

Advocacy, policy and support on male sexualities

## ...and the last should be first

*Male-male sexualities in Asia - addressing HIV and AIDS, social exclusion, vulnerability and risk*

HIV prevention among men who have sex with men

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*Providing technical, institutional, advocacy and financial support to MSM networks, groups and organisations in South Asia towards self-help HIV and AIDS service delivery*



## Why should work with male-to-male sex and HIV prevention, care and support?

### Because:

- It is the right thing to do on humanitarian grounds.
- It is the right thing to do epidemiologically.
- It is the right thing to do from a public health perspective.



**Males who have sex with males (MSM) whether their self-identity is linked to their same sex behaviour or not, have:**

- **The right to be free from violence and harassment;**
- **The right to be treated with dignity and respect;**
- **The right to be treated as full citizens in their country;**
- **The right to be free from HIV and AIDS;**

**MSM who are already infected with HIV have the right to access appropriate care and treatment equally with everyone else, regardless of how the virus was transmitted to them.**

**Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.**

**World Health Organisation**

**Draft working definition, October 2002**

**Denial, ignorance, illegality, myths, fears, violence, abuse, exclusion, and invisibility, create a discourse that stigmatises much of male-to-male sexual behaviours in societies and increases vulnerability and risk to HIV and other sexually transmitted infections.**

**At the same time, current discourses on sexual identities, sexual orientation, and “sexual minorities”, can increase the invisibility of much male-to-male sex, risk and vulnerability and those involved with it.**

# Frameworks of male-to-male sex in Asia

## Sexual diversity and polymorphous behaviour

### Includes:

- **Gendered frameworks, performative, situational and occupational identities, sexual practices, and sex roles**
- **Sexual identity/orientation**
- **Discharge, Institutional, Situational, Economic**
- **Accessibility to sexual partners**

***Class, education and poverty often frame practices, behaviours and identities***

# Who is MSM?

**kothis, zenanas, malaishas, metis, bakla, waria, kathoey, fa'fafini, hijras, long hairs, short hairs, panthis, transvestites, transexuals, bisexuals, homosexuals, gay-identified men, male sex workers, adolescent males, men who identify as 'real men', and others.**



# Issues

- **Invisibility and denial**
- **Stigma, discrimination and social exclusion**
- **Violence, abuse and sexual violence**
- **Illegality**
- **Self-stigmatisation, low self-esteem and disempowerment**
- **Anal sex as primary activity**
- **Low condom and water-based lubricant use**



- **High rates of STIs and multiple partners**
- **Low levels of literacy**
- **Gendered and inter-generational frameworks**
- **Poverty**
- **Alcohol and drug use**
- **Denial of social justice and human rights**
- **Low to non-existent financial and social investment in HIV prevention, treatment, care and support**



- **Conflict in government policies**
- **Very few services focused on the needs of MSM**
- **Lack of resources and skills**
- **MSM seen as a “target group” - an identity, not as a behaviour**
- **Apart from possibly infecting each other through high-risk activities, many MSM are also married, and/or have sex with other females.**



**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**

# HIV Prevalence

	'MSM'	'transgender'
Phnom Penh, 2000	12.8% (166)	36.7% (40)
Beijing, 2002	3.1% (481)	
Dhaka, 2004	0% (399)	0.2% (405)
Dili, 2003	0.9% (110)	
Mumbai, 2003	18.8% (not known)	
Karachi, 2004	4% (400)	
Kathmandu, 2004	5% (83)	2% (199)
Jakarta, 2002	3.3% (529)	
Baroda	5% (not known)	
Bangkok, 2003	17.3% (1,121)	

