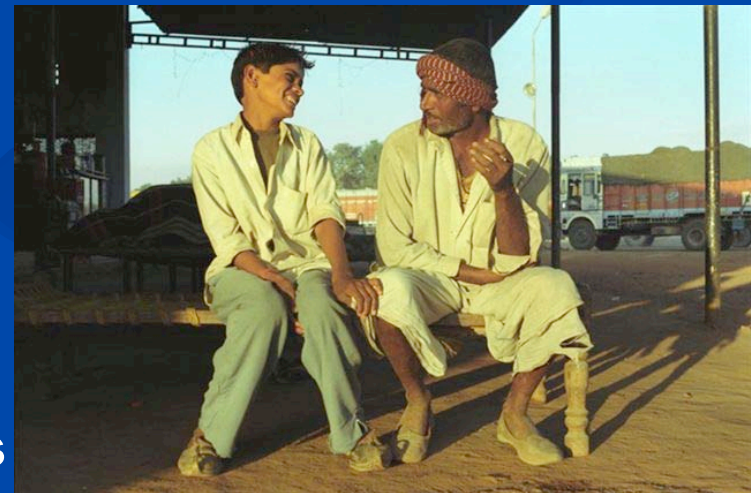
From interviews with kothis

**Discharge-based -
institutional, situational,
economic, accessibility**

***Male to male sexual behaviours
arising from immediate access,
opportunity, and “body heat”.
They involve males/boys/men
from the general male population***

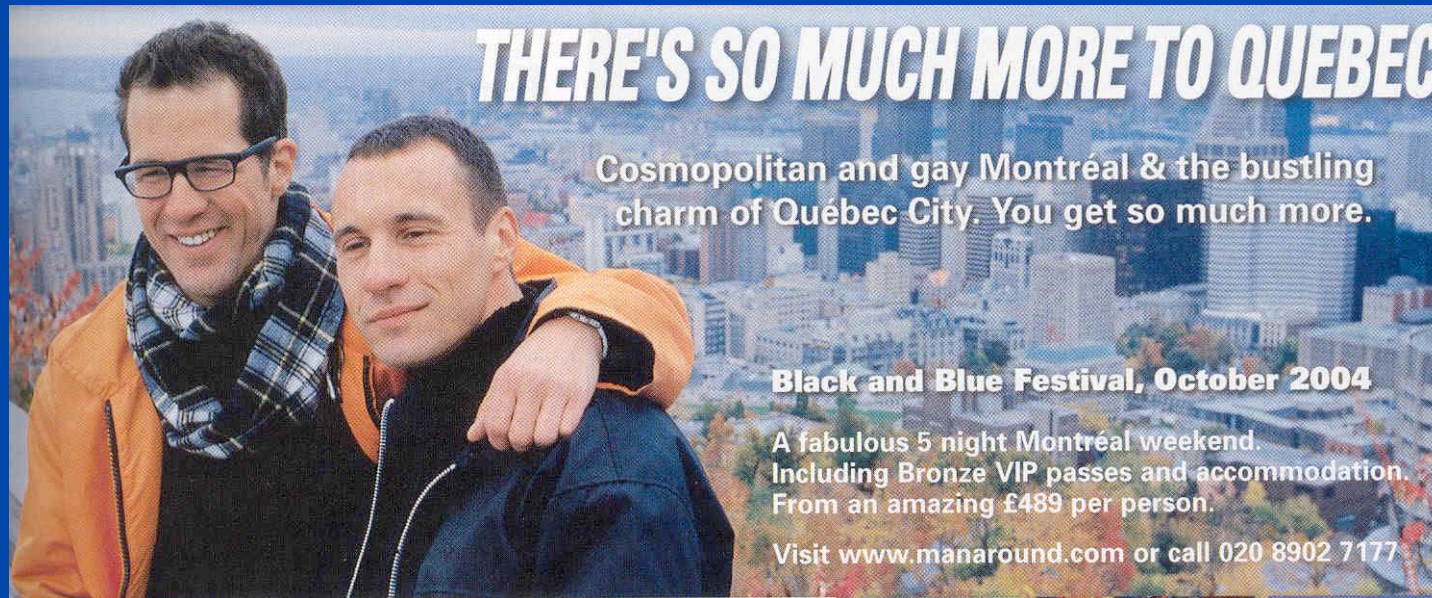
**When I get hot, I have to do it. Whatever
is available, boy, women, a friend if he is
willing...**

A truck driver



Emergent gay framework

Male to male desire framed by sexual orientation. Primarily used by middle and upper classes. Such gay identified men usually seek other gay identified men as sex partners.



