

Masculinities, (homo)sexualities and HIV vulnerability

*Working with males who have sex with
males in India*

Second Session

A way forward?

Naz Foundation International
www.nfi.net



Issues of need and concern

- **Understanding dynamics of male-to-male sex behaviours**

The need to have more knowledge and better understanding of masculinities, male sexualities and male to male behaviours through anthropological and formative research. Class, gender variance, and identity concerns. Inadequate knowledge has led to a denial of need and services.

- **Population estimations**

Poor research methodologies and understanding, as well as not partnering with MSM networks, has led to considerable population underestimates, further reinforcing denial of need and services. Also bridging population

- **Levels of HIV infection and impact on general population**

There are only 3 sentinel sites for MSM in the country. Inadequate surveillance

Issues of concern

- **Inadequate STI treatment**

Medical professionals inadequately trained in terms of anal STI and related problems.

- **Access to prevention services**

Very few MSM sexual health programmes. Issues in terms of NGO-led services or self-help community-based organising.

- **HIV treatment, support and care**

Low priority, differing issues, no appropriate counselling, and poverty.

Issues of concern

- **Female and male sexual health**

Sociocultural issues determine high rates of marriage among self-identified MSM, as well as other MSM. Along with this concepts of masculinity also increase numbers of female partners among MSM. Anal sex behaviours exist among the general male population, as well as between males and females.

- **Funding**

Inadequate funding and poor funding guidelines. Thus new CBOs find it difficult to access funding, and funding based on numbers accessed. Government model based on “closed area” and “exclusive groups.”

- **State policies**

There is a major conflict between the Health Ministry and Home Ministry policies, because of IPC Section 377 which leads to possible illegality of any MSM HIV/AIDS intervention as abetting this law.

Issues of concern

- **Models of service delivery**

Two primary models for working with self-identified MSM. NGOs working for MSM, or MSM self-help organising for service provision. How does one build sustainability for risk reduction? And what about non-identified MSM?

- **Resources, skills, and sexual health products**

Inadequate training provided for developing CBOs, insufficient condoms and expensive lubricant if at all available.

- **Understanding**

What does behaviour change for MSM mean? For many it has meant stopping their behaviour or “converting them to heterosexual behaviour”.

Government response

- **New targeted intervention plan**

Increases funding for MSM interventions, and includes better condom supply and adds lubricant as a key sexual health tool. This is a step in the right direction. However problems from the previous plan still exist.

- **Advocacy and policy**

Inadequate advocacy and policy development, both at central and state level. Thus many SACS will not support MSM HIV/AIDS interventions. Further little interaction between Health and Home ministries in regard to legislative barriers to HIV/AIDS interventions. A national advocacy strategy needs to be developed and supported by donors. Policy development should include affected populations.

- **Training and sensitisation**

Inadequate sensitisation and training on issues and needs. A training strategy needs to be developed

- **National strategy**

There is no national or state strategy developed for scaling up coverage of MSM sexual health services.

Key Questions

- **How many “targeted interventions” and where?**
- **What is the cost?**
- **Who will implement?**
- **Where will they get the skills?**
- **Who will conduct monitoring and evaluation?**
- **What model of interventions will be primary?**
- **How to build sustainability - both financial and behavioural**

NFI response

- **A strategic plan**

A five year strategic plan for enhancing responses to HIV and MSM in India and the rest of South Asia, following eight years of working on MSM issues in the region. This is centred on a self-help model of service delivery which would establish State MSM nodal agencies providing technical support to district level MSM CBOs.

- **Advocacy and policy**

NFI has evolved a national strategy to address advocacy and policy concerns. This involves advocacy at state and central levels along with developing a national MSM AIDS Task Force. Involvement in policy-making.

- **Skills building**

Training programmes and skills building workshop designed for MSM networks and MSM self-help organisations towards skilling up for programme management and development.

- **Knowledge generation and management**

Dissemination of current knowledge and generating new knowledge through research.

- **Resource Development**

A range of IEC materials, training manuals, management and monitoring tool-kits and other resources developed and being developed in a range of Indian languages.

Key Recommendations

- Legal, legislative, socio-cultural and judicial impediments to MSM sexual health interventions need to be removed.

At the very least, this means that there needs to be a positive dialogue between the Health and Home Ministries in regard to support for marginalised populations in the fight against AIDS.

Along with this, is required concerted advocacy to repeal Section 377 of the India Penal Code.

Key Recommendations

- Address human rights abuses, and reduce the levels of sexual violence, harassment and abuse of MSM and the staff of MSM sexual health service providers through:
 - Appropriate sensitisation and training of law enforcement personnel at all levels, the judiciary, and the legal profession
 - Ensure that laws against male-on-male rape and sexual abuse are on the statute books, and that these laws are adequately implemented with appropriate sanctions
 - That the constructions of masculinity that support gender violence are challenged through appropriate education and awareness

Key Recommendations

- Empower local networks of self-identified MSM networks to develop their own self-help HIV/AIDS service provision including support and care.

This means ensuring that:

- Appropriate skills training, management support and safe spaces to meet are readily available
- Adequate levels of on-going funding are provided
- Appropriate resources and tools, such as low-cost condoms and lubricant, education materials, STI treatment, and ARVs are easily accessible

Key Recommendations

- Ensure that any enabling strategy includes key indicators that can be measured in terms of impact assessment.
 - This will also mean that sanctions will need to be in place to ensure compliance by key stakeholders.

Key Recommendations

- Central involvement of MSM in policy making, advocacy, and HIV/AIDS interventions at national, state and local level.
 - This means that appropriately skilled MSM should be part of decision making processes on policy and advocacy, through direct involvement and consultation.

Key Recommendations

- National, state and local HIV/AIDS agencies, both governmental and non-governmental, as well as the general community, should be sensitised to the specific issues, concerns and needs of MSM.
 - This means education and training programmes targeted at specific organisations, groups and individuals, utilising a broad range of resources and the media.
 - Anal sex should be ‘mainstreamed’ and included in all HIV/AIDS and sexual health programmes.

Key Recommendations

- Staff of sexually transmitted infection treatment centres and voluntary testing and counselling centres should be provided with skills training to ensure that their services are appropriate, empowering and accessible to MSM.
 - This means that such staff should understand the relevant issues, concerns and needs of MSM, to ensure that they provide appropriate services.