

Advocacy, policy and support on male sexualities

...and the last should be first

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

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**First National Consultation Meeting on MSM, HIV and Sexual Health
Negombo, Sri Lanka
18th – 21st November, 2009**

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.



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 their 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.

Who is MSM?



Frameworks of male-to-male sex

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

On the margins

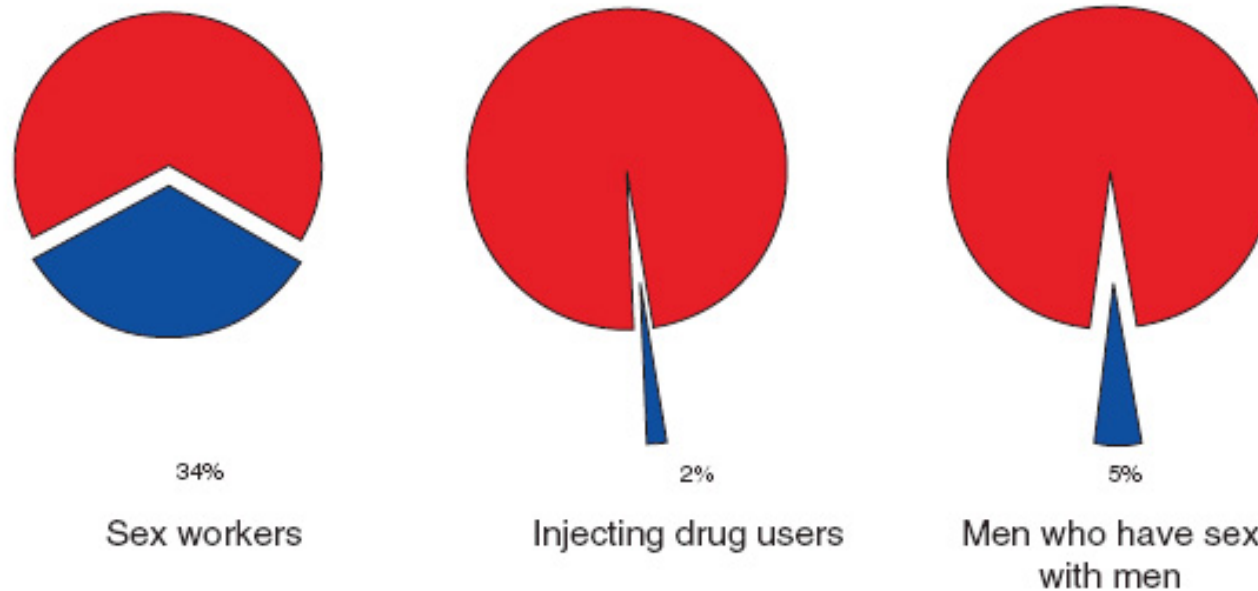


Figure 5.3: Coverage of most-at-risk populations by HIV prevention services in Asia, 2005

Source: J. Stover and M. Fahnestock (2006), *Coverage of Selected Services for HIV/AIDS Prevention, Care and Treatment in Low- and Middle-Income Countries in 2005*, Washington, DC: Constella Futures, POLICY Project.

On the margins

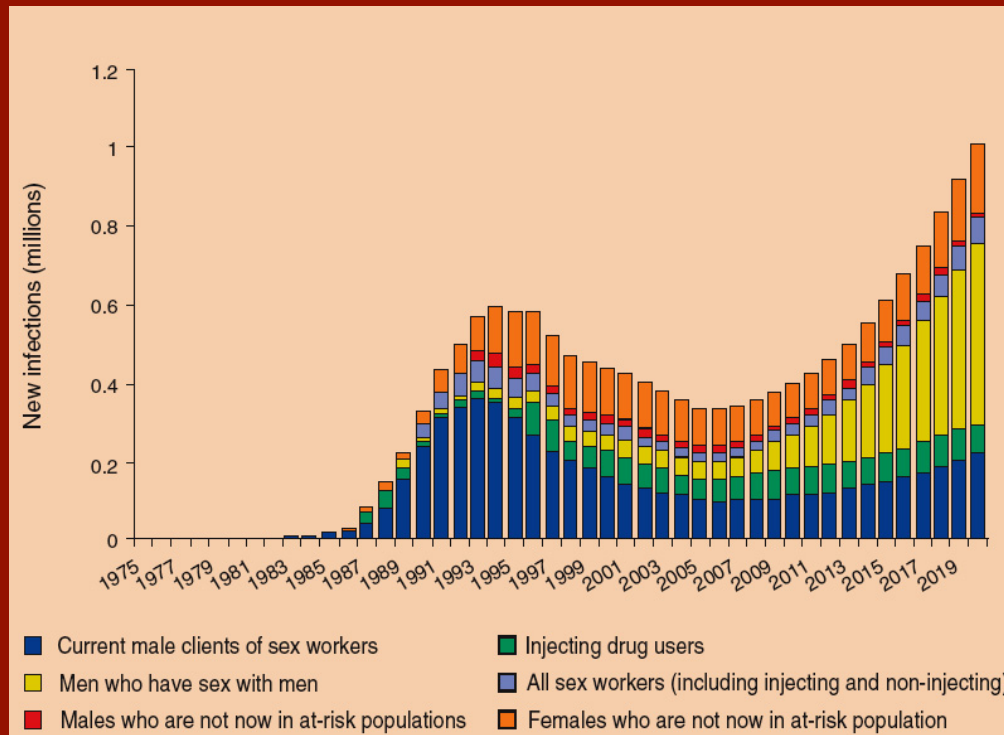


Figure 2.16: Annual new HIV infections in adults by population group: a decline from early prevention successes, an increase from current failures

Source: Asian Epidemic Model estimates for the Asian region.

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
- Low service coverage



- **Denial of social justice and human rights**
- **Low to non-existent financial and social investment in HIV prevention, treatment, care and support**
- **Apart from possibly infecting each other through high-risk activities, many MSM are also married, and/or have sex with other females.**

From the frontline

- **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.**

What would the psychological and social experience be of a person who experiences a major conflict between what these social, religious and cultural expectations and roles he is expected to express and perform, and his own sense of self?

- **Disempowerment**
- **Low self-esteem**
- **Low self-worth**

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

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

Keeping the promise for universal access?

“You can be assured of the support of the UN family in your common endeavour to win the battle against HIV among the MSM and transgender communities.

If nobody else is there for you - we are here”

September 2006: Risks and Responsibilities - Male Sexual Health in Asia and the Pacific International Consultation meeting, New Delhi

Dr. Nafis Sadik, Special Advisor to the UN Secretary General, and Special Envoy for HIV and AIDS in Asia and the Pacific

Thank you for your attention



Sexual Health Rights Should Be For All