

Advocacy, policy and support on male sexualities

Strategies for MSM action in Asia including the GMR

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MSM and HIV Prevention Collaborative Meeting

15-17 September, 2005

Ho Chi Minh City, Vietnam

Our experience

Primarily working in South Asia, NFI is a small 'MSM' INGO and has:

- **Conducted some 14 situation assessments among self-identified 'MSM' in Bangladesh, India, and Pakistan.**
- **Provided technical assistance to develop 28 'MSM' HIV/AIDS interventions in the region.**
- **Provided assistance to develop some 20 'MSM' CBOs in the region**
- **Provides on-going technical support to all its partners**
- **Provides advocacy and policy development support to its partners, other 'MSM' CBOs, governments, NGOs, INGOs, donors and other stakeholders.**
- **Has a Knowledge Management Centre with over 3000 books and documents on our issues of concern, along with an 'MSM' Training centre, based in India.**
- **Produced a range of tool-kits for 'MSM' CBO HIV interventions**

My rapid assessment of 'MSM' and HIV/AIDS in Asia (including the GMR)

Stating the obvious:

- **Male-to-male behaviour exists across the economic and social spectrum.**
- **It has different frameworks including those who have specific identities based on sexual and/or gender orientations.**
- **But it also includes males who do not identify with their sexual practices, as well as those males/men who perceive themselves as normative men because they only penetrate.**
- **Significant lack of knowledge, awareness, including high risk activities.**
- **HIV does exist amongst 'MSM' (8% in HCMC) - but amongst whom?**

My rapid assessment of 'MSM' and HIV/AIDS in Asia (including the GMR)

Stating the obvious:

- **Not enough is known about the level of male-to-male high-risk sex in all countries.**
- **Development of appropriate services poor.**
- **What does exist tends to focus on self-identified 'MSM' and their social networks**
- **Significant political, legal, and social impediments to appropriate sexual health interventions**
- **Lack of coverage**
- **Missing 'MSM' populations**

What are we really talking about here?

Are we talking about reducing HIV/AIDS in the country in regard to a specific behavioural population at risk?

Or do we have a different agenda?

- **Moral**
- **Political**
- **Social**

What are we really talking about here?

How do we approach the issues?

- **Public Health**
- **Rights**

Being pragmatic and realistic?

What can be achieved now? In the future?

What do we need?

Questions to ask?

- **Why do males have sex? With females? With males?**
- **Why do people have high-risk sex?**
- **Whose needs are we addressing?**
- **Who is at risk and why?**

Other questions

- **What is our motivation?**
- **Who can help us?**
- **How can we provide appropriate services?**
- **What are the blocks?**
- **What are the consequences of our actions?**
- **How can we work together?**

To develop a strategy we need to ask even more questions

- **Language:**

What terms do we use? What do we mean by them? How do we describe male to-male sex? 'MSM'? Remember language can often shape response!

- **Behaviour:**

Does behaviour or identity generate risk? Who is doing what to whom?

- **Risk and vulnerability:**

Who is at risk in the context of male-to-male sex? Who is vulnerable? What can increase risk and vulnerability? Behaviour? Socio-political conditions? Economic?

And even more

- **Knowledge:**

What understanding and knowledge do we have about the dynamics of male-to-male sex?

- **Skills:**

What skills do we have? Project management? Finance management? Methodologies of service delivery? And who will provide them if we don't?

- **Impediments:**

What are the socio-political, legal, judicial, economic, familial, behavioural impediments to HIV/AIDS interventions to reduce risk and sustain risk reducing behaviours?

What can be done to reduce such impediments? How? Allies?

Key

Be pragmatic

Recognise the limitations

Go for what can be achieved

But keep in mind what you want to achieve!

Developing strategies 1

Knowledge generation

- **Evidence-based work - do the research**
- **Understand the contexts of behaviour, risk and vulnerability**
- **Identify good/appropriate practices that work in reducing risk**
not only in terms of sexual behaviours but also in terms of reducing impediments to interventions
- **Monitoring and evaluation**
Ensure that what you do and how you do what you do works

Developing strategies 2

Advocacy and Policy - make allies and alliances

For effective advocacy and policy development, not only do you require evidence, you also need to identify allies amongst key secondary stakeholders and gate-keepers. These will be within government institutions, AIDS agencies, NGOs, and the political, judiciary, law enforcement institutions, along with local communities.

This is not the USA

Developing strategies 3

Be pragmatic

Work with the power - not against it. Challenge appropriately but ensure you have support.

Example:

Bandhu Social Welfare Society in Bangladesh work as a male HIV/AIDS and sexual health programme. Everybody knows, but no one knows.

Developing strategies 4

Develop sustainable identity-based self-help interventions

These will be community-based interventions, but questions to be asked:

- **Is there an existent community, or are there just social networks?**
- **Is community building and development required?**
- **How will this be integrated into the intervention?**
- **What identity?**
- **Who will manage?**
- **Does the socio-political environment support such interventions?**
- **If not, how can the end product still be achieved?**
- **Is this a valid approach to reduce risk and vulnerability?**

Developing strategies 5

Recognise that all males/men who practice male-to-male sex will not base their sense of self on a sexual/gender orientation

Questions

- **Who are the sexual partners of feminised males?**
- **Male prison populations?**
- **Other all-male institutions?**
- **Male sex work?**
- **Clients?**

Developing strategies 6

Perhaps we also need to talk and develop programmes that address male sexual behaviours in general, and mainstream unprotected anal sex as a male risk behaviour, particularly in regard to those who not access identity-based services.

And not to forget that many ‘MSM’ also have sex with females.

Or that males can also have anal sex with females.

Developing strategies 7

Address the technical skills gap for people involved in providing services

- **management, finance, field methodologies**
- **psycho-sexual-social counselling**
- **community building and development**
- **research**
- **monitoring and evaluation**
- **report writing, presentations, funding applications**
- **advocacy and policy development**
- **Clinical support (STI treatment/HIV counselling/HIV treatment)**

And finally

Focus on what works - not ideology

Thank you