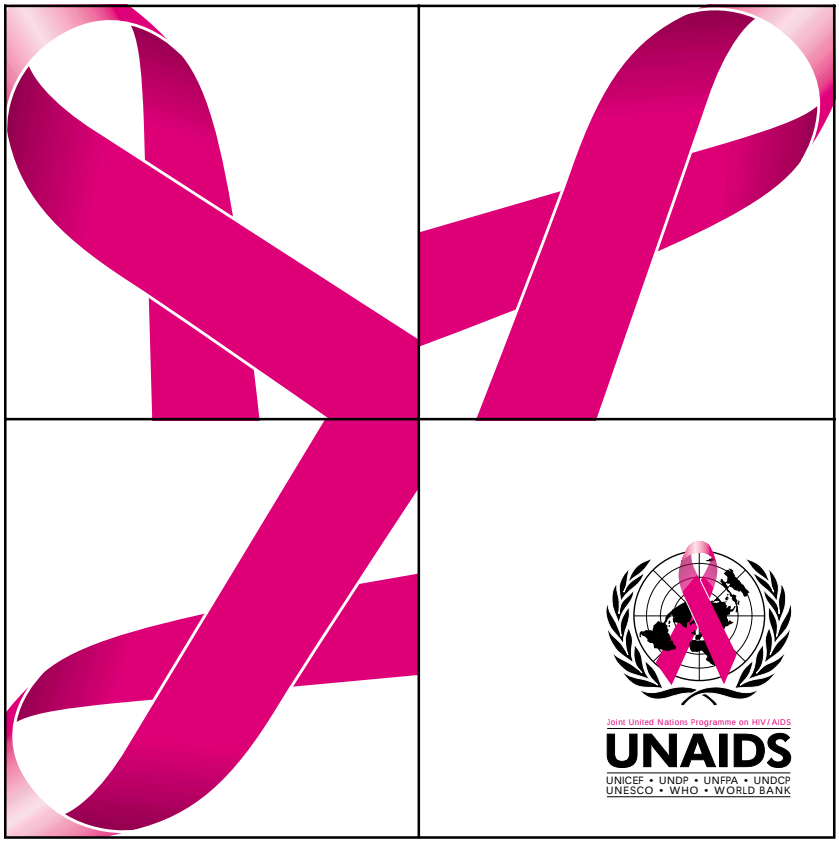
AIDS and men who have sex with men



UNAIDS Technical update

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UNAIDS Best Practice Collection

At a Glance

Sex between men exists in most societies. It frequently involves anal sex. Unprotected penetrative anal sex carries a high risk of HIV transmission, especially for the receptive partner.

- **HIV prevention programmes for men who have sex with men (MSM) are hindered by the following:**
  - denial that sexual behaviour between men takes place
  - stigmatization or criminalization of men who engage in sex with other men
  - inadequate or unreliable epidemiological information on HIV transmission through male-to-male sex
  - the difficulty of reaching many of the MSM
  - inadequate or inappropriate health facilities, including sexually transmitted disease (STD) clinics, and lack of awareness or sensitivity among STD clinic staff about the existence of anal, rectal and oral STDs
  - lack of interest among donor agencies in supporting and sustaining prevention programmes among men who engage in same-sex behaviour, and a lack of programmes addressing male sex workers in particular
  - lack of attention in national AIDS programmes to the issue of MSM.
- **Effective responses to these problems include a combination of the following:**
  - commitments by national AIDS programmes and donor agencies to include the issue of MSM in their programmes and funding priorities
  - outreach programmes by volunteers or professional social or health workers
  - peer education among MSM
  - the promotion of high-quality condoms and water-based lubricants, and ensuring their continuing availability
  - safer sex campaigns and skills training, including in the use of condoms, and the promotion of lower-risk sexual practices as alternatives to penetrative sex
  - strengthening organizations of self-identified gay men, enabling them to promote HIV prevention and care programmes
  - promoting mass media campaigns, while ensuring that these are culturally appropriate
  - education among health staff, including within STD clinics, to overcome ignorance and prejudices about MSM
  - efforts to organize health facilities to make them accessible and affordable
  - breaking down social and cultural barriers against the discussion of male-to-male sex
  - reviewing — with the aim of abolishing — laws that criminalize certain sexual acts between consenting adults in private
  - enacting anti-discrimination and protective laws to reduce human rights violations against MSM.

