

HIV and Men who have Sex with Men in Asia and the Pacific

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Table of contents

Acknowledgements	2
Abbreviations and acronyms	6
Foreword	7
Executive Summary	9
Lessons Learnt	13
Working with Governments and Health Authorities	13
Working with Mainstream Communities	13
Health Services	14
Outreach Activities	15
Staff	15
Working with Specific Groups	15
Information for Dissemination	15
Developing and Packaging Information, Education and Communication Materials	16
Methods	17
Organizing Group Sessions and Workshops	17
At Venues used by Men who have Sex with Men	18
Community Building and Mobilization	18
Care and Support	19
Research	20
Advocacy	21
Administrative and Management Issues	21
Introduction	23
Examining Programmes for Men who have Sex with Men in Asia and the Pacific	23
Men who have Sex with Men in Asia and the Pacific	23
Social and Legal Constraints on Men who have Sex with Men in Asia and the Pacific	26
HIV in Asia and the Pacific	27
Bandhu Social Welfare Society, Dhaka, Bangladesh	29
Bangladesh and Dhaka	29
Men who have Sex with Men in Bangladesh	29
HIV in Bangladesh	30
Bandhu Social Welfare Society	30
Men who have Sex with Men Programme	31
Field Services	31
Health Services	32
Centre-based Services	32
Research	33
Strategic Planning	33
Engagement with the Government and other Nongovernmental Organizations	34
Lessons Learnt	34

Naz Foundation (India) Trust, New Delhi, India	36
India and New Delhi	36
Men who have Sex with Men in India	36
HIV in India	37
Naz Foundation (India) Trust	38
Men who have Sex with Men Programme	39
Outreach	39
Counselling and Support	39
Training Materials	40
Advocacy	40
Lessons Learnt	40
Aksi Stop AIDS (ASA), Jakarta, Indonesia	41
Indonesia and Jakarta	41
Men who have Sex with Men in Jakarta	41
HIV in Indonesia	42
Aksi Stop AIDS and Family Health International, Indonesia	44
Men who have Sex with Men Programme	44
Engaging the Authorities	44
Behavioural Surveillance Surveys	44
Working with other Nongovernmental organizations and Health Care Services	44
Lessons Learnt	46
The Library Foundation, Manila, the Philippines	47
The Philippines and Manila	47
Men who have Sex with Men in the Philippines	47
HIV in the Philippines	48
The Library Foundation	50
Men who have Sex with Men Programme	50
Healthy Interaction and Values Workshops	50
Community Space	50
Peer Educators Training	50
Research	51
Advocacy	51
Networking for a common cause	51
Lessons Learnt	52
AIDS Concern, Hong Kong Special Administrative Region (Hong Kong SAR), China	53
Hong Kong SAR	53
Men who have Sex with Men in Hong Kong SAR	53
HIV in Hong Kong SAR	53
AIDS Concern	54
Men who have Sex with Men Programme	55
Sauna Outreach	55
Testing	56
Sauna Research	57
Outreach at Public Cruising Venues	57
Internet Outreach	58

Involvement in Committees	59
Men who have Sex with Men Events	59
Information, Education and Communication Materials and Safer Sex Kits	59
Lessons Learnt	60
New Zealand AIDS Foundation, Auckland, New Zealand	61
New Zealand and Auckland	61
Men who have Sex with Men in New Zealand	61
HIV in New Zealand	63
New Zealand AIDS Foundation	64
Men who have Sex with Men Programme	65
Workshops	65
Information, Education and Communication Materials	66
Engaging with other Nongovernmental Organizations and Agencies	66
Other Efforts	66
Lessons Learnt	66
Final thoughts	68

Abbreviations and acronyms

ACA	Advisory Council on AIDS
AIDS	Acquired Immunodeficiency Syndrome
ASA	Aksi Stop AIDS
BSS	Behavioural Surveillance Surveys
BBS	Bulletin Board System
BSWS	Bandhu Social Welfare Society
FHI	Family Health International
GAPSS	Gay Auckland Periodic Sex Survey
HAIN	Health Action Information Network
HAPP	HIV and AIDS Prevention Project
HIV	Human Immunodeficiency Virus
HKCASO	Hong Kong Coalition of AIDS Service Organizations
HOT	Hau Ora Takataapui
ICDDRDB	International Centre for Diarrhoeal Disease Research, Bangladesh
IDHRB	Institutional Development of Human Rights in Bangladesh
IGLHRC	International Gay and Lesbian Human Rights Commission
ILGA	International Lesbian and Gay Association
LAGABLAB	Lesbian and Gay Legislative Advocacy Network
LGBT	Lesbian, Gay, Bisexual and Transgendered People
NZAF	New Zealand AIDS Foundation
NACO	National AIDS Control Organization, India
NFI	Naz Foundation International
NF(I)T	Naz Foundation (India) Trust
PAFPI	Positive Action Foundation Philippines (Inc.)
PNAC	Philippine National AIDS Council
PPP	Pacific Peoples Project
TFPP	Task Force Pride Philippines
TLF	The Library Foundation
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
USAID	United States Agency for International Development
YPKN	Yayasan Pelangi Kasih Nusantara

Foreword

Whether ‘officially’ recognized or not, sex between men occurs in all societies and between men of all ages. This is as true in the Asia and Pacific region as it is in all parts of the world. Being bold by speaking openly about subjects and behaviours that may be taboo is often necessary for an effective response to AIDS. Injecting drug use, sex work, and men who have sex with men are subjects that many individuals and some governments would prefer not to talk about, but silence on these issues, failing to acknowledge these behaviours and address them, helps the HIV epidemic to grow. The seriousness of the epidemic demands plain speaking.

It is a commonly held misperception that male-male sex happens only among men who self identify as ‘gay’. Most men who have sex with men living outside the West are not identifiable as such, they live and work in their communities unremarked; often they are heads of families with children. Cultural norms and the fear of stigmatization may cause them to wish to be ‘hidden’. These circumstances and a lack of knowledge may place them particularly at risk of exposure to HIV or, if living with HIV, may make them less likely to seek treatment, care and support. Furthermore, within some societies there are well-recognized communities of transgendered people who may be anything but hidden, but often are marginalized within society and may also be highly likely to be exposed to HIV.

This publication provides information about successful initiatives from six different countries in the Asia and Pacific region. The programmes that are described are clearly successful. Several of them have another important common feature—they put into practice the principle of the greater involvement of people living with HIV (GIPA). Men living with HIV provide invaluable contributions in programme development, implementation and evaluation. Utilizing their skills and understanding their insights, along with those of community members at risk of exposure to HIV, is essential for sustainable action.

It is encouraging that the programmes described here show that, even in conservative societies and in countries where there are legal constraints, men who have sex with men need not be ‘hidden’; neither should they be forgotten nor neglected by those who can and should give them support. Their important roles in the response to the epidemic must be recognized. UNAIDS hopes that many more programmes run by and for men who have sex with men will be established.



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Executive Summary

Sex between men occurs in all societies. For a variety of reasons, it is often stigmatized by society. Awareness of male-male sex varies considerably from one country to another and may be lower when stigmatization is common.

The term ‘men who have sex with men’ (MSM) describes a behavioural phenomenon rather than a specific group of people. It is generally the preferred term because, in the context of HIV, the important issue is *risk behaviour* rather than *sexual identity*. It includes not only self-identified gay and bisexual men, but also men who engage in male-male sex and self-identify as heterosexual, or those whose sexual identity is but a part of their cultural self identification. In some contexts, ‘males who have sex with males’ is more accurate, since programmes may target males who are not yet adults (the United Nations defines children as those under 18). The term includes those who desire male-male sexual relations and who have such relations forced upon them.

Sex between men frequently involves anal intercourse which, if unprotected, carries a high risk of HIV transmission for the receptive partner, and a significant risk for the insertive partner. At least 5–10% of all HIV infections worldwide are due to sexual transmission between men, though this figure varies within countries and between regions considerably. In Central and Eastern Europe, HIV prevalence among men who have sex with men is much higher than that of the general population¹. In Asia, men who have sex with men are disproportionately affected by HIV. It is estimated that HIV prevalence is as high as 14% in Phnom Penh, Cambodia; 16% in Andhra Pradesh, India; and 28% in Bangkok, Thailand². Less information is available in sub-Saharan Africa and other parts of the world where men who have sex with men typically do not identify as gay, homosexual or bisexual. Circumstances such as incarceration or military service may also encourage male-male sex among men who would not do so in other contexts.

Men who have unprotected sex with men may also have unprotected sex with women and thus serve as an epidemiological bridge for the virus to the broader population. For example, a survey of over 800 men in China who have sex with men found that 59% reported having had unprotected vaginal sex with women in the previous year³.

HIV transmission prevention programmes addressing men who have sex with men are therefore vitally important. However, this population is often seriously neglected because of official denial by governments, the relative invisibility of men who have sex with men, stigmatization of male-to-male sex, ignorance or lack of adequate information.

In some cases, men who have sex with men are neglected due to reluctance by individuals and organizations to work with them. In many countries, prevention efforts are hindered by laws that criminalize male-male sex, making work with men who have sex with men difficult and hindering their contribution to the response to the epidemic. Where social, cultural and religious attitudes make the issue politically sensitive, politicians are generally reluctant to

¹ Hamers, FF and Downs, A. M. (2003). HIV in central and eastern Europe. *Lancet*; 361 (9362), 1035-44.

² Kaiser Network (Accessed 25 August 2006). http://kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=39121

³ Ministry of Health/UN Theme Group (2003). *Joint Assessment on HIV/AIDS Prevention, Treatment and Care in China*. United Nations Theme Group on HIV/AIDS/Ministry of Health, Republic of China, Beijing.

support policies and programmes that might result in public criticism from community leaders and groups⁴.

In many countries, whether self-identifying as gay or not, men who have sex with men have been at the forefront of the response to AIDS and have mounted effective prevention campaigns within their own communities and as part of broader prevention activities. Such efforts are valuable and deserve support, but governments and health care systems have the lead in scaling up country AIDS responses and must ensure that programming and funding priority for this population is in line with the extent of the epidemic among men who have sex with men in the country.

Essential activities range from those supporting individual or group behavioural change, e.g. condom and lubricant distribution and safer sex education, to legal reforms that reduce de facto and de jure criminalization, stigmatization of, and discrimination against men who have sex with men in society.

The *Declaration of Commitment*, unanimously adopted by States at the 26th United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, New York, United States, June 2001, makes specific commitments relevant to men who have sex with men, including (emphasis added):

By 2003... promote and protect the health of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of, and most vulnerable to, new infection as indicated by such factors as the local history of the epidemic, poverty, *sexual practices*, drug-using behaviour, livelihood, institutional location, disrupted social structures and population movements, forced or otherwise⁵.

UNAIDS supports a range of responses aimed at reducing the vulnerability of men who have sex with men to HIV and its impacts⁶:

- general and targeted promotion of high-quality condoms and water-based lubricants, and ensuring their continuing availability;
- safer-sex campaigns and skills training, including reducing the number of partners, condom use, and promoting alternatives to penetrative sex;
- peer education among men who have sex with men, along with outreach programmes by volunteers or professional social or health workers;
- provision of education and outreach to female partners of men who have sex with men; and
- empowering individuals and strengthening organizations of self-identified gay men, enabling them to promote HIV prevention and care programmes.

⁴ Parker R et al. (2002). Reaching Men who have Sex with Men" chapter 11 in *HIV/AIDS prevention and care in resource-constrained settings: A handbook for the design and management of programs*. (Eds. Lamptey P and Gayle H.) Family Health International, Washington.
<http://www.fhi.org/en/HIVAIDS/Publications/manualsguidebooks/HIVAIDSPreventionCare.htm>

⁵ Paragraph 64. United Nations (2001). *Declaration of Commitment on HIV/AIDS: United Nations General Assembly, Special Session on HIV/AIDS, 25-27 June 2001*. United Nations Dept of Public Information and UNAIDS, New York. http://www.unaids.org/EN/events/un+special+session+on+hiv_aids.asp

⁶ UNAIDS (2000). *AIDS and men who have sex with men*. Best Practice Collection Technical Update, Geneva. http://www.unaids.org/html/pub/publications/irc-pub03/mentu2000_en_pdf.pdf

In addition to these prevention measures, the following must be encouraged among health care systems and governments:

- education of health staff, including within sexually transmitted infection clinics, to overcome ignorance and prejudices about men who have sex with men, and efforts to organize health facilities to make them accessible, appropriate and affordable;
- commitment by governments, community organizations, donors and United Nations agencies to include men who have sex with men in their programming and funding priorities;
- programmes tailored to particular groups of men who have sex with men such as those in the uniformed services, prisoners and male sex workers; and
- review of laws that criminalize same-sex acts between consenting adults in private, and enactment of antidiscrimination and protective laws to reduce human rights violations based on sexual orientation.

HIV prevention programmes for men who have sex with men are vitally important to stop HIV transmission. However, as already noted, programmes are often seriously neglected due to factors such as the relative invisibility of men who have sex with men; government denial of their existence or of HIV transmission among them. Lack of research about men who have sex with men including their behaviours and attitudes, and criminalization and stigmatization of and legal discrimination against these men, are also significant barriers to implementing effective programmes.

Active discrimination is applied in a variety of ways. As of 2002, 46 countries had legal prohibitions against sex between men⁷. Encouragingly, some governments have recently introduced measures to outlaw discrimination on the basis of sexual orientation, including Ecuador, South Africa and several Brazilian states, which have enshrined the principle of non-discrimination on the grounds of sexuality in their Constitutions.

In Australia, Europe and North America, HIV infection rates among men who have sex with men have been reduced since the early days of the epidemic mainly through the combined efforts of gay men's organizations, community groups and national authorities⁸. Such leadership is also apparent in developing countries, through groups such as Malaysia's Pink Triangle, Gay and Lesbians of Zimbabwe (GALZ), and Dominican Republic's Amigos Siempre Amigos (Friends Always Friends), to name only three.

HIV programming for men who have sex with men needs to be carefully tailored to local cultures and conditions. Rather than relying on approaches based on patterns of male-male sexual behaviour observed in Western Europe and North America, local sexual minorities should be identified and engaged in developing programmes. Examples (which bear little resemblance to those addressed in AIDS responses in industrialized countries) include *travestis* and transgendered populations in north, central and southern America, *hijras* in south Asia, *waria* in Indonesia, and *xanith* in countries such as Oman.

There are many institutions wherein men are obliged to spend long periods in all-male company such as in the military, prisons, mining, and male-only educational establishments, and in which male-male sex can be common. While this may only represent a small part of all

⁷ International Lesbian and Gay Association, ILGA (2002). *World Legal Survey*. Brussels.
http://www.ilga.info/Information/Legal_survey/ilga_world_legal_survey%20introduction.htm

⁸ UNAIDS (2000). *AIDS and men who have sex with men*. Best Practice Collection Technical Update, Geneva.
http://www.unaids.org/html/pub/publications/irc-pub03/mentu2000_en_pdf.pdf

male-male sex, it can be an important factor in the expansion of an AIDS epidemic. In response, a growing number of prison systems, including those in Costa Rica, Brazil, Kyrgyzstan, and Canada, as well as in most Western European countries, now make condoms available⁹.

A certain proportion of sex between men is in some way financially compensated, though this can cover a wide range of possibilities. Much male sex work is highly informal, with the expectation perhaps of accommodation, food or a small 'gift' for services rendered. Some of it is full-time and professional, though much is part-time and occasional. Many male sex workers have a wife or regular female partner and do not self-identify as homosexual. Others may be transgendered as in the case of *hijra* and *travesti* sex workers. Focused programmes are necessary for each of these very different groups. For example, Family Health International and the Indonesian Government have implemented specially designed peer education activities among *waria* transvestite sex workers, of whom more than one in five tested HIV-positive in Jakarta in 2002.

Studies in Australia, Canada, the Netherlands, the United Kingdom, United States and other countries have reported a rise in high-risk sexual behaviour i.e. anal intercourse without a condom¹⁰. Clearly programmes for HIV prevention among men who have sex with men, as well as other groups, must be sustained and adapted over time to meet changing circumstances and needs.

Male-male sex is often initiated during adolescent years and is very common in the repertoire of adolescent sexual experimentation. This is a time when boys are developing their sexual identity, learning to relate sexually with others and experimenting with different behaviours. It is also a time when males may be more reluctant to seek information, or access to sexual health services. As well, services may not be designed for them or accessible to them. This poses a major challenge for HIV programming aimed at reaching these young people.

Both the use of licit drugs such as alcohol in most countries and illicit drugs such as amphetamines, cocaine, heroin and steroids may be part of the culture in the environments in which men who have sex with men meet. In some groups of men who have sex with men, drug use, including injecting drug use, is prevalent. Thus, many HIV prevention services targeting men who have sex with men should also address drug use.

⁹ UNAIDS (2002). *Report on the global HIV/AIDS epidemic*. UNAIDS, Geneva, Switzerland.

¹⁰ Ciesielski, C. A. (2003). Sexually Transmitted Diseases in Men Who Have Sex with Men: An Epidemiologic Review. *Curr Infect Dis Rep*; 5 (2), 145-152

Dukers NH et al. (2001). Sexual risk behavior relates to the virological and immunological improvements during highly active antiretroviral therapy in HIV-1 infection. *AIDS Bulletin*; 15, 369-378.

AIDS Committee of Toronto (2001). *Men Who Have Sex with Men (MSM) and rising HIV infection rates in Toronto. An Action Plan*. Prepared by The AIDS Committee of Toronto. Toronto.

<http://www.actoronto.org/website/research.nsf/cl/act.docs.0114>

Catania JA et al. (2001). The continuing HIV epidemic among men who have sex with men. *American Journal Public Health*; 91.

Lessons Learnt

The six programmes examined in this publication offer varied and interesting insights into how HIV programmes for communities of men who have sex with men have been designed and implemented in the Asia and Pacific region. To facilitate the process of making lessons learnt accessible and to illustrate practical options, elements from the programmes have been consolidated by topic.

It needs to be stressed that an assessment of individual situations and environments is crucial before adopting any of the ideas suggested here, as some may be counter-productive or even dangerous in some environments. In other cases, modification of the original ideas may help in making them relevant and practical. In all cases, a basic principle for effective programming is to engage the population in question in the design, implementation and evaluation of programmes.

Working with Governments and Health Authorities

In situations where there is official ignorance, denial or avoidance of issues and concerns related to men who have sex with men, it is useful to work with governments towards acknowledgement that male-male sex occurs and that prevention and care must be addressed, particularly in programming and funding priorities. In more restrictive political environments, this needs to be handled with caution. Organizations should be vigilant and recognize tense or volatile situations, maintaining a lower profile as necessary.

Some organizations have been successful in collaborating with government agencies to foster relationships, creating opportunities for having a positive impact on decision-making. Alienating or aggravating the authorities unnecessarily may make working more difficult.

Once a cordial relationship has been established, organizations can suggest participation in evaluating existing policies and recommending changes when necessary. Nongovernmental organizations and community-based organizations can request official support for men-who-have-sex-with-men programmes, including protection for outreach workers.

Working with Mainstream Communities

It is important to address opinion-makers to gain their support for programmes. The media are important as are leaders of faith-based organizations, local and national political leaders, intellectuals and teachers, women's groups and development agencies. All of these may be of assistance in strengthening links with, and acceptance by, the immediate neighbours of a project, the police, etc.

