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Advocacy, policy and support on male sexualities

…and the last shall be first

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

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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

Men play a key role in the AIDS epidemic in Asia:

Men who buy sex from women or men who buy sex from men are the largest at-risk group in the region.

With years of programming neglect, HIV has reached high levels among men who have sex with men (MSM) and transgenders.

Male-male sex and HIV in the region has been grossly ignored, denied and invisiblised.

There is very little reliable data on male-male sex and HIV risk and vulnerability

Male-male sex and sexualities is very poorly understood

Between 3% and 5% of South Asian men regularly report sex with other men

High proportion of men do not consider themselves to be homosexual and continue to have sex with their wives

Mutual monogamy not the norm among MSM for a range of reasons

Condom use in male-male sex lower than female-male sex

Denial, ignorance, illegality, myths, fears, violence, abuse, exclusion, and invisibility, create a discourse that stigmatises much of male-to-male sexual behaviours in society 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 South Asia

Sexual diversity and polymorphous behaviour

Includes:

- **Gendered frameworks, performative and 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, hijras, kothis, panthis, transvestites, transexuals, bisexuals, homosexuals, gay-identified men, male sex workers, adolescent males, men who identify as 'real men', and others.

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%.

Issues

- Invisibility and denial
- Stigma, discrimination and social exclusion
- Violence, abuse and rape
- Illegality
- Self-stigmatisation, low self-esteem and disempowerment
- Conflict in state policies

- Denial of social justice and human rights
- Low to non-existent financial and social investment in HIV prevention, treatment, care and support
- MSM seen as a “target group” - an identity, not as a behaviour
- Male commercial sex work ignored
- Apart from possibly infecting each other through high-risk activities, many MSM are also married, and/or have sex with other females.

HIV Prevalence

	'MSM'	'transgender'
Phnom Penh, 2000	12.8% (166)	36.7% (40)
Bejing, 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

Why work with MSM and HIV prevention, care and support?

Because it is the right thing to do:

- **on humanitarian grounds;**
- **epidemiologically, and;**
- **from a public health perspective**

Males who have sex with males, whether they self-identity is linked to their same-sex behaviour or not, have the right to be:

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

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

A way forward

Addressing social exclusion and human rights

A rights-based approach that addresses legal, social and cultural impediments to HIV programming for MSM and sensitising of law enforcement agencies, judiciary, media, government, and donors

Rapid scaling up of self-help interventions providing prevention, care and support

Gender/sexual orientation self-help groups towards community building and mobilising, along with recognition of gender variance and diversity

Increasing financial and technical investment

To achieve the above, there will be a need to significantly increase the levels of financial and technical investment for MSM and HIV programming across the region, along with new prevention technologies including rectal microbicides

Thank you for your attention

Sexual Health Rights Should Be For All