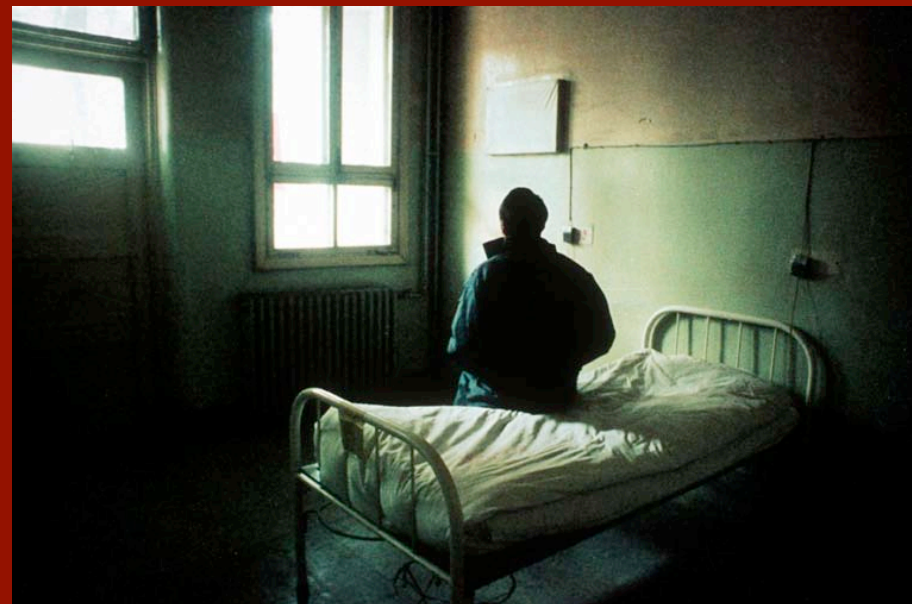
From the Monitoring the AIDS Pandemic (MAP) report, 2005

# HIV Prevalence

But in 2005, CDC found the prevalence rate among MSM in Bangkok to be 28%, from 17% in 2003

And in Yangon, Myanmar, between January-October 2006, out of 945 MSM (primarily *apwint*-identified) referred for VCT, 40% (370) were found to be positive.

**For MSM living with HIV/AIDS,  
particularly those who are  
feminised, stigma, discrimination,  
and social exclusion is greatly  
reinforced.**



**In a regional male population of nearly 1.5 billion, how many millions of males are involved in male-to-male sex with risky practices?**

**And how much coverage of HIV services is currently being achieved?**

**Less than 1%.**

**And funding?**

**Less than 4%**

## **Lack of skills, literacy, and capacity**

*Vast majority of MSM are not urban literate populations - almost all services for MSM are urban based focusing on educated populations*

## **Decriminalisation and human rights**

*International human rights protocols unclear about sexualities, and many countries still criminalise male-male sex*

## **Lack of financial resources**

*In a recent spending assessment study conducted in Asia on investment in MSM HIV programming, funding was between 0 - 4% of the HIV budgets*

## **Stigma and discrimination**

*For many MSM, particularly those who are feminised, violence, stigma and discrimination configure their daily lives*

## **Low coverage**

*In South Asia alone, with a male population of some 700 million, there are only some 100 projects serving MSM sub-populations, mostly very small*

## **Inappropriate services**

*Many services supported by INGOs, NGOs and governments are inappropriate to the expressed needs of MSM. But this is also true of some MSM CBOs also who often do not cater to non-gay identified MSM, or transgender males*

## **Lack of knowledge and skills**

*There is a need to ensure that MSM CBOs have access to appropriate technical assistance and support as an on-going process*

## Emerging challenges

### Circumcision

*But what about India where circumcision is a religious marker?*

### Access to ARVs

*But what about poor primary health care services, prices, distribution, fakes, stigma and discrimination, government set priorities?*

### Rectal Microbicides

*Anal sex is not an exclusive MSM prerogative. And how is this being addressed in the global search for microbicides?*

# The gathering storm

**Once again silence is equating to death in Asia and the Pacific**

**Do we have to wait until a tsunami of illness and death hits before we wake up to this tragedy?**

# Thank you for your attention