To create a more supportive environment, some nongovernmental organizations have worked to sensitize various sections of mainstream communities to issues and perspectives about men who have sex with men, including by:

- developing training manuals for men who have sex with men sexual health promotion;
- running workshops and training sessions for other nongovernmental organizations and community-based organizations, including faith-based organizations;

- working with young people, including through schools and universities, to reduce homophobia¹¹; and
- rewarding individuals from the media for outstanding contributions on men who have sex with men issues.

As the media can be invaluable allies in changing perceptions and attitudes, attempts should be made to train and counsel media organizations about sexuality, human rights, sexually transmitted infections, and HIV, so as to reduce stigmatization and discrimination¹².

Apart from sensitizing mainstream society, organizations can observe simple rules in working with public institutions, including accommodating mainstream social norms and not antagonising other communities unnecessarily.

Health Services

As access to health care services is an important aspect of sexual health promotion, the following health care services should be available, accessible, and affordable:

- screening and treatment for sexually transmitted infections;
- confidential or anonymous pre- and post-test counselling and HIV testing with informed consent; and
- referrals, treatment and care for men who have sex with men who test HIV-positive.

AIDS Concern has brought HIV testing even closer to one group in focus by offering testing in saunas, using oral fluid rather than blood tests, to avoid breaking the skin and minimize the discomfort of testing.

In some of the cities, organizations have set up men-who-have-sex-with-men-friendly clinics. Others have forged partnerships with existing health care institutions, particularly for referral and support. As part of this, health care workers are encouraged to adopt appropriate counselling, preventive and medical approaches to men who have sex with men¹³ and to be aware of the existence of anal sexually transmitted infections¹⁴.

Building the capacities of public and private health care service providers to provide quality, non-stigmatizing treatment of sexually transmitted infections for men who have sex with men needs to be stressed. Even with projects and programmes, a large number of men who have sex with men will still seek treatment in other settings, for example from private practitioners in private clinics. Many health care providers either do not consider anal sexually transmitted infections or are stigmatizing in their approach or behaviour towards men who have sex with men. Addressing this is important for the long-term sustainability of services to a community as projects and programmes may close or change their focus.

¹¹ Homophobia is a word used to describe irrational hatred or fear of homosexual persons or activities.

¹² UNAIDS (1999). Regional consultation on HIV/AIDS prevention, care and support programmes in Latin America and the Caribbean for men who have sex with men. Geneva: UNAIDS Best Practice Collection, Key Material. http://www.unaids.org/NetTools/Misc/DocInfo.aspx?LANG=en&href=http%3a%2f%2fgva-doc-owl%2fWEBcontent%2fDocuments%2fpub%2fPublications%2fIRC-pub05%2fJC449-RegConsult_en%26%2346%3bpdf

¹³ UNAIDS (2000). *AIDS and men who have sex with men*. Geneva: UNAIDS Best Practice Collection, Technical Update. http://www.unaids.org/NetTools/Misc/DocInfo.aspx?LANG=en&href=http%3a%2f%2fgva-doc-owl%2fWEBcontent%2fDocuments%2fpub%2fPublications%2fIRC-pub03%2fmentu2000_en%26%2346%3bpdf

¹⁴ Id.

Outreach Activities

Staff

In general, it is advisable that outreach staff and volunteers are themselves men who have sex with men for reasons of programme acceptability to the community of men who have sex with men and understanding of the problems it faces. Some organizations have recruited outreach workers and peer educators from the communities to be addressed, providing them with support and training in isolated venues to ensure uninterrupted participation in the training process. As outreach workers HIV-positive men who have sex with men can be more convincing in promoting sexual health to focus populations of men who have sex with men due to their personal testimonies. Men living with HIV can be empowered as resource persons through their involvement in, and contributions to, the community.

Working with Specific Groups

While organizations have the option of engaging directly with specific groups such as young people, sex workers, transgendered communities, HIV-positive men who have sex with men and their partners, prisoners and prison officers, and military personnel¹⁵; it is also possible, and sometimes more effective, to work with stakeholders and gatekeepers, including managers of male sex workers and owners of establishments where men who have sex with men meet and interact.

Organizing outreach through institutions such as faith-based organizations facilitates access to 'hidden' men who have sex with men as discussions of male-male sexual practices can be integrated into a programme not specifically targeted at men who have sex with men. In this way, men who have sex with men who hide their activities can attend the sessions without revealing their sexual practices and preferences.

Another important point is to avoid duplicating the work of other nongovernmental organizations, so time and energy can be most productively used. However, where there are few services, organizations can also provide support to other marginalized and disempowered communities in a country or city.

Information for Dissemination

There is a need to coordinate with other HIV programmes to ensure that the messages being delivered through different projects and programmes addressing different populations at risk in the same geographical area are consistent. Often there is significant overlap between men, men who have sex with men, sex workers and young people in a given area. Therefore there is value in coordinating outreach workers' training or providing regular opportunities for interaction between workers.

Apart from the usual topics discussed in information, education and communication materials and outreach activities, the following issues, less often discussed, should be considered:

- encouraging the use of appropriate terms and language, to avoid reinforcing stigmatization;
- promoting HIV testing as responsible behaviour rather than as an indication of high risk activity;

¹⁵ UNAIDS (2001). *Working with men for HIV prevention and care*. Geneva: UNAIDS Best Practice Collection.

- providing information on HIV testing and counselling resources;
- discussing living with HIV, which can be beneficial for people who test HIV-positive or have risk behaviours;
- stressing the importance of confidentiality and discouraging breaches;
- discussing HIV-positive sex so HIV-positive men who have sex with men are clear about the options and their implications;
- exploring treatment options so as to empower HIV-positive men who have sex with men to make their own decisions;
- presenting local research findings on the knowledge, behaviours, attitudes and practices of men who have sex with men, if available, so the community is aware of current trends; and
- highlighting local HIV prevalence and sexually transmitted infection incidence data, particularly of men who have sex with men, to remind the community of the need to adopt risk-reduction measures.

Developing and Packaging Information, Education and Communication Materials

Information, education and communication materials can be developed for the community of men who have sex with men generally, as well as for use in specific venues such as saunas, or can be tailored for particular groups of men who have sex with men. Materials from other countries can be adapted or modified to save time and resources, ensuring, when possible, that the materials incorporate culture-specific visuals and language, using models from the focus communities. Materials can be in print or audio-visual formats. Local (rather than foreign) safer sex videos can use local languages as well as less formal and technical language, making messages more easily understandable by the focus populations.

To reduce possible resistance by the focus population to outreach materials these can be made to look innocuous or ‘camouflaged’, for example, inserting them into tissue packets and key chains. New materials should be developed regularly to prevent response fatigue¹⁶.

In all settings, it is important that information materials used by programmes addressing men who have sex with men do not increase stigma. In some settings the person possessing the materials may be incriminated as a man who has sex with men. For example, in India, police personnel may arrest and use the possession of male-male materials as evidence for charging a person under the section 377 law. This issue can be overcome by having materials that use male-male language but non-specific images.

Another significant factor that needs to be highlighted is the role that mass media and National AIDS Programmes’ information messaging has played. Most public HIV awareness campaigns are designed for and target heterosexual men with messages often being ‘do not have sex with sex workers’. In most cultural contexts, the term sex worker implies female sex workers; sexually transmitted infections are often referred to as ‘woman’s disease’ reinforcing the message that women are vectors of HIV and that AIDS is a disease of ‘sex workers’. As a result many men who have sex with men are under the impression that they are not at risk of HIV as they do not have sex with sex workers. This is an area where some National AIDS Programmes may need to change their messaging.

¹⁶ UNAIDS (2000). *AIDS and men who have sex with men*. Geneva: UNAIDS Best Practice Collection.

Methods

Various methods have been used to reach specific populations and to encourage risk reduction, including:

- distribution of high-quality condoms, water-based lubricants, tissues, instructions on proper condom use and information, education and communication materials at public events, including concerts¹⁷;
- talks, workshops and other group sessions for audiences or specific groups;
- awareness raising shows in establishments catering for men who have sex with men such as bars;
- radio and television programmes such as talk shows and soap operas;
- personal interaction and one-to-one outreach in venues popular with men who have sex with men, including public cruising areas, bars, saunas, sex work establishments, bathhouses, etc.;
- establishing or using existing websites, chat rooms, e-mail networks and electronic bulletin boards¹⁸; and
- reaching out through gay clubs and organizations¹⁹.

Organizing Group Sessions and Workshops

It is worthwhile to work on packaging workshops and outreach sessions to make them appealing, modern and professional. In order to make them relevant, cultural resources such as the language and folklore of the focus communities can be used for inspiration. The emphasis should be on encouraging responsible sexual behaviour rather than advocating restricting sexual desire or pleasure. To avoid the possibility of monotonous sessions, other issues can also be discussed so the focus is not solely on HIV.

Warming-up and ice-breaker exercises can be used at the beginning of sessions to make the participants more comfortable, particularly when discussing sensitive issues related to sexual health. The use of humour, quizzes, competitions and role-plays helps make sessions more enjoyable and interactive.

Surveys can provide valuable insights into the behaviours and attitudes of men who have sex with men. If survey forms are distributed at the beginning of a workshop, data gathered can be analysed and the findings presented to the participants so the implications can be discussed. If possible, a post-workshop survey should be undertaken for comparison.

During sessions or workshops, issues and skills building can be explored, including:

- handling and using condoms, even in the dark (condoms and a wooden penis model or substitutes such as a zucchini or banana are needed for demonstration purposes);
- predicting behaviour in various risk situations;
- increasing communication and negotiation skills;
- exploring strategies and developing skills to avoid risk situations;
- making safer sex more attractive by eroticizing it;

¹⁷ UNAIDS (1999). *Summary Booklet of Best Practices*, Issue 1. Geneva: UNAIDS Best Practice Collection. www.unaids.org

¹⁸ Id.

¹⁹ Id.

- determining personal risk levels by answering questions about attitudes and responses to requests from sexual partners; and
- peer education skills.

Safer sex videos can be screened during rest periods to reinforce messages. At the end of the workshop or session, it is important for participants to complete evaluation forms. Contact details can also be requested so that networks and social contacts among the participants can be formed.

At Venues used by Men who have Sex with Men

It is advisable to map the existing venues used by men who have sex with men before selecting particular venues for programme-related action, taking care to avoid venues that endanger the well-being of outreach workers. Once venues are selected, peak hours, layout and outreach opportunities can be determined. So that outreach is effective and appropriate information, education and communication materials are developed and distributed; it is important to understand how people interact and communicate at venues. An assessment of the specific population's risk behaviours, knowledge, attitudes, needs and responses to programmes is recommended. Outreach work also provides an opportunity for research; data collected can be analysed.

If the venues selected are establishments specifically catering for men who have sex with men, non-threatening contact should be established with owners and staff, possibly by initially presenting as a client. Relationships with owners and staff should be nurtured and attempts made to involve them in the programmes. It may be useful to liaise with police so as to protect outreach workers.

Community Building and Mobilization

There is a clear socioeconomic divide between men who have sex with men groups in some countries. Many educated upper and middle class men who have sex with men identify with developed countries' gay movements and ideologies; while the majority of men who have sex with men from lower income groups do not. While the two groups interact sexually, they may often not relate to each other socially. For most men who have sex with men, having sex with another man is an 'act' and not an 'identity'.

In some countries, this dichotomy has been a source of friction and debate with some groups arguing for developing a distinct identity as a starting point for programmes addressing men who have sex with men and others arguing for HIV programmes within existing 'amorphous' networks. This dichotomy is particularly important in the Asia Pacific context and at times may cause political problems, police crackdowns and can be a severe burden on programmes in their initial stages. As such, community building and mobilization needs to be an intrinsic part of the programme, but needs to be led by the community rather than by an external actor.

Efforts at strengthening and mobilizing communities of men who have sex with men can address all of the following psychosocial and sexual health issues:

- 'coming out'²⁰, especially for young men who have sex with men;
- personal and community identities;
- personal conflicts and self-esteem;

²⁰ 'Coming out': the act of declaring same sex sexual preference to family, friends, employers etc.

- notions of masculinity and intimacy;
- issues pertaining to confidentiality;
- relationships, including with partners and families;
- dealing with traditional values, religion and spirituality; and
- transgender identity issues.

Such efforts may involve offering services and organizing activities, including:

- offering counselling services, including peer counselling and telephone hotlines;
- creating peer support and education programmes;
- running skills-building workshops and training programmes;
- offering legal advice when needed;
- providing support after physical attacks related to male-male sex;
- setting up social spaces, including drop-in centres;
- communicating through newsletters and internet websites;
- providing information about the men who have sex with men community and venues²¹; and
- offering networking opportunities through conferences, social gatherings, and recreational activities, including discussions and debates, poetry readings, film or video screenings, sports tournaments, bazaars etc.

The community of men who have sex with men should be encouraged to be involved in developing services and programmes for itself with more experienced nongovernmental organizations being encouraged to offer support and help. Contributions from website owners can be encouraged by organizing conferences, awareness-raising sessions and competitions.

The participation of organizations of men who have sex with men in meetings, consultations, conferences, seminars, congresses, and other national and international events benefits the community²². The development of networks and directories of men-who-have-sex-with-men-related projects²³ and establishing national, regional and international e-mail networks of men who have sex with men can provide information, contacts and access to services for them²⁴.

Care and Support

In order to support HIV-positive men who have sex with men, the following steps can be taken:

- working closely with public health centres and health care institutions;
- establishing medical and social support services, if none are available;
- community meetings with doctors on health and health care issues, including mental health, nutrition, medication and relationships;

²¹ Id.

²² UNAIDS (1999). Regional consultation on HIV/AIDS prevention, care and support programmes in Latin America and the Caribbean for men who have sex with men. Geneva: UNAIDS Best Practice Collection, Key Material. http://www.unaids.org/NetTools/Misc/DocInfo.aspx?LANG=en&href=http%3a%2f%2fgva-doc-owl%2fWEBcontent%2fDocuments%2fpub%2fPublications%2fIRC-pub03%2fmentu2000_en%26%2346%3bpdf

²³ Id.

²⁴ AIDS Society of the Asia and the Pacific (February 1999). Regional Consultation on Policy and Programmatic Issues for Men who have Sex with Men (MSM) in East Asia, Southeast Asia, and the South Pacific. Singapore: ASAP.

- establishing and supporting peer support groups for men who have sex with men living with HIV;
- distributing guide books with information on resources, and photographs of and messages from people living with HIV to men who have sex with men who test HIV-positive at test sites;
- setting up counselling hotlines for men who have sex with men who are living with HIV, and disseminating the numbers at testing sites; and
- offering legal assistance, when necessary, on matters pertaining to insurance, harassment, discrimination and official documents.

Research

Research by universities, research institutions, nongovernmental organizations or community-based organizations is necessary to gain updated information on the behaviours and attitudes of men who have sex with men to avoid relying on outdated impressions or data, and should be undertaken in collaboration with organizations of men who have sex with men²⁵. Research projects should clearly conform to accepted ethical standards of research as well as serve the community from which the data are gathered²⁶.

Researchers should recognize communities of men who have sex with men as active partners rather than as research objects, involving them in all stages of the process. For example, local communities can be trained in research skills so they can actively participate as researchers²⁷. Nongovernmental organizations can assist in obtaining data and blood samples unlinked from personal identifiers from the community through outreach programmes or by on-line surveys, complemented by field work.

Needs assessment surveys are useful for developing programmes and services. Areas that can be investigated include:

- current lifestyles, identities and social groupings;
- degree of comfort with sexual identity;
- social, political and legal constraints;
- instances of discrimination;
- usual sources of HIV-related information;
- patterns of sexual practices and risk reduction with different partners;
- attitudes towards condom use and safer sex;
- sex work;
- issues concerning other affected populations (wives, female sex partners and families);
- patterns of HIV testing;
- awareness about sexually transmitted infections;
- prevalence, screening and treatment of sexually transmitted infections;
- access to health services and treatment; and
- programme evaluation.

²⁵ Id.

²⁶ Id.

²⁷ Id.

The community of men who have sex with men should also have some control over how the results are represented and used, particularly by the media; and they should be actively involved in prevention and awareness programmes that result from the research.

Advocacy

Advocacy efforts should be directed at gatekeepers, including politicians, leaders of faith-based organizations, military, academia, the media, legal and medical professions, as well as to the general public²⁸. Such efforts benefit from sensitizing and building strategic alliances with progressive nongovernmental and community-based organizations²⁹, and engaging in dialogue with international nongovernmental organizations about discrimination and human rights issues.

Advocacy goals can include the review and repeal of laws that criminalize same sex sexual acts³⁰; the enactment of anti-discrimination and protective laws for men who have sex with men and access to information, and social and medical services³¹. It is useful to:

- organize events and activities to raise awareness of issues immediately concerning men who have sex with men, and to promote the visibility and recognition of the community;
- monitor media coverage of issues relevant to, and about, men who have sex with men and respond when necessary;
- document violations of human rights; and
- organize national and international campaigns in conjunction with other nongovernmental organizations and international agencies to address violations of human rights.

Administrative and Management Issues

It is crucial that the organization is perceived as credible and trustworthy. This can be achieved by developing professional standards, producing regular reports and updates, and through accountability. Sometimes it may be beneficial for funding purposes to position programmes for men who have sex with men as male sexual health programmes or to incorporate them into male sexual health programmes. In addition, employing female staff can help to avoid harassment by authorities.

Before embarking on projects and programmes, it is essential to conduct needs assessments and obtain feedback from all stakeholders. Establishing short-term pilot projects to assess their feasibility is one strategy for action when funding is limited or the project approach is untested. It may be necessary to modify programmes, initiate new programmes and/or move staff to sustain their interest. Strategic planning exercises should be conducted at regular intervals to review the goals and programmes of an organization and to establish new directions, if necessary.

²⁸ UNAIDS (1998). *AIDS and Men who have Sex with Men*. Geneva: UNAIDS Best Practice Collection.

²⁹ UNAIDS (1999). Regional consultation on HIV/AIDS prevention, care and support programmes in Latin America and the Caribbean for men who have sex with men. Geneva: UNAIDS Best Practice Collection, Key Material.
http://www.unaids.org/NetTools/Misc/DocInfo.aspx?LANG=en&href=http%3a%2f%2fgva-doc-owl%2fWEBcontent%2fDocuments%2fpub%2fPublications%2fIRC-pub05%2fJC449-RegConsult_en%26%2346%3bpdf

³⁰ UNAIDS (2000). *AIDS and men who have sex with men*. Geneva: UNAIDS Best Practice Collection.

³¹ Id.

Introduction

Examining Programmes for Men who have Sex with Men in Asia and the Pacific

There is a tremendous diversity of cultures, sociopolitical climates and sexual identities within the Asia and Pacific region, but there are also similarities that distinguish it from other regions. The purpose of this publication is to sensitize readers to issues and challenges pertaining to work related to men who have sex with men and to share information about programmes that have been implemented successfully. As such, these case studies describe ‘models’ and share information on practical experience and effective approaches to working with men who have sex with men. The programmes described provide suggestions for working with men who have sex with men. These may need to be modified, depending on local circumstances and the cultural and political environment. The intended target audience is both international and local nongovernmental organizations working with men who have sex with men as well as AIDS programme managers and staff.