UNAIDS *Best Practice* materials

The Joint United Nations Programme on HIV/AIDS (UNAIDS) publishes materials on subjects of relevance to HIV infection and AIDS, the causes and consequences of the epidemic, and best practices in AIDS prevention, care and support. A *Best Practice* Collection on any one subject typically includes a short publication for journalists and community leaders (Point of View); a technical summary of the issues, challenges and solutions (Technical Update); case studies from around the world (*Best Practice* Case Studies); a set of presentation graphics; and a listing of Key Materials (reports, articles, books, audiovisuals, etc.) on the subject. These documents are updated as necessary.

Technical Updates and Points of View are published in English, French, Russian and Spanish. Single copies of Best Practice materials are available free from UNAIDS Information Centres. To find the closest one, visit the UNAIDS website (http://www.unaids.org), contact UNAIDS by email (unaids@unaids.org) or telephone (+41 22 791 4651), or write to the UNAIDS Information Centre, 20 Avenue Appia, 1211Geneva 27, Switzerland.

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I. UNAIDS II. Series

1. Acquired immunodeficiency syndrome - transmission
2. Homosexuality, male
3. Acquired immunodeficiency syndrome - prevention and control

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Background

Sex between men occurs in most societies. For cultural reasons, it is often stigmatized by society. The public visibility of male-to-male sex, therefore, varies considerably from one country to another. Sex between men frequently involves anal intercourse, which carries a very high risk of HIV transmission for the receptive partner, and a significant risk, though a lesser one, for the insertive partner. HIV prevention programmes addressing men who have sex with men (MSM) are therefore vitally important. However, they are often seriously neglected – because of the relative invisibility of MSM, stigmatization of male-to-male sex, or ignorance or lack of information.

Identity and behaviour

Sexual identity is different from sexual behaviour. Many men who have sex with other men do not regard themselves as homosexual. In a number of societies, the way such men view their own sexual identity is determined by whether they are the insertive or the receptive partner in anal sex. In these societies, many men who have sex with other men self-identify as completely heterosexual, on the grounds that they take an exclusively insertive role in such activities.

Worldwide, a large percentage of MSM are married or have sex with women as well. This bisexual behaviour is reported to be common in some societies, such as in Latin America (see Schifter J, *et al*, "Bisexual communities and cultures in Costa Rica", and Parker RG, "Bisexuality and HIV/AIDS in Brazil", both in Key Materials: Aggleton P (*ed*), 1996) and in North Africa (see Schmitt A, "Different approaches to male-male sexuality/eroticism from Morocco to Uzbekistan" in Key Materials: Schmitt and Sofer (*eds*), 1992).

A self-awareness among MSM has developed, and now exists to a considerable extent in industrialized countries – though even in these countries there are many men who have sex with other men who do not identify themselves as homosexual or "gay". In some parts of the developing world the number of self-identified gay men has also grown – often through local initiatives – particularly in some Asian and Latin American countries. Along with this self-identification, gay meeting places have sprung up – organized social groups or campaigning groups, and gay bars, discos, gyms and saunas.

Even in places where most MSM are obliged to stay out of public view, some will choose to be visible. These include transvestite men and transsexuals. Because they are often the only visible ones, they frequently become stereotyped as typical of all MSM. In fact, such "transgendered" people usually represent only a very small percentage of all MSM.

Sexual preference

Most same-sex behaviour is conducted out of natural preference. There are also, however, instances of institutions where men are obliged to spend long periods in all-male company, such as in the military, prisons, and male-only educational establishments, and in which male-to-male sex can be common. While such institutional male homosexual behaviour represents only a small part of all male-to-male sex, it can nonetheless be important from the point of view of the AIDS epidemic. Male prisons, for example, have been shown to make a significant contribution to some countries' epidemics – both through drug injecting and male-to-male sex (see UNAIDS Technical Update, *Prisons and AIDS*).

