

Advocacy, policy and support on male sexualities

Males who have sex with males

Special vulnerabilities in
terms of HIV and AIDS

Issues of concern

- Invisibility and denial
- Stigma, discrimination and social exclusion
- Violence and abuse
- Illegality
- MSM seen as a “target group”, an identity
- Conflict in state policies
- Denial of human rights



Stigma, discrimination and social exclusion

Double stigmatisation –
feminisation and receptive partners
in anal sex

Self-stigmatisation because of their
gendered identities and social
exclusion

Double stigmatisation if living with
HIV/AIDS



Violence and abuse

From a study conducted by NFI in Bangladesh with feminised males who have sex with males

71% faced with harassment from goondas

87% stated that they were subjected to sexual assault or rape because they were effeminate

64% stated that they faced police harassment because they were effeminate

Violence and Abuse

33% reported sexual assault of rape by ‘friends’

48% reported sexual assault by police

This level of violence and abuse exists across India also and for the same reasons.

HIV risk and vulnerability

Poverty

Gendered frameworks

High levels of multiple partners

Low condom use

Anal penetration primary activity

HIV risk and vulnerability

Low access to STI treatment

Lack of safe spaces

Stigma, discrimination

Low levels of self-esteem

disempowerment

LEGAL STATUS OF HOMOSEXUALITY IN INDIA

IPC section-377

“Unnatural offences: Whoever voluntarily has carnal intercourse against the order of nature either any man, women or animal shall be punished with imprisonment for life, or with imprisonment of either description for a term which may extend to 10 years, and shall also be liable to fine...”

LEGAL STATUS OF HOMOSEXUALITY IN INDIA

While the laws are rarely enforced, they are commonly used as an excuse for discrimination.

Many countries including the United Kingdom have decriminalized adult consensual homosexual acts. In India, however the same old British law is being followed blindly with out any inclination to reexamine it.

WHY HOMOSEXUALITY SHOULD BE DECRIMINALIZED?

Criminalization has made MSM highly invisible and unreachable for HIV prevention education and to provide health related services.

WHY HOMOSEXUALITY SHOULD BE DECRIMINALIZED? (Contd.)

Has resulted in

- violation of basic democratic rights
- constant stigmatization
- low self-esteem (which indirectly decreases condom use)
- discrimination in employment
- threats of physical violence
- extortion of money from police, etc.

MSM FACE MULTIPLE AND DIVERSE VULNERABILITIES TO HIV

[**Modified from:** *Rick Marchand. Gay men building local knowledge. Community Based Research Centre(CBRC), Vancouver, BC2001 (p-59-61)*]

1. INDIVIDUAL VULNERABILITIES TO HIV

- internalized homophobia
- low self-esteem, depression
- denial of HIV risks
- adventurism – risk taking behaviour
- fear of rejection; fear of AIDS
- life course transitions, such as coming out
- rural isolation
- grief and loss

- not using condoms consistently or non-availability of lubricants
- influence of drugs and alcohol
- perceptions of young gay men about HIV: how it affects their lives, their community, relevance of community AIDS groups
- decision making includes rational and emotional aspects – some don't take HIV test, then can't disclose status; etc.

2. INTERPERSONAL VULNERABILITIES TO HIV

- making assumptions that other's HIV status is the same
- difficulty talking with peers about sex and HIV
- sexual safety is mixed with issues of trust, commitment, relationships
- verbal and nonverbal meanings make communication complex
- serodiscordant relationships
- lack of sexual negotiation skills and sexual communication skills

- finding appropriate or comfortable language to assert or negotiate desire safely;
- difficult to translate information into improved negotiations;
- condom use in a relationship can denote
- lack of trust;
- little support for gay men negotiating safety;
- Little support for gay men making decisions and getting comfortable with varying degrees of risk with regular or casual partner;
- Little support for monogamous partners

SOCIAL, CULTURAL AND STRUCTURAL VULNERABILITIES TO HIV

- Criminalization of same-sex behaviour
- Widespread stigma and discrimination in the society.
- No support when coming out; shame from traditional society
- Lack of mass media campaigns for MSM
- No resources for Education on HIV and health for MSM
- No resources preparing guys for coming out and being gay
- Limited gay men's social and cultural venues
- Condoms and lubricants not available whenever needed.

- Institutional denial, especially in health care
- no cultural or social support for talking about issues of sexuality
- and HIV
- silence about HIV among MSM with identities like gay or kothi
- no opportunities for community dialogue on underlying emotional issues
- life course transition periods
- condom fatigue

Services framework

Field services

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

NFI technical support

Clinical services

- STI management
- HIV testing and counseling
- Access to ARVs
- Psychosexual counseling
- General healthcare

Center based activities

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