As a first step in developing these case studies six programmes from the region were selected. The next step was to identify HIV programmes for men who have sex with men within the countries; this involved research and securing recommendations from prominent figures in the field. In the case of Oceania, there was a conscious effort to avoid selecting programmes targeting Caucasian men who have sex with men as these programmes overlap considerably with programmes in Western Europe and North America.

Contact was established with the organizations, and a visit made to observe the running of the programme. Subsequently, chapters on each programme or organization were drafted and sent to the respective contact persons. Other people provided information or references as well as input on the drafts. The programmes selected and contact persons are listed in the table below.

Some of programmes selected have been mentioned in other publications, but are described in greater detail here. As the programmes were designed in response to local circumstances, descriptions of the environments in which the programmes operate are provided. Each case study includes:

- an introduction to the country and city;
- an overview of men who have sex with men in the country;
- an account of the HIV situation in the country;
- detailed descriptions of the relevant organizations and programmes; and
- lessons learnt.

Men who have Sex with Men in Asia and the Pacific

Sexual behaviours, identities and cultures are not static phenomena set by physiological, behavioural, cultural and ideological dictates. People do not simply fit into categories of sexual behaviours and identity, and remain within them all of their lives. Similarly, sexual cultures evolve over time in response to social, political, cultural and even medical developments. The AIDS epidemic, for example, has had a significant influence on sexual cultures in

many parts of the world, the threat of HIV infection precipitating more cautious sexual behaviours in the 1980s and 1990s. The situation again changed in some populations as antiretroviral therapies become available with renewed sexual freedom and the development of complacency towards practicing safer sex.

The term ‘men who have sex with men’ is designed to encompass all men who have sex with men, regardless of their sexual identity. This is particularly important in the collection and analysis of epidemiological data, and the planning and execution of programmes. Generally, epidemiological reports use the categories ‘homosexual’, ‘bisexual’ and ‘heterosexual’ for sexual transmission. Many men who have sex with men, however, may self-identify as heterosexual rather than as homosexual or bisexual, particularly if they also have sex with women or are married, or only take the insertive role in anal sex; or only have sex with men for money or convenience.

Men who have sex with men include categories of men who may be distinguished according to the interplay of variables, including:

- sexual identity (gay, homosexual, heterosexual, bisexual and transgendered, or their equivalents), regardless of sexual behaviours;
- acceptance of, and openness about, sexual identity (gay or ‘hidden’);
- sexual partners (male, female and/or transgendered);
- reasons for having sexual partners (natural preference, coercion or pressure, commercial motivation, convenience or recreation, being in an all-male environment);
- roles in specific sexual practices (insertive, receptive, both or neither, oral sex, mutual masturbation and other activities); and
- gender-related identity, roles, and behaviours (male or female, masculine or feminine/effeminate, cross-dressing or gender-concordant dressing).

Despite the fluid and dynamic nature of sexual behaviours, identities and cultures various technical and scientific as well as sociocultural labels based on sexuality are used in societies globally, including those of men who have sex with men, and have often helped people draw together to form communities. People adopt, or do not adopt, or reject, labels for themselves for various reasons, including perceptions of their own sexual behaviours and those of their partners, social status, stigma, a sense of solidarity or community belonging, and as a political statement.

Some people have objected to the term ‘men who have sex with men’ on the grounds that its complete focus on sexual behaviours precludes the development of a positive identity based on same-sex attraction. It is not, however, meant to be a substitute for terms such as ‘gay’ and its equivalents, or to undermine the use of these terms. In some countries, while there is a growing number of self-identified gay men, many of whom are involved in human rights issues and community activities, the truth remains that such men are by far outnumbered by those, who are unwilling or would be unable to adopt such an identity because of psychosocial, cultural, religious, political or legal constraints, and who will remain relatively invisible. As such, the term men who have sex with men increases the potential that the needs and concerns of *all* men who have sex with men will be considered, rather than being ignored.

In Asia and the Pacific, the most visible men who have sex with men are usually the male-to-female transgendered (or eunuch) and transvestites, who are called *hijra* in Bangladesh and India, *waria*, *banci* or *bencong* in Indonesia, *parlorista bakla* in the Philippines, and *fa’afafine* in the Pacific Islands. They generally identify and behave as women, including donning female

attire. Many are involved in sex work, often as a result of discriminatory social attitudes towards them in society, which makes it difficult for them to find alternative employment.

The sexual partners of transgendered men who have sex with men tend to be men, who self-identify as heterosexual and who do not see transgendered men who have sex with men as men. In most but not all cases, transgendered men who have sex with men are the receptive partners in penetrative sex. Many do not undergo castration and sometimes may be the insertive partner during anal sex, particularly if they pay for sex or have a higher social status. In traditional societies, transgendered individuals often performed rituals and held formal positions in society and at the royal court, though in some societies this has been eroded by colonization and urbanization.

In South Asian countries such as Bangladesh and India, some men who have sex with men adopt an identity based on being the receptive partners in anal sex. They are called *kothi* and often behave in an effeminate manner, fusing their gender identity and role in anal sex. Their more masculine counterparts and sexual partners, *panthi* or *giriya*, are generally the insertive partners, though there may be less frequent instances when the roles are reversed. In relationships, *kothi* take on the duties and responsibilities traditionally associated with wives, while *panthi* and *giriya* behave as husbands. *Panthi* and *giriya* predictably keep a lower public profile than *kothi*. In addition, *dhopratha* or *double-decker*, are men who are masculine in appearance but who can be either insertive or receptive partner during anal sex. All these three categories of men who have sex with men may also have sex with women.

Most urban areas in Asia and the Pacific have a small but growing number of men who self-identify to varying degrees as 'gay'. Alternative terms in the region include 'straight-acting *bakla*' in the Philippines, *tongzhi* in Chinese-speaking communities and *takataapui* among the Maori in New Zealand. Some gay men are open about their sexual preferences with their friends and families, and are actively involved in the gay community's activities and issues, while others remain hidden.

Possibly the largest group of men who have sex with men is that of 'closeted' men who would not openly self-identify as gay or homosexual, and who have either casual anonymous sexual encounters or clandestine relationships with men. Some of these men may be married and/or also have sex with women. A few may self-identify as bisexual.

Many male sex workers in the Asia-Pacific region often self-identify as heterosexual and have sex with men mainly to support themselves and their families. They are often married or have girlfriends or other female sex partners. There are, however, some male sex workers who do self-identify as gay or homosexual and only have sex with men. Some men who self-identify as heterosexual occasionally have sex with men for pleasure, usually because women are less accessible. In the Philippines, such men are called *lalake*. In Indonesia, some working class men, called *laki asli*, have sex with transgendered people without self-identifying as gay or homosexual, primarily due to the fact that female transgendered people are not considered to be men.

Some men prefer to have sex only with men but pressure to marry and have children results in them having sex with women. Some men have a preference for men but are not averse to women. Other men prefer to have sex only with women but end up having sex with men for money or because of restricted access to women. This can be due to conservative societies which encourage strict social segregation of men and women, or can be the result of being in all-male environments, including prisons, military establishments, migrant labour settings and

all-male educational institutions over extended periods of time. Denied access to women, some men gratify their sexual urges with other men, without self-identifying as gay or homosexual.

In addition, some men and boys may be forced to have sex with other men, for example, street children or young boys or men in institutional settings who are raped. Finally, in many cultures, young boys and men who engage in sex with other boys once they get married do not indulge in such sexual relations with other men again although they may do so during times when separated from their female partners for a period of time, for example during the period around the birth of a child when the wife may go to her parents' home.

As the above discussion reveals, very few men fit neatly into the categories of 'homosexual', 'heterosexual' and 'bisexual'. In many Asian and the Pacific countries, it is the act that defines 'gender role' and not the fact that sex is with another man i.e. the penetrating partner is 'male' and the receptive partner 'female', so the penetrating partner does not see his act as being homosexual nor does he define himself as homosexual. In fact, in many cultures being homosexual equates with being effeminate. Male-to-female transgendered individuals add other dimensions to this discussion.

Ultimately, it has to be recognized that the intricacies of sexual identity and behaviours are complex. In different societies, different labels are attributed to some of these permutations.

Social and Legal Constraints on Men who have Sex with Men in Asia and the Pacific

In almost all countries in Asia and the Pacific, male-male sex is still heavily stigmatized, even in countries where consensual sex between adult men in non-public places has been decriminalized as in Australia, Hong Kong SAR and New Zealand. Many countries, particularly former British colonies, including Bangladesh, India, Malaysia, Pakistan and Singapore, still have laws criminalizing same sex sexual activity. Other countries, including China and Japan, never had laws criminalizing homosexuality.

Regardless of whether same sex sexual relations are criminalized or not; sociocultural and religious mores support the condemnation of, and the discrimination and prejudice against homosexuality. For example, the practice of Islam in Bangladesh and Indonesia, Catholicism in the Philippines, Christianity in New Zealand and cultural traditions and norms in China Hong Kong SAR and India, all appear to be contributing to the marginalized status of men who have sex with men.

Advocacy efforts to challenge homophobic and discriminatory attitudes, policies and laws have been successful or are on the verge of success in countries with less restrictive political environments, including Hong Kong SAR, India, Japan, New Zealand and the Philippines. In more conservative countries, including Bangladesh, China and Indonesia, activists have to advocate more cautiously. However, in China, official attitudes towards homosexuality have relaxed somewhat recently, with the repeal of a non-specific law used to prosecute men who have sex with men and the removal of homosexuality from the list of mental disorders.

The organization and structure of communities of men who have sex with men depends on the social and political environment in each country. Yet, in most parts of the world, there are clear and well established networks of men who have sex with men; how visible they are to the outside observer is a different issue. Countries which are less socially conservative,

including Hong Kong SAR, Japan, New Zealand and the Philippines have visible gay communities and significant numbers of establishments for men who have sex with men, including bars, discotheques and saunas.

In some more socially conservative countries, including Bangladesh and India, the vast majority of men who have sex with men remain hidden and have clandestine sexual encounters in public spaces such as parks, shopping centres and toilets. Gay men who are educated and economically privileged in these countries interact in private venues.

As such, venues used by men who have sex with men need to be understood within the local context. Very few venues exclusively for men who have sex with men exist in these countries; some bars and discotheques cater for them on particular nights of the week. However, there are often established public spaces and/or times when men who have sex with men can meet socially or cruise for sex. For example, for most young men and boys who come from low- or middle-income backgrounds in Chennai, India, the beach is a place to ‘hang out’ (discos and pubs are not places that most of them can afford or are comfortable to be in, whether friendly to men who have sex with men or not).

Regardless of the nature of ‘communities’ of men who have sex with men in the different countries and the environments they exist in, men who have sex with men may be at risk of HIV and other sexually transmitted infections. HIV programmes and policies cannot ignore men who have sex with men, particularly as they are often intimately linked to other populations who may also be at risk already or be placed at risk of HIV and sexually transmitted infections, including wives and female sexual partners, female sex workers, the children of men who have sex with men through mother-to-child transmission, and injecting drug users, in settings where men who have sex with men are involved in injecting drug use.

HIV in Asia and the Pacific

In Asia and the Pacific, there are an estimated 8.3 million [range 5.5–12.9 million] people living with HIV, as compared to 38.6 million range [33.4–46.0 million] people globally³². Together with sub-Saharan Africa, Asia and the Pacific are the two regions with “expanding epidemics”. An overview of the epidemic in Asia and the Pacific is provided in the following table.

HIV and AIDS Statistics 2005³³

Region	Adults and children living with HIV	Adults and children newly infected with HIV	Adult and child deaths due to AIDS	Adult prevalence (%)
South and South-East Asia	7.6 million [5.1–11.7 million]	830 000 [530 000–2.3 million]	560 000 [370 000–810 000]	0.6 [0.4–1.0]
East Asia	680 000 [420 000–1.1 million]	97 000 [55 000–290 000]	33 000 [20 000 – 49 000]	0.1 [<0.2]
Oceania	78 000 [48 000–170 000]	7200 [3500–55 000]	3400 [1900–5500]	0.3 [0.2–0.8]
Global	38.6 million [33.4–46.0 million]	4.1 million [4.1–6.2 million]	3.1 million [2.8–3.3 million]	1.0 [0.9–1.2]

³² UNAIDS http://www.unaids.org/en/HIV_data/Epidemiology/epi_slides.asp (Accessed 25 August 2006). See also UNAIDS (May 2006) *Report on the global AIDS epidemic*. Geneva, Switzerland

³³ Id.

Some countries in the region, including China, Indonesia, and Viet Nam, have low national HIV prevalence overall but have steadily growing epidemics in some populations. Some countries such as Cambodia and Thailand have had some success in limiting the AIDS epidemic through effective prevention programming. But low HIV prevalence in countries with very large populations such as China and India can translate into millions of people living with HIV.

High HIV prevalence has been found in a growing number of Indian states. High HIV prevalence is also found in some Chinese provinces in part associated with unsafe blood collection practices used during the 1990s. High prevalence has also been found among: injecting drug users in parts of China, some Indian states, Indonesia, Myanmar, Kathmandu, Nepal and Viet Nam; sex workers in some Indian states, Indonesia, Myanmar and Viet Nam; pregnant women in parts of China, a number of Indian states and Papua New Guinea; prisoners in Jakarta, Indonesia; and people with sexually transmitted infections as well as men who have sex with men in a few Indian cities.

High levels of risk behaviours have been noted among: injecting drug users in Bangladesh, China, Indonesia and Pakistan; sex workers and their clients in Bangladesh, China, Indonesia, Pakistan and Papua New Guinea; sexually active young people in Nepal; and men who have sex with men in Australia, China, Japan and Kathmandu, Nepal.

While the AIDS epidemic in Asia is largely driven by heterosexual transmission and injecting drug use, transmission related to male-male sex is becoming increasingly significant, particularly in Hong Kong SAR, New Zealand and the Philippines.

Bandhu Social Welfare Society, Dhaka, Bangladesh

Bangladesh and Dhaka

The People's Republic of Bangladesh has a population of approximately 138 million. The capital is Dhaka with some 10 million people. The official language is Bangla or Bengali, though English is widely used. Bengalis form 98% of the population with the remaining population being made up of Biharis and tribes such as the Chakma. In terms of faith adherence 83% of the population is Muslim with Hindus accounting for 16%, and Buddhists and Christians accounting for the remainder³⁴.

Men who have Sex with Men in Bangladesh

Under the Bangladesh Penal Code, Article 377, “whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment for life.” Same sex sexual relations are also against Islamic Sharia Law.

As Islam is the dominant faith, the presence of women in public is limited, resulting in men having restricted access to women. This may in part explain a higher incidence of male-male sex and the widespread fusing of sexual and gender identities, as distinct from a gay or homosexual identity. This relationship between sexual and gender identities is based on who takes the insertive or receptive role during anal sex.

Kothi are men who are receptive during anal sex and closely identify with the feminine gender; generally displaying feminine behaviour. *Panthi* are the penetrative partners during anal sex. There is a smaller group of men, called *dhopratha*, who are more flexible in the roles they adopt during anal sex and who approximate *panthi* in their general behaviour. There is also a community of male-to-female transgendered individuals called *hijra*. These sexual identities are pertinent mainly in the context of sexual encounters that occur in public spaces,

There are no public entertainment establishments such as pubs, bars or discotheques, let alone those exclusively or predominantly patronized by men who have sex with men. Venues or opportunities for men to meet and find male sexual partners are largely confined to public areas. Sexual encounters also take place in more private settings such as in homes and all-male environments, and are less constrained by sexual identities.

Some of the *kothi* and many of the *hijra* are involved in commercial sex, with male sex workers averaging 5.7 to 9.5 clients a week and *hijra* having an average of 12.6 clients a week in 2002³⁵. Consistent condom usage was low, varying between 1.8% and 9.9%, though prevention programmes had resulted in increased condom use. Violence was common, 40.9% of male sex workers and 50.1% of *hijra* reported violence or rape by policemen or *mastan*, local thugs.

³⁴ CIA – The World Factbook website (accessed 6 April 2005). <http://www.cia.gov/cia/publications/factbook/geos/bg.html>

³⁵ AIDS and STD Control Programme (November 2002). *Second Generation Surveillance for HIV in Bangladesh*. Dhaka: Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh.

The potential for transmission of HIV and other sexually transmitted infections to other populations is underscored by the estimate that about 47% of men who have sex with men, 10% of male sex workers and 2% of *hijra* are married. An estimated 28% of men who have sex with men also have sex with female sex workers, and 9.6% of men who have sex with men are injecting drug users, while between 1% and 3% of male and *hijra* sex workers inject drugs.

HIV in Bangladesh

Bangladesh has low estimated HIV prevalence of less than 0.2%. UNAIDS estimates that there are between 6400 and 18 000 persons living with HIV by May 2006³⁶, though according to the Ministry of Health and Family Welfare only 363 people had been diagnosed with HIV infection as of November 2003. Nevertheless, there is concern about low levels of HIV knowledge, unsafe blood transfusion and high levels of risk behaviours, including unsafe sex, evidenced by low levels of condom use and unsafe injecting drug use³⁷.

Since 1998, regular HIV surveillance has targeted injecting drug users, heroin smokers, female, male and *hijra* sex workers, rickshaw pullers, truck drivers, brothel *babus*, people with sexually transmitted infections, launch workers, male university and college students living in dormitories and men who have sex with men³⁸. Surveillance is undertaken in health care facilities and through HIV and sexually transmitted infection intervention programmes run by the Government, private clinics, nongovernmental and community-based organizations.

There is often overlap between the various groups. For example, between 2–10% of injecting drug users in some areas were found to have had sex with male or *hijra* sex workers with condom use ranging from 0% to 8.3%³⁹. Similarly, rickshaw pullers (17.1–22%), truckers (21.5%), and male college and university students (4.5%) reported having sex with male or *hijra* sex workers, with condom use ranging from 1.5–8.6%.

HIV prevalence was 0.8% for *hijra* and 0% for male sex workers, though syphilis rates were higher for both groups, 34.9% and 14.2% respectively. HIV prevalence among men who have sex with men in all areas was 0% with one exception where there was prevalence of 0.2%. Syphilis rates varied between 3.7% and 11.8%.

Bandhu Social Welfare Society

Bandhu Social Welfare Society (BSWS) developed from a Ford Foundation-funded needs assessment survey of men who have sex with men conducted by Naz Foundation International (NFI) in Dhaka⁴⁰. Established in July 1997 and using the Bangla word for ‘friend’ in its name, it aims to promote sexual and reproductive health among men who have sex with men, particularly *kothi*, male sex workers and people from low-income sectors of the popula-

³⁶ UNAIDS (May 2006). *Report on the global AIDS epidemic*. Geneva, Switzerland.

³⁷ UNAIDS (December 2003). *AIDS epidemic update*. Geneva, Switzerland.

³⁸ National AIDS/STD Program (November 2001). *HIV in Bangladesh: where is it going?* Dhaka: Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh. AIDS and STD Control Programme (November 2002). *Second Generation Surveillance for HIV in Bangladesh*. Dhaka: Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh.

³⁹ AIDS and STD Control Programme (November 2002). *Second Generation Surveillance for HIV in Bangladesh*. Dhaka: Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh.

⁴⁰ Bandhu Social Welfare Society. 2000. *Helping Others to Help Themselves: The First Three Years, July 1997 – June 2000*. Dhaka: Bandhu Social Welfare Society.

tion. A strong emphasis is placed on its work being community-based so that the community is involved in the development of, and benefits from, sexual health services and programmes. Bandhu Social Welfare Society works towards greater openness and legitimacy of the community of men who have sex with men, while being sensitive to the local social context.