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Other issues

- **Accessibility**
- **Gender segregation, construction of dominant masculinity**

Class, education and poverty frame practices, behaviours and identities, along with risk and vulnerability.

A sexual diversity and polymorphous behaviour.

Primary and most visible dynamic is the gendered framework.

In terms of HIV prevention, bipolar categories do not work

MAN/WOMAN

HOMOSEXUAL/HETEROSEXUAL

GAY/STRAIGHT

do not work to address HIV concerns

Hence the category

“MEN WHO HAVE SEX WITH MEN”

But the category MAN/MEN can be problematic since this is also socially constructed.



Stigma and discrimination

In the gendered sexual environment many MSM are doubly stigmatised because of :

- Their feminised social behaviours
- The perceived knowledge that they are anally penetrated
- Gay-identified men are at time also perceived as feminised males

kothis, zenanas, metis, hijras, apwint, kathjoey, wari, bakla, long-hairs, fa'fafini...

Such stigmatisation leads to masculine violence, social exclusion and denial of services.

As males growing up in a patriarchal society, such feminised males are also self-stigmatised because of their gendered identities, social exclusion and sense of worthlessness.

And of course stigmatisation is greatly reinforced when living with HIV/AIDS.

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



Vulnerability and risks

- **Power inequalities and disempowerment**
- **Gendered frameworks**
- **Male violence**
- **Low self-esteem**
- **Violence and abuse**
- **Rape, blackmail and illegality**

For low-income feminised males this is reinforced by:

- **Poverty**
- **Low levels of literacy**

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

Addressing social exclusion and vulnerability

Unless we address the social, cultural, judicial and legal impediments to effective HIV/AIDS and sexual health interventions among MSM, and deal effectively with stigma, discrimination, masculine violence, and social exclusion, the “fight against AIDS” could be lost.



For many MSM, silence still means death

Key Actions

Social, cultural and legal

- **Decriminalisation of sodomy, and repeal of legislation along with sensitising of law enforcement agencies, judiciary and media**
- **Harmonisation of the policies of National AIDS Programmes and those of Home (Interior) Ministries regarding same-sex sexual behaviours.**
- **Recognition of gender variance, identities and diversities by the State and protecting and promoting their human rights as a part of HIV/AIDS prevention efforts.**

- **Formulation of laws specifically dealing with male-on-male rape.**
- **Promoting and protecting the basic human and sexual rights and civil/constitutional rights of ‘sexual/gender minorities’ as a state policy and not just on HIV/AIDS policy papers.**

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

Key programmatic actions

- **Identity-based self-help interventions**

Support provided to kothi, hijra, kathoey et al and gay self-help groups towards community building and mobilising, along with the provision of appropriate STI treatment and recognition of gender variance and diversity

- **Mainstream anal sex as a normative behaviour**

Partners of feminised males are from the general male population, many of whom also have anal sex with women, and therefore unprotected anal sex needs to be included in all sexual health programmes for the general public

- **Investment in increasing coverage and scaling up**

Very few HIV/AIDS interventions for MSM exist currently in the Asia-Pacific region, where sufficient evidence exists to indicate that HIV/AIDS amongst many sub-populations of MSM is significantly high.

- **Provide capacity and skills building**

It is essential that both old and new MSM interventions, whether CBO or NGO lead require appropriate and on-going technical support.

- **Promote sexual rights as a part of human rights**

In South Asia legal prohibitions deal with behaviour not identity - many non-gay-identified males also are involved in male-to-male sex. This could be true across the Asia and the Pacific.

Thank you