

Advocacy, policy and support on male sexualities

Getting it right!

The role of policy and advocacy in addressing
HIV related issues for males who have sex with
males in South Asia

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Structure of presentation

1. Detail aims and objectives
2. Recap on what we know about males who have sex with males (MSM) in South Asia; identity, behaviour, HIV and other related infection and disease risk, numbers, stigma and discrimination and their role in pandemic
3. Give an overview of what has happened so far in terms of policy and advocacy at global, country, regional and local levels and program interventions, highlighting key issues
4. Identify and discuss policy and advocacy issues which a global MSM and HIV forum could help address
5. Identify and discuss implications for a global MSM and HIV forum on this policy and advocacy work

Aims

1. Provide a background to HIV issues for MSM in South Asia, and to discuss the policy and advocacy issues which arise from these
2. To provide some ideas and discuss how the global forum might help support policy and advocacy work for MSM in South Asia
3. To explore the implications for the global forum arising from this work

Objectives

1. To discuss MSM identity in South Asia, male to male sexual behaviour prevalence, HIV and other STI risks, stigma and discrimination, an overview of policy and advocacy work at different levels, an overview of program development and description of the community development model we use
2. To list and discuss policy and advocacy areas where the global forum and individual members can contribute to forwarding the policy and advocacy agenda regarding HIV and MSM in South Asia
3. To list and discuss the implications for this work on the global forum and its members, in terms of policy, advocacy and program interventions

Indigenous identities

Kothis/zenanas/metis

- A self-identified label used by feminised males who have sex with males, and who use feminised behaviours in public spaces to attract “real men” for sex. They are usually sexually penetrated.
- However, many *kothis* will also be married with children in a culture of “compulsory heterosexuality”
- They are primarily from low income populations
- Not usually well organised

Hijras

- A self-identified term used by males who do not define themselves as “men”, or “women”, but as a “third gender”. Hijras cross-dress publicly and privately, and form part of a social, religious and cultural community. Ritual castration is often a part of the hijra identity. Sex with males, often for reward is common. They also have their own language, known as “Ulti”.
- Well organised in a “guru” system

Kothi and hijra



Other and no identity

Gay-identified males

- Tend to come from educated and upper-income urban areas
- They tend to find partners who are also gay-identified
- Do not socialise or access low-income *kothi*-identified males
- Might access non-identified “real men”
- Better organised in urban areas

Non-identified males who have sex with males

- General male population
- Often don't recognise behaviour as sex, and usually penetrate
- Difficult/impossible to organise

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)

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

Behaviour and HIV acquisition risk

- Sexual diversity and polymorphous sexual behaviours
- For many a gendered framework of male-to-male sexual behaviours
- Many “MSM” perceive themselves as a part of “real man”/”not-man” binary
- Gendered performance, poverty, low educational status
- Marriage as socially compulsory
- Early sexual debut often arising from gendered performativity
- Gender segregation and social control of females
- Often male-to-male sex perceived within a context of play - not sex
- High numbers of partners, sex work, and pressure for un-safer sex
- Low levels of condom use, very little access to water-based lubricants
- High levels of untreated, and self treated sexual transmitted infections and genitourinary diseases
- Sexual assault and rape

HIV and STIs amongst MSM in South Asia

- Poor and patchy surveillance, little HIV testing
- In Bangladesh, syphilis rates for *kothi*-identified MSM varied between 4%-10% in their 4th round of the national sero-surveillance
- In Mumbai a 2003 study indicated an HIV prevalence rate of 20%
- In Chennai, a 2000 study indicated a 4% HIV prevalence rate
- Based on published surveillance and feedback from project partners reasonable estimates for HIV prevalence at a national level amongst MSM in India is 10%, Bangladesh is 2% and Pakistan is 1%

Genitourinary complaints amongst MSM

	Hyderabad	Bangalore	Pondicherry	Sylhet
Pus/discharge in stools	7%	0%	0%	16%
Penile pus/discharge	13%	2%	0%	4%
Genital sores	16%	1%	9%	6%
Oral sores/blisters	16%	3%	3%	1%
Bleeding when defecating	22%	2%	16%	16%
Rash on genitals	25%	5%	13%	11%
Pain when defecating	28%	7%	0%	20%
Pain while urinating	29%	10%	31%	54%
Rectal itching/burning	30%	9%	28%	51%

Stigma, discrimination, and other forms of abuse

In an FCO funded survey in India and Bangladesh:

Sexual abuse

- 25% of respondents stated that their friends had sexually abused them
- For most *kothi*-identified males, early sexual debut is the norm, usually between 6 to 14 and this sexual experience was usually coercive, with older adolescents, friends, schoolteachers, male relative, or neighbourhood person

Harassment, abuse and violence

- 42% reported that they had been sexually assaulted or raped by policemen
- 60% reported sexual assault or rape by *goondas*
- 75% of those reporting being sexually assaulted or raped by either policemen or *goondas*, stated that this occurred because they were effeminate
- 70% of respondents reported facing harassment from police, ranging from extortion, blackmail, beatings, restrictions to movement, and disclosure of sexual practices to *goondas* and family members

Policy development

Globally

- UNAIDS and others have, and continue to encourage South Asian countries to address MSM in prevention work as a targeted group.
- NFI has developed a model for implementing HIV prevention, support and care for MSM based on the development and support of local MSM community based organisations managing and providing services

Nationally

- South Asian national AIDS plans have included MSM as target groups, but has in the past encouraged generic ASOs to undertake work

Regionally

- Some state AIDS Cells in India have prioritised work with MSM on HIV prevention work, and have funded some targeted interventions undertaken by CBOs

Locally

- NGOs have started to work on MSM prevention issues, but often do not use MSM for this work! Some MSM CBOs have developed themselves or have been developed with support from NFI

Advocacy work

Globally

- NFI and partner organisations continue to advocate for appropriate HIV related prevention, support and treatment, and the specific needs of MSM in South Asia in global health, welfare and human rights policies

Nationally

- Work with national governments to maintain commitment to appropriate targeting of MSM for HIV prevention, support and care work, through a local MSM community based model. Work around behaviour and disease surveillance.
- Work to repeal section 377 of the India Penal code regarding homosexual sex

Regionally

- Work with state AIDS cells to encourage them to prioritise MSM HIV interventions and support a CBO based model

Locally

- Work with service providers to make their services accessible and appropriate for MSM
- Work with local police and communities to stop them harassing MSM at cruising sites etc.

Programming

- Over 50 local MSM CBOs developed across South Asia providing a range of HIV related services
- Scaling-up in 4 states in India (9 MSM CBOs per state)
- Scaling-up in Bangladesh and Nepal happening
- Development work happening in Pakistan
- Many interventions following a three or four-pronged model approach
- Some other ad-hoc interventions

MSM CBO model

Field services

- Outreach and friendship building
- Community development and mobilisation
- Education and awareness
- BCC resource/condom distribution
- Referrals

Center based activities

- Socialising and support groups
- Vocational training and skills building
- Drop-in services
- Community building activities

MSM CBO

Clinical services

- STI and GUD management
- HIV testing and counseling
- Referral to HIV clinical services
- Psychosexual counseling
- General healthcare

HIV care and support

- Trained volunteer “buddies” provide support and care
- Provision of nutritional support
- Provision of small grants
- Counselling, advice and referral

Policy and advocacy areas requiring support from a global MSM forum

1. Ensuring indigenous identities are recognised, and appropriate HIV related policies and interventions are developed for all at risk MSM
2. Ensure that appropriate policies and interventions are developed that promote a self-empowering MSM community development model
3. Ensure appropriate levels of funding and support are provided to scale-up proven interventions
4. Support policy and advocacy work around legal reform, stigma and discrimination
5. Promote research into knowledge, attitude, behaviour, epidemiology of HIV, STI and genitourinary diseases, and programme effectiveness
6. Encourage the development of appropriate new prevention technologies such as rectal microbicides, PrEP, PEP, vaccines and new prevention strategies
7. Ensure that HIV infected MSM receive necessary support, care and medical treatment, including access to ARVs

Policy and advocacy implications for a global MSM forum

- Being broad and specific with regard to HIV related needs for MSM
- Developing consensus regarding appropriate models of interventions
- Ensuring appropriate models are developed and implemented
- How to apply lessons learnt from one region to another
- Ensure MSM are appropriately prioritised in HIV and AIDS, and other plans
- Ensure appropriate HIV related policies are developed
- How to ensure a sufficient evidence base for policy development
- How to ensure sufficient funding is available for start-up and for scale-up
- How to address sustainability
- How to address stigma and discrimination, including legal reform
- Developing common positions on issues

Advocacy in action



Thank you

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