The Royal Norwegian Embassy committed to fund the organization for three years and the United Nations Development Programme (UNDP) through the Government and Family Health International (FHI) provided additional support. Naz Foundation International provided technical assistance and support.

Bandhu Social Welfare Society now has more than 220 staff members in six cities in Chittagong, Comilla, Dhaka, Mymensingh, Rajbari and Sylhet. The Society has also assisted in establishing Shustha-Jibon, a sexual health project for *hijra* in Dhaka and Saver with the support of the United States Agency for International Development (USAID) and Family Health International (FHI)⁴¹. Apart from its programmes on sexual health issues for men who have sex with men, Bandhu Social Welfare Society organizes cultural evenings and fund-raising events, makes presentations at workshops and international AIDS conferences, and takes part in regional consultations⁴².

Men who have Sex with Men Programme

In developing its services and programmes, Bandhu Social Welfare Society relies on a model developed by Naz Foundation International (NFI), which is also being replicated in India, Nepal and Pakistan, that aims for comprehensive coverage of needs and issues, and provides field, health and centre-based services⁴³.

Educational information materials on HIV and sexually transmitted infections specifically for men who have sex with men have been developed and are available in Bangla and English language editions for distribution in the field and at centres. The services distributed more than 753 296 condoms and 519 025 pieces of information material between July 1997 and June 2003 with over 236 061 contacts being established. There are plans to develop Male Sexual Health Projects in Barishal and Khulna.

Field Services

The field services programme includes:

- outreach and friendship-building;
- community building and mobilization, including referrals to social group meetings;
- education and awareness-raising, particularly about safer sex;
- condom and lubricant distribution; and
- referrals to sexually transmitted infection clinics.

Outreach at more than 60 cruising sites is conducted by 129 site *bandhus* and peer *hijras* and 28 field officers. Low-income communities and people employed in particular occupations, including rickshaw pullers and truck drivers are priorities. Certain areas are not covered

⁴¹ Bandhu Social Welfare Society (2001). *Bandhu Cares Bandhu*. Dhaka: Bandhu Social Welfare Society.

⁴² Bandhu Social Welfare Society. 2000. *Helping Others to Help Themselves: The First Three Years, July 1997 – June 2000*. Dhaka: Bandhu Social Welfare Society.

⁴³ Id.

to avoid duplication of efforts with other nongovernmental organizations. Field work in particular areas is avoided when there is a high risk of harassment by the police or *mastan*⁴⁴.

Each team consists of one full-time field officer, two site bandhus and a number of site volunteers⁴⁵. The site *bandhus* act as intermediaries between the field officer and people frequenting the site, familiarising the field officer with the situation, inducting the field officer into various social networks, and supporting his efforts in community building and mobilization. The site volunteers provide additional support, accessing networks for the field teams and establishing links with other nongovernmental organizations.

Health Services

A clinic for sexually transmitted infections was established to provide health care services in April 1998. It was initially designed to provide syndromic management of sexually transmitted infections; its service provision was enlarged to include general health, subsidized treatment, psychosexual counselling, HIV testing and counselling, and awareness raising of general health issues⁴⁶. Between April 1998 and June 2003, 21 593 people accessed the clinic's services with 7274 people using services for sexually transmitted infections, 3384 using psycho-social services and 10 935 using the general health services.

The clinic was originally financed by Bandhu Social Welfare Society; in July 1999, the United Kingdom's Department for International Development through CARE Bangladesh agreed to fund the clinic for one year. From 2000 USAID, FHI, and IMPACT Bangladesh have provided support⁴⁷. Most recently, the Marie Stopes Clinic Society in collaboration with the Society has undertaken to provide health care services for men who have sex with men, including *hijra*, at drop-in centres⁴⁸. A referral system for female partners of men who have sex with men is also being developed with the Marie Stopes Clinic Society.

Centre-based Services

The services run by the Bandhu Social Welfare Society centres include:

- drop-in services;
- social group meetings (two days a week);
- skills-building vocational classes, such as in reading and writing Bangla and English, fashion design and folk dance;
- sexual health awareness-raising;
- condom and lubricant distribution;
- counselling;
- a telephone helpline;
- recreational activities;

⁴⁴ Anonymous. 20 August 2003. *Bangladesh: Brutality Fueling HIV/AIDS*. New York. Cited in SEA-AIDS eForum (accessed 6 April 2005). <http://archives.hst.org.za/sea-aids/msg00815.html>

⁴⁵ Bandhu Social Welfare Society. 2000. *Helping Others to Help Themselves: The First Three Years, July 1997 – June 2000*. Dhaka: Bandhu Social Welfare Society.

⁴⁶ Id.

⁴⁷ Bandhu Social Welfare Society website (accessed 23 April 2005). <http://www.bandhu.org/main.html>

⁴⁸ Id.

Bandhu Social Welfare Society (2002). *Annual Report 2001-2002*. Dhaka: Bandhu Social Welfare Society. (Accessed 23 April 2005). http://www.bandhu.org/annual_report.pdf

- a savings and loan club; and
- community research.

There were a total of 31 869 centre visits from 1997 to 2003. With the support of USAID and FHI, three drop-in centres were established in 2000 and a further two in 2002.

Research

Bandhu Social Welfare Society has participated in the Government's National Surveillance Programme and has also been involved with needs assessment projects, for example, with the International Centre for Diarrhoeal Disease Research Bangladesh (ICDDR) on a study of sexually transmitted infection clinical services for men who have sex with men in Chittagong.

The Society has also been involved in research projects:

- on non-*kothi* men who have sex with men, with La Trobe University, Melbourne, Australia;
- “the impact of legal, sociocultural, legislative and socioeconomic impediments for effective HIV intervention with MSM” with Institutional Development of Human Rights in Bangladesh, UNDP's Regional HIV and Development Programme, and Naz Foundation International⁴⁹; and
- constructions of masculinity and sexuality with Naz Foundation International. Plans for participation in a CATALYST/USAID project involving qualitative formative research on young males and HIV are being discussed.

Strategic Planning

A review of Bandhu Social Welfare Society programmes undertaken in January and February 2003 recommended the preparation of a strategic and operational plan for January 2004 to December 2006. In 2003 the Society contracted an independent consultant to facilitate the strategic planning process. Participants in the process identified ten important areas that needed greater attention:

- advocacy and human rights;
- people living with HIV;
- clinical services;
- education and prevention programmes;
- scaling up programmes;
- research and documentation;
- capacity building and monitoring;
- income generation for Bandhu Social Welfare Society;
- networking; and
- organizational systems and procedures.

⁴⁹ Bandhu Social Welfare Society (2002). *Annual Report 2001-2002*. Dhaka: Bandhu Social Welfare Society. (Accessed 23 April 2005). http://www.bandhu.org/annual_report.pdf

Engagement with the Government and other Nongovernmental Organizations

Bandhu Social Welfare Society has worked with the Government in various capacities⁵⁰. With the support of Naz Foundation International, it has successfully advocated with the Government to include issues related to men who have sex with men in the five-year National HIV and AIDS Strategic Plan. It has been involved in Government workshops, national meetings and events, advocating for the rights and needs of the community of men who have sex with men. As a participant in the National Surveillance Programme, the Society has facilitated the collection of data and blood samples unlinked from personal identifiers within the community of men who have sex with men.

Bandhu Social Welfare Society has pursued networking opportunities with nongovernmental organizations, including those involved with women's reproductive health. It has organized sensitization sessions for, and worked with, other nongovernmental organizations, including Save the Children Fund, Marie Stopes Clinic, Bangladesh Woman's Health Coalition, Institutional Development of Human Rights in Bangladesh (IDHRB), Ain-O-Shalish Kendra (human rights group) and the Concerned Women for Family Development⁵¹.

Lessons Learnt

Lessons learnt include:

- strengthening the infrastructure of communities of men who have sex with men by offering community 'spaces', organizing community activities, providing community services and conducting skills building sessions are invaluable for low-income groups and less organized communities of men who have sex with men;
- providing comprehensive health care services that are friendly to men who have sex with men is important for dealing with the sexual health needs of marginalized groups;
- recruiting outreach workers from within the community of men who have sex with men provides access to informal networks at venues, and involves and empowers the community;
- protecting the well-being of staff can be ensured if they avoid working in dangerous settings;
- involvement in research projects allows the community of men who have sex with men to contribute to the knowledge base about behaviours and attitudes, determine communities' needs, and establish links with the Government and nongovernmental organizations;
- a strategic planning exercise ensures that needs of communities and stakeholders are identified and continue to be met effectively;
- evaluating the need for programmes in new settings, and the capacity to expand and organize projects and programmes in new settings is one strategy for maintaining the engagement and interest of staff, and maintaining the relevance of programming;

⁵⁰ Bandhu Social Welfare Society. 2000. *Helping Others to Help Themselves: The First Three Years, July 1997 – June 2000*. Dhaka: Bandhu Social Welfare Society.

⁵¹ Bandhu Social Welfare Society website (accessed 23 April 2005). <http://www.bandhu.org/main.html>

- developing and strengthening working relationships with the Government through collaboration and involvement in projects, meetings, workshops and events, ensures the representation of the need of communities of men who have sex with men;
- monitoring the political climate and adjusting an organization's visibility accordingly is a useful strategy for maintaining funding; and
- collaboration with other organizations enhances mutual understanding and facilitates addressing the needs of other affected communities.

Naz Foundation (India) Trust, New Delhi, India

India and New Delhi

India comprises 28 states and seven union territories with an estimated population of 1.095 billion people. There are 17 major languages and a multitude of dialects⁵². In terms of faith adherence 81.3% of the population is Hindu, Muslims constitute 12%, Christians 2.3% and Sikhs 1.9%. Delhi has an estimated population (2005) of 15.3 million.

Men who have Sex with Men in India

In India, there is widespread segregation of men and women in public, with members of opposite sexes being discouraged from being in close proximity⁵³. However, individuals of the same sex can be in physical contact in public without drawing attention or disapproval. Adult men have no qualms about holding hands while walking and this is not interpreted as having any relation to the individuals' sexual behaviours.

In this traditional and conservative social environment men are expected to marry and have children⁵⁴. Many men who have sex with men fulfil these expectations, while continuing to have clandestine sexual encounters with men.

Section 377 of the Indian Penal Code can be used against anyone who 'voluntarily has carnal intercourse against the order of nature'⁵⁵. Widely known as the anti-sodomy law, Section 377 is often exploited by people and the police to harass, extort money from, blackmail and even rape men who have sex with men, particularly people with a lower socioeconomic status, who have little knowledge of the law and their rights. Section 377 has also been used by the police to restrict gay activities and to justify raids on parties and events.

Many men who have sex with men accord little significance to *masti*, male-male sex, as opposed to 'real sex'⁵⁶. It is viewed as a recreational activity from which pleasure is derived without identity or emotional implications. One's male partner is objectified without any connotations of 'homosexuality' or 'bisexuality'. As such, there is greater tolerance of same sex sexual activity than there is of sexual identity based on male attraction.

The role which a person takes during anal sex does sometimes have implications for the individual's psychological well-being and identity⁵⁷. While the penetrative partner is secure in his masculinity, the person who is penetrated is perceived as feminine. While some men who are penetrated accept and adopt the feminine role, this is not the case with all men who have sex with men. One consequence is that some men feel embarrassed and are unwilling to access health care services for diagnosis and treatment of oral or anal sexually transmitted infections.

⁵² CIA – The World Factbook website (Accessed 25 August 2006). <https://www.cia.gov/cia/publications/factbook/geos/in.html> - People <http://www.c>

⁵³ Manickam, L Sam S. 10 June 2002. *RE: What it means to be gay – homosexuality and HIV in India*. Cited in SEA-AIDS eForum (accessed 6 April 2005). <http://archives.hst.org.za/sea-aids/msg00279.html>

⁵⁴ Rakesh, Shaleen (2002). *Queering Gender*. Conference Paper.

⁵⁵ Rakesh, Shaleen (2002). *Growth of a movement against the Anti-Sodomy law in India*. Conference Paper.

⁵⁶ Rakesh, Shaleen (2002). *Queering Gender*. Conference Paper.

⁵⁷ Id.

Kothi, the same term as used in Bangladesh, are men who adopt feminine roles and are generally less educated and have a lower socioeconomic status. *Kothi* are usually the penetrated partner during anal sex and are sometimes sex workers⁵⁸. Some *kothi* may also penetrate men during anal sex or have sex with women.

The regular partners, ‘husbands’ or ‘real men’, of *kothi* are *giriya* or *panthi*⁵⁹. *Giriya* or *panthi* penetrate during anal sex and adopt traditional masculine roles in relationships, including making decisions, allowing their *kothi* to manage their finances, and they sometimes beat their *kothi* as some Indian men do their wives.

A more visible community is the *hijra* or *ali*, who were traditionally eunuchs and performed roles in religious festivals and rituals⁶⁰, and in many parts of India these traditions are still strong. The *hijra* and *ali* community have been traditionally well organized and have a very strict hierarchical structure with *gurus* or elders and *chelas* or disciples. They have their own culture and social religious role that is still fairly strong in many parts of India. Some *kothi* have joined *hijra* communities, particularly for emotional and financial security. In mainstream settings, *hijra* are disempowered, often being denied employment, and facing harassment and even rape by the police. They usually earn their living by begging or through sex work, though recently a few *hijra* have run for and been elected to public office. Similar communities of transgendered people associated with particular religious traditions and rituals—*jogta*, *shiv-shakti* and *ganachari*—exist in South India.

Some of the more educated and affluent men who have sex with men are self-identified gay men, who do not adhere to rigid gender roles but place a greater emphasis on equality within relationships⁶¹. However, there is a large difference between these men who have sex with men and gay communities in developed countries. The vast majority of Indian gay men do not take on social and political responsibilities as they cannot afford to be too public.

The gay movement has been more active since the mid-1980s, with the ‘coming out’ of the journalist Ashok Row Kavi, the establishment of websites and coalitions, the organization of conferences, the publication of reference materials, and challenges to Section 377⁶². This development has largely been due to the AIDS epidemic, which has drawn people together to plan and implement community responses.

HIV in India

In India the first diagnosis of a person living with HIV was made in 1986. India is generally considered to have low HIV prevalence, though with such a large population, even low HIV prevalence translates into millions of people living with HIV. According to the National AIDS Control Organization (NACO), 103 857 people had been diagnosed with HIV as of 31 March 2005, with 950 of these in Delhi and a total of 61 201 AIDS-related deaths. Tamil Nadu with 48 180 people has the highest number of people diagnosed HIV-positive. Sexual transmission accounts for 85.8% of HIV infections, mother-to-child transmission for 3.6%, blood and blood products for 2.0% and injecting drug use for 2.6%. In 6.1% of cases the mode of transmission was unknown⁶³.

⁵⁸ Rakesh, Shaleen (2002). *Queering Gender*. Conference Paper. Rakesh, Shaleen (2002). Growth of a movement against the Anti-Sodomy law in India. Conference Paper.

⁵⁹ Rakesh, Shaleen (2002). *Queering Gender*. Conference Paper.

⁶⁰ Rakesh, Shaleen (2002). *Growth of a movement against the Anti-Sodomy law in India*. Conference Paper.

⁶¹ Rakesh, Shaleen (2002). *Queering Gender*. Conference Paper.

⁶² Rakesh, Shaleen (2002). *Growth of a movement against the Anti-Sodomy law in India*. Conference Paper.

⁶³ National AIDS Control Organisation (NACO) website (accessed 6 April 2005). http://www.nacoonline.org/facts_reportmarch.htm

The National AIDS Control Organization estimate of the number of people living with HIV is 5.1 million⁶⁴. In 2006 UNAIDS estimated HIV prevalence of 0.9% (range 0.5–1.5%)⁶⁵. Despite the apparent low prevalence sentinel surveillance indicates that several states are facing serious HIV epidemics among particular populations; greater than 1% HIV prevalence among pregnant women was reported in six states⁶⁶.

HIV was not associated with men who have sex with men in the early days of the Indian AIDS epidemic⁶⁷. The authorities did not acknowledge transmission related to male-male sex until later, and, while dissociating HIV from men who have sex with men might have prevented further stigmatization, it resulted in ignorance about HIV in the communities of men who have sex with men, possibly facilitating further transmission. It was only after studies revealed male-male sex-related HIV transmission in the early 1990s and with input from international agencies that the National AIDS Control Organization acknowledged the situation.

To address male-male sex-related HIV transmission, informal gay groups were established that conducted needs assessments, established support groups and 'safe' community spaces, and organized community-based outreach to marginalized groups, including *kothi* and *hijra*. The working relationship between the National AIDS Control Organization and organizations of men who have sex with men which focus on HIV has been cordial, with the former recognizing the contributions of the latter and providing support as needed.

The National AIDS Control Organization's support to the community of men who have sex with men is subject to political considerations as two incidents attest. On 7 July 2001, the police raided the offices of two nongovernmental organizations, Naz Foundation International and Bharosa, in Lucknow after an outreach worker was arrested while carrying out his duties in a 'cruising' area⁶⁸ and in March 2002 the police entered the premises of Sangama, a nongovernmental organization working with disempowered sexual minorities such as the *hijra* and *kothi* in Bangalore⁶⁹. Programmes for men who have sex with men are a sensitive issue and even when supportive in private, the National AIDS Control Organization may not be able to publicly support such programmes during political and police crackdown. Thus there is a need for caution and using strategies such as those employed by the Bandhu Social Welfare Society in Bangladesh.

Naz Foundation (India) Trust

Established in 1994, Naz Foundation (India) Trust (NF(IT))⁷⁰, not to be confused with Naz Foundation International (NFI), runs sexual health, HIV and sexually transmitted infection prevention and education, care and support, and advocacy programmes. It publicises these activities through the NF(IT) website and service brochure. Groups focused on include the Government, men who have sex with men, lesbians, heterosexual and bisexual women, truck drivers and the people they come into contact with, people living with HIV or other sexually transmitted infections and Tuberculosis, and other agencies working on related issues.

⁶⁴ NACO (Accessed 6 April 2005). http://www.nacoonline.org/facts_hivestimates04.htm

⁶⁵ UNAIDS (May 2006). *Report on the global AIDS epidemic*. Geneva, Switzerland.

⁶⁶ NACO (31 July 2004). Annual Report 2002-2003, 2003-2004. (Accessed 6 April 2005). <http://www.nacoonline.org/annualreport/annulareport.pdf>

⁶⁷ Rakesh, Shaleen (2002). *Growth of a movement against the Anti-Sodomy law in India*. Conference Paper.

⁶⁸ Id.

⁶⁹ People's Union for Civil Liberties (PUCL) website (accessed 6 April 2005). <http://www.pucl.org/Topics/Gender/2003/sangama.htm>

⁷⁰ Indian NGOs website (accessed 23 April 2005). <http://www.indianngos.com/nazfoundation/>

The services and projects include:

- advocacy and sensitizing policy makers on key issues;
- training programmes and workshops, including for trainers and other nongovernmental organizations;
- development of training resources such as manuals;
- outreach and awareness raising programmes;
- pre- and post-test counselling, testing and treatment in clinics;
- referrals;
- counselling services;
- telephone helplines;
- a 16-bed care home, providing a range of health care and social support services;
- home visits and ongoing counselling for people living with HIV, and their families;
- support groups and services;
- needs assessment and evaluation projects;
- production of information, education and communication materials in appropriate languages; and
- consultation work.

Men who have Sex with Men Programme

The programmes of NF(I)T and the Bandhu Social Welfare Society, Bangladesh, are based on the same Naz Foundation model, which emphasises community involvement and mobilization. The men who have sex with men programmes do not aim to restrict sexual desire or pleasure to conform to mainstream values and beliefs, but rather to encourage responsible sexual behaviours.

Outreach

Awareness raising is through disseminating accurate information about HIV and sexually transmitted infection transmission modes and associated risk factors; non-transmission; risk reduction measures, including correct and consistent use of condoms and lubricants; and how and where to access treatment. Information materials specifically addressing men who have sex with men have been developed and are distributed by outreach workers (who are themselves men who have sex with men) in cruising areas, including parks and public toilets. The outreach workers are also available to talk to individuals; distribute condoms and lubricant; and provide referrals, as necessary, for testing and treatment at the Naz-affiliated clinic.

Counselling and Support

Assisting men who have sex with men to explore issues related to sexual identity and behaviours so that they are more comfortable and confident about themselves is important for their sexual health. The programme offers counselling services for men who have sex with men, either face-to-face or through the two available helplines, *Humraz* and *Naz Dost*, the latter catering to the needs of Hindi-speaking men. There are also at least three support groups for men who have sex with men: *Humrahi* is for English-speaking gay men, *Humjoli* for Hindi-speaking *kothi*, and *Humnawaaz* for Hindi-speaking gay men.

Training Materials

The programme has collaborated with nongovernmental organizations from Bangladesh, India and Sri Lanka to develop a training manual for promoting the sexual health of men who have sex with men, designed to sensitize nongovernmental and community-based organizations to issues relating to men who have sex with men, and to provide a framework for developing services and programmes focusing on men who have sex with men. The topics covered among others include:

- human sexuality, including sexual vocabulary;
- male erotic zones, men's sexual behaviours and attitudes;
- sexual identity;
- cultural and social expectations;
- sexual health, including sexually transmitted infections and HIV transmission, prevention, vulnerability, risk taking behaviours and vulnerability reduction;
- advantages of integrating services for men who have sex with men into existing programmes, reasons for providing services, and the need for diagnostic, treatment and care services;
- developing programmes for men who have sex with men by understanding the community context, engaging with the community and considering community involvement and peer-based programmes;
- networking and partnerships; and
- developing short-term action plans.

Advocacy

Advocacy is undertaken to protect the rights of men who have sex with men and to ensure that instances of discrimination are addressed appropriately. In one case, a complaint was filed at the National Human Rights Commission against an attempt to 'treat' a person for homosexuality by using reparative and aversion therapies to the detriment of the individual's psychological and emotional well-being⁷¹. NF(I)T also advocated for the inclusion of a clause in the Constitution which would prohibit discrimination on the basis of sexual orientation.

Lessons Learnt

Lessons learnt include:

- the usefulness of providing a range of services and programmes to cater to diverse needs;
- designing services such as helplines and support groups for specific groups of men who have sex with men makes them more relevant and useful;
- using outreach workers who are themselves men who have sex with men means the target population are more likely to trust and listen to them;
- developing and distributing information and education materials specific to men who have sex with men, together with condoms and lubricants, facilitates the adoption of risk-reduction measures;
- referral to health care services that are friendly to men who have sex with men removes barriers to seeking treatment and promotes sexual health; and
- monitoring and challenging human rights violations helps develop a less oppressive social and political environment.

⁷¹ Rakesh, Shaleen (2002). *Growth of a movement against the Anti-Sodomy law in India*. Conference Paper.

Aksi Stop AIDS (ASA), Jakarta, Indonesia

Indonesia and Jakarta

Indonesia consists of an estimated 17 508 islands with five major islands and some 30 smaller island groups⁷². The rapidly growing population is estimated to be now greatly in excess of 200 million⁷³, recent estimates put the figure at 245.45 million⁷⁴. The majority of the population, more than 60%, live on Java; while Irian Jaya, Kalimantan, Sulawesi and Sumatra all have significant populations. The capital, Jakarta, in western Java, has a population of over 8.39 million people⁷⁵. Bahasa Indonesia is the national language though there are some 500 additional languages and dialects⁷⁶. In terms of faith adherence 88% of the population are Muslim, 8% Christian, 2% Hindu and 1% Buddhist⁷⁷.

Men who have Sex with Men in Jakarta

While consenting same sex sexual relations are legal; harassment at venues used by men who have sex with men can occur. Family Health International Indonesia, in conjunction with the HIV and AIDS Prevention Project (HAPP), commissioned a situational assessment of men's sexual behaviours, which revealed a great diversity and fluidity in the identity of Indonesian men who have sex with men.

The most visible men who have sex with men are transgendered men, *waria*, *banci*, or *bencong*⁷⁸. Though biologically male, they identify, dress and behave as women. Having had a traditional presence in Indonesian cultures, they are recognized and tolerated by the public to a greater extent than other men who have sex with men.

Many *waria* are involved in sex work, usually engaging in unprotected receptive oral and anal intercourse, though some may be insertive partners in anal and oral sex, particularly if they are physically bigger, stronger, older or richer than their sexual partner. Some *waria* run beauty salons, which offer beauty enhancements including silicone injections to the face, hips, buttocks and the chest. These salons are often associated with sex: owners may act as pimps and sex workers may meet sexual partners. They may also be associated with drug use, including amphetamines, methamphetamines and heroin.

It is not uncommon for male urban working class men, *laki laki* or *laki asli*, to have sex with *waria* without considering themselves homosexual or gay, as sexual relations with

⁷² Department of Foreign Affairs of the Republic of Indonesia (DFA) website (accessed 23 April 2005). <http://www.deplu.go.id/2005/detail.php?doc=c142c0d92c39c179fede8dfe8368b2d0>

⁷³ Badan Pusat Statistik (BPS) – Statistics Indonesia website (accessed 23 April 2005): <http://www.bps.go.id/sector/population/table1.shtml>

⁷⁴ CIA – The World Factbook website (accessed 25 August 2006). <https://www.cia.gov/cia/publications/factbook/geos/id.html> – People

⁷⁵ Badan Pusat Statistik (BPS) – Statistics Indonesia website (accessed 23 April 2005): <http://www.bps.go.id/sector/population/table1.shtml>

⁷⁶ Department of Foreign Affairs of the Republic of Indonesia (DFA) website (accessed 23 April 2005). <http://www.deplu.go.id/2005/detail.php?doc=f98ee9a44150254e64a120fa502aadd6>

⁷⁷ CIA – The World Factbook website (accessed 23 April 2005). <http://www.cia.gov/cia/publications/factbook/geos/id.html>

⁷⁸ Oetomo, Dédé. 1999. *Situational Assessment on Gender and Sexual Diversity among Men in Jakarta, Surabaya and Manado, Indonesia, August-October 1999: Summary of Findings and Recommendations*. HIV/AIDS Prevention Project (HAPP) Draft. Oetomo, Dédé. 2000. "Masculinity in Indonesia: Genders, Sexualities and Identities in a Changing Society." In Richard G Parker, ed., *Framing the Sexual Subject*. Berkeley & London: University of California Press, pp 46-59.

a *waria* are viewed differently from having sex with other women. The perceived benefits of such sexual activities are that it cannot result in pregnancy and is considered unlikely to result in sexually transmitted infections as these are believed to be linked with sex with other women. In addition, Islamic prohibitions on extra-marital sex are not seen to apply.

Laki asli, male partners of *waria*, are often married and may also have sex with female sex workers as well as with less affluent self-identified gay men as the insertive partners and with no wet kissing. Though *laki asli* may project a masculine image, they may not always be the insertive partners in anal sex, particularly if they are younger, smaller and less affluent than their partners. A few *laki asli* attempt penis enlargement through silicone injections at *waria* run beauty salons.

Gay self-identified men tend to be middle-class and/or educated, and identify with the concepts of being gay found in developed countries. Many train hard at gymnasiums to develop muscled-toned bodies and may have silicone injections to their face, hips and buttocks. Some have sex with women due to peer pressure, as preparation for marriage and within marriage. Some gay men may cross-dress in private and mockingly assume feminine identities, though they may consciously keep their distance from the *waria* communities. These upper-class educated men who have sex with men are more likely to be involved in less common sexual practices, including bondage, sado-masochism and ‘watersports’⁷⁹.

Kucing, male sex workers, may have girlfriends, sometimes have female clients, and sometimes patronise younger female freelance sex workers. While some *kucing* work as masseurs in massage parlours or freelance others look for clients in venues popular with men who have sex with men, including discotheques, karaoke lounges, bars, malls, swimming pools, gyms, hotel saunas and parks.

Finding sexual partners also occurs through internet chat rooms, e-mail lists and personal homepages. The most common sexual practices are oral, anal and inter-femoral sex, as well as mutual masturbation, with devout Muslims likely to abstain from anal sex. Condom usage is high among well-educated gay men; however, stronger condoms for anal sex are not available and water-based lubricant is expensive making it less accessible. The use of recreational drugs including cannabis, methamphetamines, amphetamines and heroin is common during sexual encounters.

HIV in Indonesia

Indonesia has generally been considered a low HIV prevalence country, with an estimated prevalence of 0.1% (range 0.1–0.2%)⁸⁰. Recent reports, however, mention Indonesia as one of the countries with an explosive AIDS epidemic, particularly among certain populations⁸¹. An estimated 170 000 (range 100 000–290 000) people are living with HIV in 2006⁸².

High levels of risk behaviours, particularly unsafe injecting drug use and unprotected sex, are fuelling the AIDS epidemic⁸³. Findings reported in 2003 indicated that:

- over 90% of injecting drug users in three major cities use unclean injecting equipment;

⁷⁹ Sexual activities involving urine.

⁸⁰ UNAIDS (May 2006) *Report on the global AIDS epidemic*. Geneva, Switzerland.

⁸¹ Id.

⁸² Id.

⁸³ UNAIDS (December 2003). *AIDS epidemic update*. Geneva, Switzerland.

- at least 70% of the injecting drug users in one city have unprotected sex with sex workers;
- only a small percentage of sex workers in Jakarta always have protected sex; and
- fewer than 10% of the 7–10 million clients use condoms consistently.

HIV prevalence among specific populations include 47% of injecting drug users in Jakarta in 2002⁸⁴, 26% among sex workers at one site in 2002, 22% among prisoners in Jakarta in 2001, 20% among *waria* sex workers in Jakarta in 2002, and 5% among female sex workers in the provinces with a similar level for male sex workers. Official estimates suggest that there are some 8000 HIV-positive female sex workers and 32 000 HIV-positive clients.

As of 30 September 2003, there had been 1239 people diagnosed with AIDS, 2685 people living with HIV and 430 AIDS-related deaths. The largest number of people diagnosed with HIV is in Jakarta (1199), though the highest HIV prevalence rates per 100 000 population are in Papua (22.9), followed by the Jakarta area (4.1), Bali (1.6), and Riau (1.1). The main mode of transmission among those for whom the mode of transmission is known and reported is heterosexual sex (65.1%) followed by injecting drug use (27.4%), homosexual and bisexual sex (6.5%), mother-to-child transmission (0.8%), blood transfusions (0.1%), and haemophilia-related transmission (0.1%).

A survey of 296 *waria* conducted by HAPP, the Indonesian Public Health Association and the Division of STI Prevention of the Atlanta-based Centers for Disease Control and Prevention from August to December 1999 found most *waria* (93.2%) were involved in sex work, engaging in oral sex more often than they did in anal sex. Furthermore 41.9% had steady partners, 12.1% always using condoms with such partners; only 11.6% always used condoms with clients; 43.6% had syphilis; 15.9% had gonorrhoea and 6.2% had chlamydia. Of those with gonorrhoea 92% had rectal gonorrhoea. Of those with chlamydia 100% had rectal Chlamydia. Of those with syphilis 60.5% were asymptomatic for these infections. *Waria*, who were younger than 25 years of age, were more likely to be infected with gonorrhoea or chlamydia but less likely to have syphilis⁸⁵. A study conducted in 1998 found an HIV prevalence of about 6%.

A biological and behavioural survey among men who have sex with men by Aksi Stop AIDS from May to July 2002, found that the levels of knowledge about HIV and the use of condoms to reduce its transmission were high but the level of consistent condom use was low⁸⁶.

Most public awareness messages, information, education and communication materials, health facilities and programmes are targeted at heterosexuals. The widely held belief that sexually transmitted infections are women's diseases results in few men who have sex with men, apart from self/identified gay men, testing for sexually transmitted infections and HIV despite the fact that anonymous HIV testing is offered by some nongovernmental organizations and health care services. In addition programmes for men who have sex with men are usually not community-based but merely target men who have sex with men. One of the exceptions is a North Jakarta clinic for *waria* and their partners, run by the Indonesian Public Health Association and funded by HAPP.

⁸⁴ WHO (2005). Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections. (Accessed 23 April 2005). http://www.who.int/GlobalAtlas/PDFFactory/HIV/EFS_PDFs/EFS2004_ID.pdf

⁸⁵ Joesoef, MR, Gultom M et al. (2000). High Rates of Sexually Transmitted Diseases (STD) among Male Transvestites in Jakarta, Indonesia. Research Paper.

⁸⁶ Gultom, Mamoto (28 October 2002). *Report of Clinical Services Training for Community Health Centres and Private Clinics providing STI Services for Men who have Sex with Men (MSM) in Jakarta*. Jakarta: ASA Training Report.

Aksi Stop AIDS and Family Health International, Indonesia

FHI Indonesia first implemented HAPP in three provinces with the support of USAID/Indonesia and the Indonesian government. The Aksi Stop AIDS (ASA) programme, which covers 10 provincial sites under the auspices of the Ministry of Health, was funded by USAID until 2005⁸⁷. In addition to surveillance, advocacy, care and support, and mobilizing the private sector, Aksi Stop AIDS runs the Healthy Ports and Highways Project, which targets mobile populations and people they come in contact with; a project working with injecting drug users; and the Male Sexual Health Programme, which is based on the NF(I)T model.

Men who have Sex with Men Programme

Engaging the Authorities

The Indonesian Ministry of Health has recognized the seriousness of the transmission of HIV through male-male sex and the need to respond effectively. It is actively collaborating with FHI and USAID in conducting behavioural surveillance surveys and implementing programmes. Communities of men who have sex with men have been invited to participate in consultations on HIV- and AIDS-related issues. Furthermore, while programmes focused on men in the military who have sex with men have been proposed, convincing the army that such programmes are necessary remains difficult.

Behavioural Surveillance Surveys

The initial behavioural surveillance conducted by HAPP in Manado, North Jakarta and Surabaya measured the outcome of HAPP interventions and provided useful advocacy tools. One outcome of the partnership between the Ministry of Health and FHI/USAID is that the surveillance initiated by Aksi Stop AIDS has now been mainstreamed by the Ministry of Health and the Indonesian Bureau of Statistics.

Working with other Nongovernmental organizations and Health Care Services

The behavioural surveillance survey involved close working relationships with and support from other nongovernmental organizations, including GAYa NUSANTARA, based in Surabaya. Combining the quantitative and qualitative expertise of both organizations resulted in a comprehensive and accurate assessment of the situation regarding men who have sex with men in the three provinces.

Nongovernmental organizations supported by Aksi Stop AIDS in their work related to men who have sex with men are Yayasan Pelangi Kasih Nusantara and Yayasan Srikandi Sejati in Jakarta, Yayasan Priangan in Bandung, Yayasan GAYa NUSANTARA and Perwakos in Surabaya, Yayasan Kesehatan Bethesda in Jayapura Papua, and Ikatan Waria Malang in Malang East Java. These nongovernmental organizations have distributed safer sex packs prepared by Aksi Stop AIDS containing condoms, water-based lubricant and information materials to male sex workers and other men who have sex with men.

⁸⁷ Family Health International (FHI) Indonesia website (accessed 23 April 2005). http://www.fhi.org/en/HIVAIDS/Publications/Archive/countryspecific/Aski_Stop_AIDS_Project.htm

Yayasan Priangan conducts outreach through entertainment activities to some 9000 people in Bandung. As part of the provincial AIDS commission, it is invited to speak at schools and universities and in other settings, and has worked with gay businesses, particularly in the clothing and fashion industries, to promote sexual health. Perwakos in Surabaya has managed to increase its membership from 300 to 600 among the *waria* community and to establish a fund for HIV-positive *waria*, who, in turn, speak to their peers about HIV and encourage them to take risk-reduction measures.

In 2002, Aksi Stop AIDS organized a four-day training programme, supported by the Indonesian Ministry of Health and USAID, for 13 medical doctors and six nurses and laboratory technicians from community health centres and private clinics in Jakarta⁸⁸. Training programme topics included HIV and sexually transmitted infection prevalence and behavioural data about men who have sex with men; sensitization to issues of sex, gender, sexual orientation and homophobia; testimonies by representatives from various groups of men who have sex with men; and skills building for sexual health service providers.

Aksi Stop AIDS commissioned Yayasan Pelangi Kasih Nusantara (YPKN) to conduct an outreach programme for male sex workers and is providing funding and technical assistance during the running of the programme. The programme was a pilot project with a three-month probation period, after which an evaluation was to be conducted to determine whether to continue.

YPKN is a small nongovernmental organization with a few employees and a larger volunteer base, operating out of a donated office. As a community-based nongovernmental organization, all their employees and volunteers are men who have sex with men, with one deliberate exception. The accounts are managed by a female employee as the presence of a woman is useful to avoid police harassment. The employees and volunteers are educated and capable of projecting a professional image, which is useful as donors are wary of providing financial assistance to nongovernmental organizations due to their association with graft and corruption.

Initially, YPKN workers and volunteers visit massage parlours as clients to establish contact with the owners and masseurs. To convince the owners of the need for action, outreach workers appeal to their business interests and emphasize that promoting the masseurs' sexual health makes good business sense as the reputation and profits of the establishment are at risk if clients and/or employees become HIV-positive or are infected with other sexually transmitted infections. Once a relationship has been nurtured, workers attempt to identify and recruit potential peer counsellors from among the masseurs.

Training workshops are conducted for the peer counsellors at a location outside of Jakarta so that trainees are less likely to leave the training venue and drop out of the workshops. The newly-trained peer counsellors are provided with condoms, water-based lubricants, information materials for men who have sex with men and referral forms for sexual health services, and are encouraged to promote safer sex with other masseurs and clients.

One challenge is sustaining the interest and involvement of people working in the field. Fatigue and burnout are almost inevitable, particularly if people do the same work year in year out. This can be overcome by assessing and modifying programmes when necessary, and by determining challenges as they arise and initiating new programmes.

⁸⁸ Gultom, Mamoto (28 October 2002). *Report of Clinical Services Training for Community Health Centres and Private Clinics providing STI Services for Men who have Sex with Men (MSM) in Jakarta*. Jakarta: ASA Training Report.

Lessons Learnt

Lessons learnt include:

- successful engagement and collaboration with the Government, proves that government authorities can work in partnership with nongovernmental organizations in implementing programmes;
- undertaking behavioural surveillance surveys and studying priority populations before planning programmes ensures programmes are better focused;
- more established nongovernmental organizations, particularly better resourced international organizations, can support, encourage and empower smaller organizations rather than duplicate efforts;
- organizing training for health care facilities facilitates the provision of clinical services friendly to men who have sex with men;
- the development of working relationships with other nongovernmental organizations creates synergies so that total resources and the pool of expertise is increased;
- speakers living with HIV convey messages to target populations more convincingly than people who are not living with HIV;
- support for members of the community living with HIV draws the community together;
- instigating small pilot projects is a practical strategy when a project's viability is in question; developing and changing programmes as needed helps avoid staff fatigue;
- having female employees within an organization for men who have sex with men diverts unwelcome attention from the authorities;
- being professional and projecting a professional image inspires the confidence of funding agencies;
- establishing friendly relationships with key populations prior to implementing programmes reduces the likelihood of resistance to the programmes;
- using the language of business, and pointing out business benefits, is helpful in convincing the owners of sex work establishments catering to men who have sex with men of the need to promote the sexual health of their employees and clients;
- recruiting peer educators from a target population ensures that the target population is more likely to trust them;
- training should be undertaken in isolated locations to prevent absenteeism; and
- ensuring easy access to condoms, lubricant and information materials specifically for men who have sex with men reduces the barriers to adopting safer sex practices.

The Library Foundation, Manila, the Philippines

The Philippines and Manila

The Philippines consists of 7107 islands⁸⁹. Luzon is the largest, followed by Mindanao, which is surrounded by 400 smaller islands; while the Visayan region consists of some 6000 islands. The population of some 89 million people⁹⁰ is Christian Malay 91.5%, Muslim Malay 4%, Chinese 1.5% and other 3%⁹¹. Metro Manila, the National Capital Region, has a population of 10.94 million people⁹². Philippine is the official language, though English is used as a de facto national language; there are 78 other major language groups and about 500 dialects. In terms of faith adherence 83% of the population are Catholics, 9% Protestants, 5% Muslims and the remaining 3% are Buddhist or hold other religious beliefs⁹³.

Men who have Sex with Men in the Philippines

Consenting same sex sexual relations for people over the age of 18 are legal. However, the superficial tolerance of homosexuality conceals significant stigmatization and discrimination in the forms of harassment, violence and extortion⁹⁴. The Catholic Church strongly opposes civil rights movements for sexual minorities and adopts the traditional stance of ‘loving the sinner, hating the sin’. As a result, many Philippine men who have sex with men struggle with their sexual identity and prefer to stay hidden, sometimes marrying though continuing to have anonymous sex with other men.

There are four main identities of men who have sex with men.

- *Parlorista bakla*, effeminate men who may cross dress and use makeup, and who are usually employed in beauty parlours, as entertainers or as female impersonators, particularly in Japan. These *bakla* usually identify as gay, are the most visible, and prefer to have sex with men who identify as heterosexual rather than with other *bakla*.
- Straight-acting *bakla* or gay men, identify as gay, live in urban areas and are not effeminate. Some gay men prefer to have sex with other gay men, others with men who self-define as heterosexual. A minority of this group call themselves bisexual, even if all their sexual partners are male, as being bisexual is considered to be straight-acting.
- *Lalake* identify as heterosexual or occasionally as bisexual and have sex with men for pleasure, often because finding female sexual partners is difficult.

⁸⁹ Republic of Philippines Government website (accessed 23 April 2005). <http://www.gov.ph/aboutphil/general.asp>

⁹⁰ CIA – The World Factbook website (Accessed 25 August 2006). <https://www.cia.gov/cia/publications/factbook/geos/rp.html> – People

⁹¹ CIA – The World Factbook website (accessed 6 April 2005). <http://www.cia.gov/cia/publications/factbook/geos/rp.html>

⁹² National Statistics Office, Republic of the Philippines website (accessed 6 April 2005). <http://www.census.gov.ph/data/sectordata/datapopproj.html>

⁹³ CIA – The World Factbook website (accessed 6 April 2005). <http://www.cia.gov/cia/publications/factbook/geos/rp.html>

⁹⁴ Tan, Michael L., Kathleen Y Cheng, and Jonathan Lamug (2000). *A Matter of Time: HIV/AIDS and Development in the Philippines*. Philippines: Health Action Information Network (HAIN).
Tan, Michael L. and Philip Castro (2000). *In the Shadows: Men who have Sex with Men*. Philippines: Health Action Information Network (HAIN).

- Call or service boys have sex with men for money and generally work on a part-time basis. They identify as heterosexual and may be married. Some work freelance on the streets while others work in sex work establishments, including bars and massage parlours.

Very few programmes address male sex workers. Exceptions are the Health Action Information Network (HAIN), which works with street-based male sex workers on HIV and related issues; and the University of the Philippines, which works with establishment-based male sex workers. However, peer education programmes were not undertaken with male sex workers due to their usually short stays in any particular establishment or venue. Instead, it has been found to be more productive to work with owners and managers, to repeat lectures at the same venue to cater to new sex workers and to refresh the memories of the others, and to include discussions of issues, including family planning, drug use, sexual identity and masculinity as many of the sex workers are married and identify as heterosexual.

Apart from the four principal categories of men who have sex with men, there are other groups of men who have sex with men based on age, profession, class, ethnicity and venues chosen for sexual encounters. The groups are often associated with different values, practices, and even language or dialect.

The social environment in which men who have sex with men live results in many men remaining hidden, making HIV-related outreach work more difficult. While many men who have sex with men may have some level of knowledge of HIV, this may not translate into safer sex practices because of misconceptions, the lack of a supportive environment, and denial. Men who have sex with men who are on a low income and have low levels of education may not have access to sexual health information and may depend on information from peers and the media. Their vulnerability may be exacerbated by a lack of self-esteem and social support to encourage safer sex. Some men who have sex with men may also act as a bridge for HIV transmission to their wives and female sex partners, to injecting drug using partners and to their children through mother-to-child transmission.

HIV has resulted in the establishment and expansion both of gay organizations and of programmes for men who have sex with men within other organizations⁹⁵. Efforts are being made to eradicate discrimination based on sexual orientation and gender identity through the Anti-Discrimination Bill submitted to Congress in 2001. Task Force Pride Philippines (TFPP) organizes events and activities to raise awareness of lesbian, gay, bisexual and transgendered people's issues and to promote the visibility and recognition every June. Some men who have sex with men and gay organizations, for example, in Zamboanga City, have enjoyed some success in gaining recognition from the authorities responsible for HIV.

HIV in the Philippines

The first person diagnosed HIV-positive was in 1984. The Philippines is considered to have a 'low and slow' epidemic with prevalence of less than 0.1%⁹⁶ and an estimated 12 000 (range 7300–20 000) people living with HIV. The low prevalence is due to a number of factors, including relative geographical isolation; small numbers of tourists; sex workers and men in general having fewer sex partners; men less likely to visit sex workers; men less likely to have

⁹⁵ Task Force Pride Philippines (2000). *Pride March 2000* programme booklet. Manila: TLF. Task Force Pride Philippines (2001). *Pride March 2001* programme booklet. Manila: TLF.

⁹⁶ UNAIDS (May 2006). *Report on the global AIDS epidemic*. Geneva, Switzerland.

anal sex; low prevalence of ulcerative sexually transmitted infections; high levels of circumcision among men; sexual conservatism; low levels of injecting drug use; high literacy rates; effective multisectoral responses to the epidemic; and respect for human rights⁹⁷.

As of January 2004, the National Epidemiology Center of the Department of Health recorded 1979 people living with HIV of whom 1343 (68%) were asymptomatic and 636 (32%) were people living with AIDS. Of the total AIDS cases, 257 (40%) had died due to AIDS-related causes and of the total people diagnosed with HIV infection or AIDS, 1145 were men (62%). The predominant mode of transmission was heterosexual contact (1251), followed by homosexual (356) and bisexual contact (101). Mother-to-child transmission accounted for 29, blood and blood products (13) and injecting drug use (6)⁹⁸.

Sentinel surveillance in Cebu and Quezon City revealed that HIV prevalence among men who have sex with men ranged from 1% to 3%⁹⁹. Syphilis prevalence among men who have sex with men increased from 3% in 1999 to 5% in 2001, while the rate of signs and symptoms of sexually transmitted infections decreased from 19% in 2000 to 11% in 2001. The median number of sex partners per month was three and men who have sex with men as a group were least likely to seek health care, and had the widest gap between safer sex knowledge and practice.

There is concern that the AIDS epidemic will continue to expand due to:

- increasing population mobility within and outside of the Philippines;
- restrictions in providing HIV information in a conservative environment;
- rising levels of sex work, casual sex, unsafe sex and injecting drug use;
- high prevalence of sexually transmitted infections among people with risk behaviours;
- poor health-seeking behaviours among some people with risk behaviours;
- gender inequity;
- weak integration of HIV in local government units;
- shortcomings in prevention campaigns;
- inadequate social and behavioural research and monitoring; and
- the relative invisibility of people living with HIV.

HIV-positive men who have sex with men face double discrimination on account of sexual orientation and HIV status. While a few HIV-positive people have publicly revealed their HIV status people living with HIV still face various forms of discrimination and there have been instances when people have exploited HIV-related issues and people living with HIV for financial and political gain, without providing support. There are two major peer support groups, Positive Action Foundation Philippines (Inc.) (PAFPI) and Pinoy Plus Association.

⁹⁷ Tan, Michael L., Kathleen Y Cheng, and Jonathan Lamug (2000). *A Matter of Time: HIV/AIDS and Development in the Philippines*. Philippines: Health Action Information Network (HAIN). Tan, Michael L. and Philip Castro (2000). *In the Shadows: Men who have Sex with Men*. Philippines: Health Action Information Network (HAIN).

World Health Organization and Department of Health, Philippines (2002). *Consensus Report on STI, HIV and AIDS Epidemiology*. Philippines: WHO and Dept. of Health, Philippines.

⁹⁸ UNDP (2005). YOUANDAIDS website. (accessed 6 April 2005).

<http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/index.asp#scenario>

⁹⁹ World Health Organization and Department of Health, Philippines (2002). *Consensus Report on STI, HIV and AIDS Epidemiology*. Philippines: WHO and Dept. of Health, Philippines.

The Library Foundation

In 1989, The Library Foundation (TLF) had its genesis as an informal group of six young professionals who frequented The Library, a bar in Manila, and organized social activities for patrons. In 1990, an organization was formed providing outreach to disadvantaged communities and, in May 1991, after an assessment of the HIV situation, formally established itself as an AIDS nongovernmental organization to promote gay men's human rights and to address sexual health issues, particularly HIV and sexually transmitted infections. The Library Foundation is a member of the Philippine National AIDS Council (PNAC) and uses this position to advocate for effective national policies on HIV prevention and care and related gay issues.

Men who have Sex with Men Programme

Healthy Interaction and Values Workshops

The Library Foundation has conducted 58 Healthy Interaction and Values workshops since 1991. The workshops are participatory, making use of games, quizzes, journals, and other interactive methods to engage participants in the discussions. Among the issues covered by the workshop are confidentiality; personal identity, other people's perceptions and community identity; sexually transmitted infections; HIV transmission prevention and safer sex practices; strategies for risk situations; vulnerable populations; living with HIV; voluntary and confidential HIV testing; 'coming out'; relationships, family, spirituality and the general community; and communicating.

A survey is undertaken at the beginning of each workshop with questions on sexual behaviours, HIV knowledge, risk assessment, condom use, HIV testing and attitudes towards sex. The findings are presented to the participants during the course of the workshop and discussed. A post-workshop survey is also undertaken and this together with the earlier survey, provide data on behaviour and attitudes.

Participants are also asked to develop plans for future activities so as to maintain contact with each other. A sense of solidarity is fostered among each group of participants to encourage the formation of social circles. The Library Foundation has set up an e-mail group to allow participants from all the workshops to interact and share opinions and news. Some participants recommend the workshops to their friends and acquaintances and may become Foundation volunteers, peer educators or staff members.

Community Space

The Library Foundation office is large enough to be used as a venue for activities and events organized by the workshop participants and the lesbian, gay, bisexual and transgendered community. As a community centre, it offers a range of activities and services, including small group discussions, film and video screenings, poetry readings, fund raising bazaars, a community library and resource centre, counselling services as well as the workshops.

Peer Educators Training

Workshops are organized for younger men who have sex with men at schools, living in particular neighbourhoods or working with an added component of training participants

to distribute information and assist their peers to develop skills. The workshops cover issues related to sexually transmitted infections, HIV, and the lifestyles of men who have sex with men, as well as skills building for peer education and organizing community activities. The Library Foundation maintains contact with the participants to gather information on their activities and provides logistical support and technical advice when needed.

Research

The Library Foundation investigates the sexual practices and networking of men who have sex with men, assesses the need for programmes and explores possible programming options, particularly in locations or venues where sex between men takes place. One research project investigated the sexual activities of men who have sex with men in two resort areas near Metro Manila and the findings and recommendations were presented to stakeholders, including local health care agencies. The Library Foundation was also involved in a collaborative project with the Japan Association for the Lesbian and Gay Movement (OCCUR) aimed at comparing programmes related to men who have sex with men in the two countries.

The Library Foundation developed a research agenda for men who have sex with men and AIDS, supported by USAID through The Futures Group. The results were the basis for developing research initiatives and for advocacy efforts with stakeholders including government, nongovernmental organizations and international agencies to influence their research agendas.

Advocacy

Advocacy focuses on networking with other lesbian, gay, bisexual and transgendered related organizations, lobbying, organizing campaigns and pickets, mobilizing the media, and raising public awareness of social biases and discrimination against members of the community, and the need to develop appropriate sexual health programmes for men who have sex with men.

The Library Foundation is a part of the Task Force Pride Philippines (TFPP), organizing the annual Pride March in June and related activities. The Library Foundation also works with the Lesbian and Gay Legislative Advocacy Network (LAGABLAB), in a joint effort with Amnesty International-Pilipinas in the ‘Stop Discrimination Now!’ campaign, launched in 2000, which aims to raise awareness of the situation faced by lesbian, gay, bisexual and transgendered people and mobilize popular support for the adoption of policies and legislation to protect their human rights. The network has assisted in documenting violations of human rights, drafting an Anti-Discrimination Bill and lobbying for its enactment.

Networking for a common cause

The Library Foundation offers its own expertise and resources to other organizations as well as draws on those of other organizations as needed. For example, some enquiries about HIV- and AIDS-related services and information are directed to Reachout Foundation International and Remedios AIDS Foundation. As a member of the Philippines National AIDS Council, The Library Foundation has had opportunities to work with national and international organizations in developing responses to HIV. Within the region, The Library Foundation plays a key role in run AP-Rainbow, an Asia-Pacific e-mail network of lesbian, gay, bisexual and transgendered people.

Lessons Learnt

Lessons learnt include:

- a safe space for activities supported by resources and services facilitates community building;
- interactive workshops are effective for engaging participants in exploring a wide range of issues related to sexual health and identity;
- conducting surveys at the beginning and end of workshops provides participants and organizers with useful information about knowledge, behaviours and attitudes of men who have sex with men;
- the workshops and follow-up measures can be used to develop and sustain a supportive environment for participants within and outside of the organization;
- outreach to young people can be expanded by organizing training for peer educators and providing them with the necessary follow-up and support;
- research projects are useful to determine the need for programmes, and to provide data for planning and advocacy purposes;
- working and sharing resources with other lesbian, gay, bisexual and transgendered sexual health and advocacy organizations and networks ensures the development of more effective responses; and
- acquiring the respect of government bodies and working with them ensures that lesbian, gay, bisexual and transgendered person issues receive attention and sexual health programmes are targeted.

AIDS Concern, Hong Kong Special Administrative Region (Hong Kong SAR), China

Hong Kong SAR

Hong Kong SAR consists of Hong Kong Island, the Kowloon Peninsula and the New Territories, including 235 islands. Hong Kong SAR became a Special Administrative Region of the People's Republic of China on 1 July 1997 after 150 years of British control. Hong Kong SAR continues to follow its pre-1997 social, economic and legal systems under the Basic Law and has a population of 6.855 million people, consisting of Chinese 95% and Philippines, Indonesians and British. Mandarin, *putonghua*, and English are the official languages, the latter is used in the government, legal, professional and business sectors. There is an eclectic mix of local religions (90%) and Christians (10%)¹⁰⁰.

Men who have Sex with Men in Hong Kong SAR

In 1991, the Government decriminalized consensual sex in private between men over the age of 21, specifying that bathhouses and public toilets do not fall within this category¹⁰¹. This resulted in the establishment of many gay organizations and venues, including bars and saunas, though saunas are often registered as private health clubs or fitness centres. Saunas are popular venues for male-male sex as most men who have sex with men live with their families.

In Hong Kong SAR, as in mainland China and Taiwan, *tongzhi*, comrade, is often used to refer to members of the gay, lesbian, bisexual and transgendered community. While there is a vibrant *tongzhi* community, mainstream society remains conservative, and as a result many men who have sex with men remain hidden. Even condoms have sometimes been a taboo topic.

HIV in Hong Kong SAR

The first person was diagnosed HIV-positive in 1984 with the first person living with AIDS being diagnosed in 1985. Hong Kong SAR has low HIV prevalence of less than 0.1% with some 3000 people living with HIV¹⁰². HIV infection by mode of transmission is indicated in the following table.

¹⁰⁰ CIA – The World Factbook website (accessed 23 April 2005).
<http://www.cia.gov/cia/publications/factbook/geos/hk.html>

¹⁰¹ Smith, Graham, Chi Chung Lau, and Paul Louey (2002). *A Study of the Sexual Behaviour and Attitudes of the Men who use Hong Kong's Gay Saunas*. Hong Kong SAR: AIDS Concern.

¹⁰² Hong Kong Government Factsheet (February 2006) <http://www.info.gov.hk/aids/pdf/g154.pdf> (accessed 16 August 2006).

HIV and AIDS statistics by transmission mode¹⁰³

Transmission Mode	1984 to March 2006	
	HIV	AIDS
Heterosexual	1512	533
Homosexual	596	137
Bisexual	121	33
Injecting Drug Use	124	17
Blood/Blood products	68	20
Mother-to-child transmission	15	6
Undetermined	378	42
Total	2512	718

For a clearer picture of male-male sexual transmission, it is useful to combine the figures for bisexual and homosexual transmission. These figures are likely to be higher as some men who have sex with men are unlikely to reveal their sexual risk behaviours to health care personnel because of the stigma associated with being *tongzhi*¹⁰⁴.

Initially HIV transmission was primarily among men who have sex with men; however, heterosexual transmission later became the dominant mode to such an extent that little attention was paid to the behaviours of men who have sex with men¹⁰⁵. In 1998, external consultants emphasised the need to include men who have sex with men in epidemiological and behavioural surveillance and as a target programme group. There is now acknowledgement that HIV prevalence and incidence among men who have sex with men are higher than for heterosexuals.

While initially equal numbers of Chinese and Caucasian men who have sex with men were being diagnosed HIV-positive; in recent years, the rate of HIV infection among Chinese men who have sex with men is increasing in comparison to Caucasians¹⁰⁶.

AIDS Concern

Established in 1990, AIDS Concern was the first nongovernmental organization to respond to HIV in Hong Kong SAR, beginning with a telephone helpline. It has since expanded its outreach services to include talks and workshops in schools, health care institutions and for social workers, as well as programmes targeted at cross-border travellers, sex workers and their clients, young people and men who have sex with men¹⁰⁷. AIDS Concern also provides technical assistance to other organizations; organizes events and activities such as condom promotion campaigns¹⁰⁸ and is involved in government committees on related issues. For example, AIDS

¹⁰³ Virtual AIDS Office of Hong Kong website, maintained by the AIDS Unit, Special Preventive Programme, Department of Health, Hong Kong SAR (accessed 16 August 2006). <http://www.info.gov.hk/aids/english/surveillance/quarter.htm>

¹⁰⁴ AIDS Prevention and Care Committee, Hong Kong Advisory Council on AIDS (September 2001). *HIV Prevention and Care in Men who have Sex with Men (MSM): Principles of Strategy*. Hong Kong SAR: APCC & HKACA.

¹⁰⁵ Smith G, Lau C and Louey P (2002). *A Study of the Sexual Behaviour and Attitudes of the Men who use Hong Kong's Gay Saunas*. Hong Kong SAR: AIDS Concern.

¹⁰⁶ Id.

¹⁰⁷ AIDS Concern (2003). *AIDS Concern Annual Report, 2002 – 2003*. Hong Kong SAR: AIDS Concern.

¹⁰⁸ Id.

Concern managed the Secretariat for the Community Planning Process¹⁰⁹, which was run by the Hong Kong Coalition of AIDS Service Organizations (HKCASO) and supported by the Government's Advisory Council on AIDS (ACA).

In terms of support for people living with HIV, AIDS Concern provides assistance, when needed, to the Positive Living Group though only minimal technical support is required¹¹⁰. Related programmes are a soup delivery service and the ride concern programme, which involves organizing transport for people living with HIV for medical appointments, though this was suspended due to a lack of funding. Other ad hoc activities and events for people living with HIV are also organized.

Men who have Sex with Men Programme

Currently consisting of two full-time and seven part-time staff, as well as a team of volunteers, the outreach programme for men who have sex with men began by organizing ad hoc awareness events. In 1994 the programme was formally launched, with the development and distribution of pamphlets specifically directed at men who have sex with men promoting safer sex and condoms in gay bars.

Sauna Outreach

In 1996, a programme was developed targeting customers of the existing 13 saunas¹¹¹. Materials developed included three leaflets, twelve cards, a comic book about safer sex as well as a booklet providing information about sexually transmitted infections. When approached, the managers of four saunas were reluctant to distribute materials, citing the presence of a mixed clientele. Saunas that accepted the materials had varying responses, ranging from appreciation of the need to disseminate information and the erotic photographs used, to discomfort with the explicitness of the photographs. Most of the saunas expressed misgivings about condom distribution as condoms could be considered incriminating evidence in the event of police raids or checks and there was uncertainty as to whether saunas came under the categories of bathhouses or public spaces, where even consensual sex among men is illegal.

Outreach workers continued to regularly visit the saunas to foster relationships with the owners and staff, and to assess the situation. They realized that most customers were hesitant to talk to them as they were not regular customers of the saunas. As a result, it was decided that condom and lubricant distribution was a better strategy for addressing sexual health needs.

Distribution began in 1997 but most of the saunas only handed out condoms on request, which was infrequent. A breakthrough occurred in February 1998, when the largest sauna asked for supplies of condoms and lubricant, placing them in plastic pouches in lockers. AIDS Concern staff spread news of this development, encouraging other saunas to adopt similar practices, suggesting that saunas which provided condoms had a competitive market edge. The following month, another sauna began distribution, and a third sauna soon joined. Gradually, condom availability became the trend, and AIDS Concern had to cope with a dramatic increase in requests for condoms.

¹⁰⁹ AIDS Concern (2001). *AIDS Concern Annual Report, 2000 – 2001*. Hong Kong SAR: AIDS Concern.

¹¹⁰ AIDS Concern (2003). *AIDS Concern Annual Report, 2002 – 2003*. Hong Kong SAR: AIDS Concern.

¹¹¹ Smith, G (1998). *HIV Intervention among Chinese MSM in Hong Kong's Gay Saunas*. Hong Kong SAR: AIDS Concern.

The methods used for making condoms available included displaying them in bowls in the reception area; giving them upon request; placing them in lockers, and in strategic locations, including in open areas, and in changing or private rooms. The condoms were sometimes offered as part of safer sex kits, which also contained lubricant, information cards and tissues.

Initially, a large supply of condoms was donated by a distributor. Subsequently, condoms were bought from condom companies with funding from the Hong Kong AIDS Trust Fund. Between 2002 and 2003, 172 visits were made to 23 saunas distributing 106 432 condoms and 95 260 lubricant sachets¹¹². Through negotiations sauna owners have undertaken to purchase and provide lubricant instead of relying on AIDS Concern¹¹³.

Good relations between outreach workers and the sauna owners continue and there have been increased opportunities for contact with clients as a result of testing services and more frequent visits. As a result, clients are less apprehensive about outreach workers.

Testing

Few people in Hong Kong SAR, men who have sex with men included, undergo HIV testing¹¹⁴. Various reasons can be offered for this, including low official prevalence estimates, resulting in complacency, and the available testing options do not appeal to people.

In response, and drawing inspiration from a similar project in Taiwan, AIDS Concern decided to explore the possibility of offering free confidential and anonymous HIV testing in gay saunas. Not being sure of the response, it was agreed to establish a pilot project and evaluate it before making a long-term commitment. Various advantages were identified in having staff who themselves are men who have sex with men conducting the tests in a venue used by men who have sex with men. Theoretically, such an arrangement would motivate more men who have sex with men to undergo testing as there would be no need to hide sexual orientation and practices, and there would be less likelihood of encountering judgmental attitudes.

Honest disclosure about risk behaviour would allow for accurate risk assessment and, in the case of positive results, more accurate epidemiological data could be collected. To further encourage testing, oral fluids test kits were used so that testing would be non-invasive, allaying the fears of people adverse to needles.

In preparation, various steps were taken. Feedback from both the sauna owners and customers was sought. Some of the sauna owners expressed interest in offering the service while others were not keen. A questionnaire survey of customers indicated that 81% supported the idea and 71% stated that they would use such a service. A few customers considered saunas to be inappropriate places for conducting HIV testing as they were primarily for having sex and making friends. There were also concerns that people being seen going for a HIV test would be labelled 'high risk' and subsequently be avoided by other customers. In response, AIDS Concern undertook testing only in saunas that were able to provide a private room for testing and counselling. In addition, taking a HIV test was promoted as an expression of responsible behaviour by people who looked after their health.

Logistics and pre- and post-test counselling were discussed with the Department of Health's AIDS Unit, Queen Elizabeth Hospital's Special Medical Service, the Hong Kong AIDS

¹¹² AIDS Concern (2003). *AIDS Concern Annual Report, 2002 – 2003*. Hong Kong SAR: AIDS Concern.

¹¹³ *Id.*

¹¹⁴ Smith G, Lau C, and Louey P (2002). *A Study of the Sexual Behaviour and Attitudes of the Men who use Hong Kong's Gay Saunas*. Hong Kong SAR: AIDS Concern.

Lau C (2001). *Outreach Testing Service Targeting MSM in Hong Kong Saunas*. Hong Kong SAR: AIDS Concern.

Foundation and St. John's Counselling Service. Protocols for the testing procedure and pre- and post-test counselling were designed. Arrangements were made with the AIDS Unit and the Special Medical Service for medical follow-up for people with HIV-positive results. This also ensured that double reporting of an individual's diagnosis from two different testing facilities would be avoided. The police were informed of the project so that AIDS Concern staff would not be arrested if police raids took place. A man who has sex with men with social work training was recruited to conduct the testing with assistance and emotional support provided by an experienced counsellor.

The testing service took place in two gay saunas from August to October 2000. Oral fluid samples were sent to a laboratory and clients were given appointments to collect their results at another location ten days later. A total of 13 testing sessions were conducted with 38 people being tested, and 33 of them collecting their results and receiving post-test counselling. The average time spent on pre-test counselling and testing each client was 40 minutes. Of those who tested 96% recommended continuing the service, while 72% indicated that they had never been tested before and would not have been tested if the special service had not been offered.

The pilot project drew interest from owners of other saunas, who became enthusiastic about offering the service. A proposal to continue the service has been funded by the AIDS Trust Fund for three years. The testing facilities resumed operation in May 2001 and included the participation of other saunas.

In October 2002, with laboratory support from the Department of Health, urine collection replaced oral fluid samples, enhancing the accuracy of the test results¹¹⁵. The Department of Health also offered its expertise in behavioural surveillance to the sauna teams, which now gather and analyse data on risk behaviours and condom use.

Sauna Research

In 2001, a research project was undertaken to determine the prevalence of high risk behaviours among sauna clients, levels of access to free condoms and lubricant, and the nature of information materials that would be best suited to sauna clients¹¹⁶. Data was collected through five preliminary unstructured interviews, 31 semi-structured qualitative interviews and a survey conducted at 15 saunas, resulting in 617 responses.

Condom use seemed to be higher among sauna customers than among the general population of men who have sex with men, though sauna customers had more sexual partners and anal sex more frequently. Another finding was that though condoms were available in the saunas, they were not always accessible, particularly in areas where sexual encounters normally take place. This relates to one of the most common reasons given for not using condoms—the fact that no condom was available.

Outreach at Public Cruising Venues

As public toilets are popular meeting venues for men who have sex with men looking for company, conversation or sex, an outreach project was launched in 1999¹¹⁷. Instead of relying just on distributing information materials, an interactive approach was used. This approach fits in with the social interactions, which are part of the normal cruising patterns.

¹¹⁵ AIDS Concern (2003). *AIDS Concern Annual Report, 2002 – 2003*. Hong Kong SAR: AIDS Concern.

¹¹⁶ Smith G, Lau C and Louey P (2002). *A Study of the Sexual Behaviour and Attitudes of the Men who use Hong Kong's Gay Saunas*. Hong Kong SAR: AIDS Concern.

¹¹⁷ Lau C (2001). *Outreach Prevention Programme Targeting MSM in Hong Kong Public Toilets*. Hong Kong SAR: AIDS Concern.

The first step was to recruit outreach workers from the community of men who have sex with men and train them in outreach skills and HIV prevention. Weekly outreach visits were made in the evenings, the time when the greatest number of people visit the toilets. To deal with the possible presence of gangs and media, outreach workers worked in pairs and also informed the police of their activities to avoid arrest.

At first, the outreach workers identified themselves as AIDS Concern staff before trying to discuss sexual health. This approach made interactions less natural and the men addressed were less receptive, though the credibility of the outreach workers as sources of reliable information was more easily established.

The outreach workers then tried an 'insider' approach, making casual contact with the toilet users and reaching some level of familiarity before broaching topics related to sexual health. No mention is made of their identities as AIDS Concern staff and the outreach workers avoid having sex with the toilet users. While this latter approach puts the outreach worker and the toilet user on an equal footing, it has the disadvantages of being more time-consuming and labour-intensive as repeated contact is needed to establish trust and elicit disclosure. Gradually, as the outreach workers became part of the scene, they made new contacts and built relationships with regular clients. Both approaches are currently in use, depending on the individual approached.

When establishing rapport with a man the outreach workers begins by making small talk about topics such as coming out and relationships. If the individual shows reluctance to talk, the outreach worker moves away and approaches other men who have sex with men. Those who respond positively usually are receptive to discussing more taboo topics such as sexual health and HIV. The conversation remains fairly unstructured throughout. The outreach worker tries to obtain information about an individual's situations and factors contributing to vulnerability so that a needs assessment can be made. When appropriate, information is provided about HIV, safer sex, the need for condom and lubricant use during anal sex, and the advantages of having a Hepatitis B vaccination and regular check-ups for sexually transmitted infections. Safer sex kits are also distributed.

Each session is documented and the data collected contributes to the development of a situation assessment in general. Low risk sexual practices, including oral sex and mutual masturbation are more common than anal sex. Men who have sex with men frequenting toilets are generally isolated from the gay community, and few have been tested for HIV or sexually transmitted infections because of their perceived low risk or ignorance of HIV testing services.

In the period 2002-2003, this project was extended to several public toilets located outside the city centre and to the distribution of condoms at popular gay rave parties¹¹⁸. Efforts to target a broader spectrum of men who have sex with men, especially younger men, have met with significant success. During this period, the outreach workers made 121 outreach visits to 15 outreach sites, spending 226 hours on 571 interactions, each interaction lasting on average 35 minutes. In addition, 57% of the contacts were with men aged between 15 and 30, 22% more than was originally targeted.

Internet Outreach

As the local community of men who have sex with men develops and matures, cruising patterns also change. Over the past few years, the internet has emerged as a major platform for finding sex partners. In Hong Kong SAR, a study revealed that more than one

¹¹⁸ AIDS Concern (2003). *AIDS Concern Annual Report, 2002 – 2003*. Hong Kong SAR: AIDS Concern.

out of six men who have sex with men (17.7%) found their sexual partners via the internet¹¹⁹. Furthermore, 38.1% of the men interviewed, who engaged in anal sex, reported having met partners over the internet.

AIDS Concern commenced its internet outreach in July 2003, initially using the Bulletin Board System (BBS) forums for HIV education by answering questions related to HIV and other sexually transmitted infections. From October 2003, in collaboration with the Centre for Clinical Trials and Epidemiological Research at the Chinese University of Hong Kong, AIDS Concern undertook a men-who-have-sex-with-men internet research project, using a randomized controlled study to provide HIV and sexually transmitted infection information and to evaluate the effectiveness of internet-based interventions in reducing HIV risk behaviours. Participants, who were assigned to the intervention group, received one-to-one HIV counselling via the internet ICQ, chat rooms, email and instant messenger, and/or by phone, and were referred to AIDS Concern's voluntary counselling and testing service. The project was staffed by two programmers, three part-time online counsellors and a project manager.

Involvement in Committees

Apart from contributing to HKCASO's Community Planning Process in 2000-2001, AIDS Concern has been involved in consultations with the Taskforce on men who have sex with men established by the AIDS Prevention and Care Committee of the Government's Advisory Council on AIDS and has contributed to the development of recommendations on HIV prevention strategies¹²⁰.

Men who have Sex with Men Events

The outreach programme continues to organize and support events for men who have sex with men and the larger *tongzhi* community, for example, in December 2003, AIDS Concern provided support for the annual Gay and Lesbian Film Festival.

Information, Education and Communication Materials and Safer Sex Kits

Developing information, education and communication materials and safer sex kits for the community of men who have sex with men is an ongoing activity. Materials include coasters, stickers, cards, booklets and pamphlets, which are sometimes handed out as part of safer sex packs, which include condoms, lubricant and tissues. AIDS Concern has also produced safer sex kits, which cannot be easily identified as such. For example, they contain tissue packets, which contain safer sex materials, and a key chain with a small plastic pouch containing a condom, lubricant and small information cards. Furthermore, AIDS Concern produced a set of eight cards targeted at sauna customers, covering anal and oral sex, providing tips for first-timers, safer sex, sex in the dark, negotiating safer sex and sauna etiquette¹²¹. The cards feature the most attractive and provocative photographs used to date and the response has been positive.

Information materials are usually printed in both English and Chinese, using less formal and technical language. If images are used, they tend to be aesthetically pleasing, appealing to gay

¹¹⁹ Lau JT, Kim JH, Lau C and Tsui H.Y (2002). *HIV-related behaviors and attitudes among men who have sex with men in Hong Kong: a population-based study*. Hong Kong.

¹²⁰ AIDS Concern (2001). *AIDS Concern Annual Report, 2000 – 2001*. Hong Kong SAR: AIDS Concern.

¹²¹ Smith G, Lau C and Louey P (2002). *A Study of the Sexual Behaviour and Attitudes of the Men who use Hong Kong's Gay Saunas*. Hong Kong SAR: AIDS Concern.

sensibilities, and somewhat erotic. Cartoon images are also used for comic effect. Sometimes, materials from other countries are adapted to avoid duplication with due acknowledgement of the source. For example, a booklet produced by the Victorian AIDS Council, Australia about sexually transmitted infections was adapted for use with its permission.

Lessons Learnt

Lessons learnt include:

- pre-project needs assessment, planning, implementation, monitoring and documentation, evaluation and modification are essential when running programmes;
- small scale pilot projects to assess their viability avoids being paralysed into inaction by fear of failure;
- behavioural research through outreach programmes facilitates the planning of appropriate and specific interventions;
- using the resources and expertise of other agencies, particularly health care authorities, enhances programmes and services;
- identifying changing patterns of the interactions of men who have sex with men creates opportunities for interventions;
- nurturing and sustaining relationships with stakeholders and target groups ensure that outreach interventions can be implemented optimally;
- offering HIV testing services in venues popular with men who have sex with men can be marketed as ‘testing equals responsible behaviour’;
- ensuring a private and discreet space within a venue, and offering non-invasive testing procedures, addresses many concerns about HIV testing in venues used by men who have sex with men;
- liaison with the police protects outreach staff, who work in settings subject to police raids, from arrest;
- comprehensive venue-specific information materials based on research and needs assessment, incorporating visual images, are more likely to appeal to the target audience; and
- packaging information materials innocuously is likely to reduce resistance to them from the target population.

New Zealand AIDS Foundation, Auckland, New Zealand

New Zealand and Auckland

New Zealand, *Aotearoa*, consists of the North and South Islands and a number of smaller islands. The population is estimated (August 2006) at 4.16 million¹²². Auckland, which is in the North Island, has a population of 425 200 (June 2005 estimate), in contrast with the capital city, Wellington, which has a population of 182 000(2005 estimate)¹²³. The population consists of New Zealand European 74.5%, Maori 9.7%, other European 4.6%, Pacific Islander 3.8%, including Cook Island Maori, Fijians, Niueans, Samoans, Tokelauans and Tongans, and Asian and others 7.4%. English and Maori are the official languages¹²⁴. The 2001 Census found that 58.9% of the population, particularly the Maori and Pacific Islanders, are Christians with 36.5% having no religious affiliation.¹²⁵

Men who have Sex with Men in New Zealand

The Government decriminalized consensual sex between men in private in 1986. Discrimination on the basis of sexual orientation and HIV status were both prohibited under the Human Rights Acts in 1993.

The New Zealand AIDS Foundation (NZAF) undertook a nationwide survey, *Male Call* or *Waea Ma, Tane Ma*, of 1852 men in May and June 1996¹²⁶ and the Gay Auckland Periodic Sex Survey (GAPSS) of 812 men was conducted in March 2002¹²⁷. Findings included that men who have sex with men in Auckland and other major cities are more likely to identify as gay or queer¹²⁸, and were more likely to have disclosed their sexual orientation to workmates, family and friends than those living in smaller or rural communities.

Almost three quarters of the 1996 respondents and just under two thirds of the 2002 respondents had sex with casual partners, on average two to five partners in six months¹²⁹. Sexual partners were usually found in gay bars and gay saunas, though some men found sexual partners in heterosexual bars and public settings¹³⁰. About half the respondents in both surveys were in relationships; though 55.6% were in open relationships i.e. sex occurring outside of the

¹²² <http://www2.stats.govt.nz/default.htm> (accessed 25 August 2006).

¹²³ <http://en.wikipedia.org/wiki/Wellington> (accessed 25 August 2006)

¹²⁴ CIA–The World Factbook website (accessed 6 April 2005).

<http://www.cia.gov/cia/publications/factbook/geos/nz.html>

¹²⁵ Census - Statistics New Zealand website (accessed 23 April 2005).

<http://www.stats.govt.nz/census/cultural-diversity-tables.htm>

¹²⁶ Worth H, Saxton P, Hughes A, Reid A and Segedin R (1997). *Male Call/Waea Mai, Tane Ma Report No.1: Methodology and Demographic Characteristics*. Auckland: New Zealand AIDS Foundation.

¹²⁷ Saxton P, Dickson N, Hughes T and Paul C (2002). *GAPSS 2002: Findings from the Gay Auckland Periodic Sex Survey*. New Zealand AIDS Foundation: Auckland.

¹²⁸ Saxton P, Hughes A, Segedin R, Robinson E, and Aspin C (1998). *Male Call/Waea Mai, Tane Ma Report No.6: Regions*. Auckland: New Zealand AIDS Foundation.

¹²⁹ Worth H, Saxton P, Hughes A, Reid A and Segedin R (1997). *Male Call/Waea Mai, Tane Ma Report No.1: Methodology and Demographic Characteristics*. Auckland: New Zealand AIDS Foundation.; Saxton P, Dickson N, Hughes T and Paul C (2002). *GAPSS 2002: Findings from the Gay Auckland Periodic Sex Survey*. New Zealand AIDS Foundation: Auckland.

¹³⁰ Worth H, Saxton P, Hughes A, Reid A and Segedin R (1997). *Male Call/Waea Mai, Tane Ma Report No.1: Methodology and Demographic Characteristics*. Auckland: New Zealand AIDS Foundation.

relationship¹³¹. Anal sex was more common within relationships, though condom use was less likely with regular partners.

In the 1996 survey 70.4% of respondents had undergone HIV testing at least once, a figure which increased slightly to 71.1% of respondents in the 2002 survey¹³². In 1996 it was found that 26.2% of the respondents had been screened for sexually transmitted infections or treated. The most common sexually transmitted infections diagnosed were chlamydia (17.0%), penile gonorrhoea (13.6%) and anal warts (11.7%)¹³³.

A small but significant percentage of men who have sex with men (15.4%) had sex with both men and women. They were generally less than 20 years of age, from lower income groups, and not closely linked to the gay community¹³⁴. They were more likely to have casual male sex partners and to use condoms for anal sex. Their female sexual partners were more likely to be regular partners, and vaginal and anal sex with them was less likely to be protected. Female partners were less likely to be told about their male partners having sex with other men than vice versa.

Male and transgendered sex workers tend to work alone on the streets¹³⁵. The most vulnerable sex workers include street-based, transgendered, young and transient, Maori and migrant sex workers. Prisoners are also at risk of HIV infection due to unprotected consensual or forced sex, injecting drug use and unsafe tattooing practices.

In general, people of European descent, *pakeha*, are more open about their sexual orientation. Both the Maori and Pacific Islander communities are religious, and the Maori community, in particular, is intolerant of homosexuality. Men who have sex with men from these communities are more discreet about their sexual orientation.

Takataapui, a term appropriated from Maori folklore and originally referring to same sex intimacy is used to describe men who have sex with men within the Maori community, particularly in urban areas. This is a more positive term than another term used *tane moe tane*, also meaning Maori men who have sex with men. Maori who participated in the Male Call, Waea Mai, Tane Ma, survey were more likely to be in monogamous relationships with other men than their counterparts in the other ethnic groups, and more likely to use condoms¹³⁶. Maori who identified as *takataapui* were more likely to have gone for an HIV test¹³⁷ and the majority of Maori, who have tested HIV-positive, are men who have sex with men¹³⁸.

¹³¹ Worth H, Reid A, Saxton P, Hughes A and Segedin R (1997). *Male Call/Waea Mai, Tane Ma Report No.2: Men in relationships with men*. Auckland: New Zealand AIDS Foundation.

Saxton P, Dickson N, Hughes T and Paul C (2002). *GAPSS 2002: Findings from the Gay Auckland Periodic Sex Survey*. New Zealand AIDS Foundation: Auckland.

¹³² Worth H, Reid A, Robinson E, Hughes A, Aspin C and Saxton P (1999). *Male Call/Waea Mai, Tane Ma Report No.9: HIV testing and sero-status*. Auckland: New Zealand AIDS Foundation.

Saxton P, Dickson N, Hughes T and Paul C (2002). *GAPSS 2002: Findings from the Gay Auckland Periodic Sex Survey*. New Zealand AIDS Foundation: Auckland.

¹³³ Saxton P, Hughes A, Robinson E and Segedin R (1999). *Male Call/Waea Mai, Tane Ma Report No.10: Sexually transmitted diseases and hepatitis*. Auckland: New Zealand AIDS Foundation.

¹³⁴ Reid A, Worth H, Hughes A, Saxton P, Robinson E and Aspin C (1998). *Male Call/Waea Mai, Tane Ma Report No.8: Men who have sex with men and women*. Auckland: New Zealand AIDS Foundation.

¹³⁵ Ministry of Health (December 2003). *HIV/AIDS Action Plan: Sexual and Reproductive Health Strategy*. Wellington: Ministry of Health.

¹³⁶ Aspin C, Reid A, Worth H, Saxton P, Hughes A, Robinson E and Segedin R (1998). *Male Call/Waea Mai, Tane Ma Report No.3: Maori men who have sex with men*. Auckland: New Zealand AIDS Foundation.

¹³⁷ Saxton P, Hughes A, Worth H, Reid A, Robinson E and Aspin C (1997). *Male Call/Waea Mai, Tane Ma Report No.5: Sexual identity*. Auckland: New Zealand AIDS Foundation.

¹³⁸ Ministry of Health (December 2003). *HIV/AIDS Action Plan: Sexual and Reproductive Health Strategy*. Wellington: Ministry of Health.

Most of the Pacific Islander men who have sex with men and who are comfortable with their sexual orientation identify as gay and disclose to family and colleagues. Transgendered people from the Pacific Islander communities identify as *fa'afafine*, the Maori equivalent is *whakawahine*.

HIV in New Zealand

HIV prevalence in New Zealand is estimated at 0.1%¹³⁹. New Zealand has a number of partially overlapping epidemics involving different populations¹⁴⁰. The first person diagnosed HIV-positive was in 1983; in 2005 there were estimated to be 1400 [range 840–2300] people living with HIV¹⁴¹. New Zealand requires mandatory notification for an AIDS diagnosis but not for HIV¹⁴².

The greatest number of AIDS diagnoses was in 1989 and the number has since been declining due to a reduced HIV incidence as well as the availability of antiretroviral therapy¹⁴³. The number of deaths due to AIDS is also decreasing though there is concern about the increasing resistance to antiretroviral therapy¹⁴⁴. Since 1999, there has been a steady increase in the number of people diagnosed HIV-positive¹⁴⁵.

Homosexual transmission is the dominant mode. Over half of the HIV-positive men who have sex with men were infected in New Zealand rather than overseas. There is concern about the rising level of complacency about HIV within the gay community and the failure to practice safer sex.

People of European descent accounted for 54.9% of HIV-positive diagnoses between 1996 and February 2004; while Maori and Pacific Islanders accounted for 6.4% and 3% respectively. While the Maori community has low HIV prevalence, prevalence of sexually transmitted infections is high¹⁴⁶. About one third of HIV infections were among the 'other' ethnic groups, comprising refugees and migrants from high HIV prevalence countries.

The table below provides HIV statistics for different time periods¹⁴⁷.

¹³⁹ UNAIDS (May 2006). *Report on the global AIDS epidemic*. Geneva, Switzerland.

¹⁴⁰ Hughes T, (August 2003). *The HIV/AIDS Epidemic in New Zealand: Environmental Scan 2003*. Auckland: New Zealand AIDS Foundation.

¹⁴¹ UNAIDS (May 2006). *Report on the global AIDS epidemic*. Geneva, Switzerland.

¹⁴² Saxton P, Dickson N, Hughes T and Paul C (2002). *GAPSS 2002: Findings from the Gay Auckland Periodic Sex Survey*. New Zealand AIDS Foundation: Auckland.

¹⁴³ Id.

¹⁴⁴ Stevens M (2003). Annual Speech to the AGM from the Chairperson, in *New Zealand AIDS Foundation Annual Report 2002 – 2003*. Auckland: New Zealand AIDS Foundation.

¹⁴⁵ AIDS Epidemiology Group (2004). *AIDS – New Zealand*, Issue 57, February 2006. (Accessed 25 August 2006) <http://www.moh.govt.nz/moh.nsf/238fd5fb4fd051844c256669006aed57/ed0c1c41deeb681dcc257145007a9021?OpenDocument>

¹⁴⁶ Id.

¹⁴⁷ Id.

HIV by mode of transmission

Category	Sex	1985–1999		2000–2004		2005		Total	
		No	%	No	%	No	%	No	%
Homosexual	M	854	55.9	346	47.5	109	50.0	1309	52.9
Homosexual and injecting drug user	M	19	1.2	12	1.6	2	0.9	33	1.3
Heterosexual	M	116	7.6	130	17.8	38	17.4	284	11.5
	F	126	8.2	141	19.3	42	19.3	309	12.5
Injecting drug use	M	34	2.2	19	2.6	0	0	53	2.1
	F	10	0.6	1	0.1	0	0	11	0.4
Blood Products	M	34	2.2	0	0.0	0	0	34	1.4
	F								
Transfusion	M	6	0.4	3	0.4	1	0.5	10	0.4
	F	6	0.4	3	0.4	0	0	9	0.4
	NS	5	0.3	0	0	0	0	5	0.2
Mother-to-child transmission	M	6	0.4	10	1.4	6	2.7	22	0.9
	F	24	0.3	10	1.4	0	0	14	0.6
Undetermined	M	266	17.4	44	6.0	12	5.5	322	13.0
	F	21	1.4	6	0.8	4	1.8	31	1.2
	NS	13	0.8	0	0	0	0	13	0.5
Other	M	3	0.2	1	0.1	2	0.9	6	0.2
	F	34	0.3	3	0.3	2	0.9	9	0.4
Total		1527	100.0	729	100.0	218	100.0	2474	100.0

New Zealand AIDS Foundation

The AIDS Support Network Trust was founded in March 1985 and renamed the New Zealand AIDS Foundation (NZAF) in August 1985¹⁴⁸. The Foundation focuses on men who have sex with men¹⁴⁹ and has been contracted by the Ministry of Health to promote sexual health among men who have sex with men¹⁵⁰. While it receives Government funding; volunteers also raise much of its funds. The national office is in Auckland with regional offices in Christchurch, Hamilton and Wellington.

The New Zealand AIDS Foundation undertakes community education programmes, including the Gay Men's Health Programme, which also reaches out to Pacific Islanders and the Hau Ora Takataapui Programme for Maori. The Positive Health Programme provides support to people living with HIV, and research and policy analysis programmes are undertaken in collaboration with the health authorities. Research projects include the Male Call, Waea Mai, Tane Ma, and GAPSS surveys. The Foundation's research team provides regular briefings on HIV literature, and packages the findings from domestic and international HIV research for local prevention projects. The policy analysis programme assesses policies, laws and proposed

¹⁴⁸ New Zealand AIDS Foundation website (accessed 6 April 2005). <http://nzaf.org.nz/Article.asp?ArticleTypeID=15&ArticleID=139&Title=Organisation&From=About>

¹⁴⁹ Stevens M (2003). Annual Speech to the AGM from the Chairperson, in *New Zealand AIDS Foundation Annual Report 2002 – 2003*. Auckland: New Zealand AIDS Foundation.

¹⁵⁰ Ministry of Health (December 2003). *HIV/AIDS Action Plan: Sexual and Reproductive Health Strategy*. Wellington: Ministry of Health.

reforms, making recommendations to the Government and the Ministry of Health. Good working relationships with both Government and Ministry of Health officials have been nurtured and sustained over the years. In addition the Foundation's library has the largest specialized collection of HIV information in New Zealand¹⁵¹.

Men who have Sex with Men Programme

The Pacific Peoples Project (PPP) remains under the auspices of the Gay Men's Health programme, the Maori programme was established in its own right in January 2000 and renamed *Te Wahanga Takataapui Hauora or Hau Ora Takataapui* (HOT) for short. A national coordinator and a coordinator for the transgendered community were appointed in 2003 to extend and enhance coverage to Auckland, Bay of Plenty Northland, Taranaki and Waikato¹⁵².

Both programmes are community-based, conducting workshops for men who have sex with men, developing community-specific information, education and communication materials, and engaging in regular dialogue and networking with other social and health agencies. The programme officers, trainers and volunteers are themselves men who have sex with men from the Maori and Pacific Islander communities.

Workshops

Workshops are conducted for men who have sex with men as well as for general target groups such as churches. Workshops specifically for men who have sex with men address issues of being comfortable and confident with a *takataapui* or sexual identity, dealing with discrimination and empowering men who have sex with men. For example, in 2002-2003, HOT organized training camps for peer sexuality support teams as well as a positive speakers' tour¹⁵³.

As the churches have a prominent role in the Maori and Pacific Islander communities, it is important to work with them. Men who have sex with men from these communities are unlikely to attend a workshop specifically for men who have sex with men, as this would require coming out. In response, trainers and facilitators conduct general awareness programmes for churches, which include discussion of male-male sexual practices without focusing on sexual identities, in the hope that the messages reach men who have sex with men who conceal their orientation and activities. Strategies used to convince church leaders of the need for HIV awareness raising include using statistics pertaining to unwanted teenage pregnancies, dressing appropriately to avoid offending them and showing respect. The Pacific People's Project is run by an entertainment celebrity, who has been able to engage church leaders on HIV, due to his family's strong influence in the church.

Workshops use a community's cultural resources, including language, perspectives, folklore and history. Topics discussed include the basic facts about HIV, myths and facts about transmission, risk factors, communication skills and the correct use of terms. Elements of humour and fun are injected when appropriate. For example, condom use demonstrations are set in the context of emergency procedures for unforeseen erectile accidents on a flight to the 'virgin islands'.

¹⁵¹ Stevens M (2003). Annual Speech to the AGM from the Chairperson, in *New Zealand AIDS Foundation Annual Report 2002 – 2003*. Auckland: New Zealand AIDS Foundation.

¹⁵² Stevens M (2003). Annual Speech to the AGM from the Chairperson, in *New Zealand AIDS Foundation Annual Report 2002 – 2003*. Auckland: New Zealand AIDS Foundation.
New Zealand AIDS Foundation website (accessed 6 April 2005). <http://www.nzaf.org.nz/>

¹⁵³ Stevens M (2003). Annual Speech to the AGM from the Chairperson, in *New Zealand AIDS Foundation Annual Report 2002 – 2003*. Auckland: New Zealand AIDS Foundation.

Information, Education and Communication Materials

A community's cultural resources are used to make materials relevant and attractive. Designs, images, colours, language and models are used which are instantly recognizable as belonging to either the Maori or Pacific Islander communities. The images are deliberately eye catching and sometimes provocative, for example, in one set of postcards, two Maori men display face tattoos worn only by Maori women, i.e. below the lips only and wrapped in a Maori shawl. Another set of postcards features two attractive naked men who are obviously Maori. Other materials are designed using language and models that are dressed in a fashion to appeal to young people. There are also materials targeting the *fa'afafine* community.

Information materials cover sexually transmitted infections and HIV. Brochures are available in both English and Maori and have condoms and lubricant attached.

Engaging with other Nongovernmental Organizations and Agencies

The Maori and Pacific Islander teams attend regular consultations with other nongovernmental organizations and agencies. Workshops are sometimes run for these organizations and closer working relationships are developed as necessary. For example, one of the agencies that HOT works with is a centre for Maori men who have sex with men and transgendered people. In 2000, the Pacific People's Project team coordinator worked with his counterparts in the Pacific to prepare a report on developing information materials for the South Pacific Community's Strategic Direction for HIV/AIDS and STD Project.

Other Efforts

The Maori and Pacific Islander programmes conduct outreach to specific target groups such as male sex workers, particularly those who are street-based and provide support groups for men who have sex with men; the Pacific People's Project also provides mentoring. The Project has engaged with Pacific Islander university groups to sensitize them to issues related to men who have sex with men and HIV during the university orientation period. The Maori and Pacific Islander use major gay events such as the Big Gay Out as well as magazines and television interviews and electronic media to reach out to their communities¹⁵⁴.

Lessons Learnt

Lessons learnt:

- mainstream institutions such as the churches can be used to reach hidden men who have sex with men;
- statistics can be used to convince institutions of the need for HIV programmes;
- working in a non-confrontational way with institutions ensures they are more receptive to outreach efforts;
- general HIV awareness raising open to everyone means that men who have sex with men can attend without revealing their sexual orientation;

¹⁵⁴ Stevens M (2003). Annual Speech to the AGM from the Chairperson, in *New Zealand AIDS Foundation Annual Report 2002 – 2003*. Auckland: New Zealand AIDS Foundation.

- using humour and other innovative means for conveying information sustains the interest of workshop participants;
- working closely with and sensitizing other agencies working with communities ensures a more supportive environment for men who have sex with men;
- controversy and objections from conservative elements in society can be avoided by discussing male-male sexual practices without focusing on men who have sex with men identity;
- using media, including magazines, television and electronic media are useful means for outreach to men who have sex with men;
- cultural resources are helpful to convey messages in information materials and when conducting outreach sessions; and
- designing specific information and education materials for different groups, including young and transgendered people, attracts their attention and ensures the messages are appropriate.

Final thoughts

The programmes, issues raised and lessons learnt from the six case studies are by no means exhaustive, especially as innovative ideas, programmes and interventions are continuously being developed. Other programmes from the Asia and Pacific region need to be studied and updated information needs to be disseminated periodically, particularly as the social, political and sexual environment is evolving constantly. It is hoped that these case studies support the process of learning, sharing and networking in the Asia and Pacific region, and inspire communities and organizations of men who have sex with men in their response to the epidemic.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

Produced with environment-friendly materials



UNAIDS • BEST • PRACTICE • COLLECTION

- is a series of information materials from UNAIDS that promote learning, share experience and empower people and partners (people living with HIV, affected communities, civil society, governments, the private sector and international organizations) engaged in an expanded response to the AIDS epidemic and its impact;
- provides a voice to those working to combat the epidemic and mitigate its effects;
- provides information about what has worked in specific settings, for the benefit of others facing similar challenges;
- fills a gap in key policy and programmatic areas by providing technical and strategic guidance as well as state-of-the-art knowledge on prevention, care and impact-alleviation in multiple settings;
- aims at stimulating new initiatives in the interest of scaling up the country-level response to the AIDS epidemic; and
- is a UNAIDS interagency effort in partnership with other organizations and parties.

Find out more about the Best Practice Collection and other UNAIDS publications from www.unaids.org. Readers are encouraged to send their comments and suggestions to the UNAIDS Secretariat in care of the Best Practice Manager, UNAIDS, 20 avenue Appia, 1211 Geneva 27, Switzerland.

There is good evidence from communities in different parts of the world that men who have sex with men are often highly likely to be exposed to HIV and that they may form a bridge for the virus to spread into the wider population. This report provides information about successful initiatives for, and with, men who have sex with men from six different countries in the Asia and Pacific region. The programmes described show that, even in conservative societies and in countries where there are legal constraints, men who have sex with men need not be 'hidden' and that they may play an important role in the overall response to HIV.

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