Male-to-male sex, anal intercourse and HIV

Penetrative anal sex frequently occurs in sex between men. If HIV is present in the insertive partner, and if condoms are not used, then anal sex carries an especially high risk of HIV transmission for the receptive partner. The risk to a receptive partner in unprotected anal sex is several times higher than the next most risky category, that of a woman having unprotected vaginal intercourse with an HIV-infected man. The reason for this is that the lining of the rectum is thin and can easily tear – and even only small lesions in the lining are sufficient to allow the virus easy access. Even without lesions, it has been postulated that there might be a lower natural immunity in the cells of the rectal lining to resist HIV than there is, for instance, in the lining of the vagina. There is also a risk of HIV infection from unprotected anal intercourse, though a lesser one, for the insertive partner. (See Detels, R, "The contributions of cohort studies to understanding the natural history of HIV infection", in Nicolosi A (*ed*), *HIV epidemiology: models and methods*, Raven Press, New York, 1994, p.239.)

The presence of other untreated sexually transmitted diseases (STDs) – such as syphilis, gonorrhoea and chlamydia – can further greatly increase the risk

of HIV transmission, when HIV is present. STDs located in the anus and rectum can often be asymptomatic.

Oral (oro-penile) sex is also common among MSM. While HIV could be transmitted through such sex if not protected by a condom, the risk is generally considered low. (See Samuel, MC, *et al*. "Factors associated with human immunodeficiency virus seroconversion in homosexual men in three San Francisco cohort studies, 1984-1989". *Journal of Acquired Immune Deficiency Syndromes* 1993 **6**(3):303-12.)

The AIDS epidemic and men who have sex with men

At least 5-10% of all HIV cases worldwide are due to sexual transmission between men, though this figure varies locally very considerably. In North America, Australia, New Zealand and most of Western Europe, UNAIDS believes the figures are closer to 70%.

In most developed countries and some developing ones (such as Indonesia, the Philippines and Mexico), the first detected cases of HIV and AIDS occurred in men who had sex with men. Later, although the *absolute number of cases* of male-to-male transmission in several of these countries often continued to rise, the proportion of such cases decreased while the proportion of cases among heterosexual men and women increased correspondingly. This can hide the scale of the problem for MSM.

Commercial sex between men

In most countries, a certain proportion of sex between men is in some way commercial, though this can cover a wide range of possibilities. Much sex work is highly informal, with the expectation perhaps of a small "present" for services rendered. Some of it is full-time and professional, though proportionally much less so than among female sex workers. Many male sex workers have a wife or regular female partner and would not self-identify as homosexual. Frequently, the clients of male sex workers are married men or behaviourally bisexual.

Male sex workers can often find themselves in a weak bargaining position in their power to insist on condom use. However, reports from some countries, including the Philippines, suggest that the female sex workers there face more difficult conditions, and that the male sex workers have at least some degree of bargaining power. While economic pressure is still an important reason for male sex workers not using condoms, they are usually more able than female sex workers to resist physical coercion, and can often be more selective in choosing clients.

Major social and political upheavals and emergency situations — especially those displacing people and creating refugees — can in certain circumstances act as a catalyst to push significant numbers of young men (as well as women) into prostitution.

Adolescent males

Adolescent men frequently have sex with other males of their age group. They also sometimes have sex with older men — in some cases with men considerably older. This younger-older type of male-to-male relationship is common in certain cultures, where it is frequently within the family (with an uncle, for example). A 'younger-older' male relationship may be more or less consensual, or it may be a violent and abusive one. In either case the younger man is likely to be relatively vulnerable, because of a lack of knowledge about HIV and a lack of negotiating skills — and also because the older partner, simply because he has probably had many more sexual encounters, is more likely to be infected than a partner of the same age.

The Challenges

Denial

Policy-makers and programme managers sometimes deny that male-to-male sex occurs in their part of the world. Denial is an enormous obstacle to efforts at AIDS prevention and care among MSM.

Inadequate epidemiological data

Lack of, or unreliable epidemiological data are an obstacle to HIV prevention work. In some places, risk exposure categories are not properly set up to take account of male-to-male sex.

Lack of knowledge or awareness

In countries where HIV education emphasizes only heterosexual transmission, men may be ignorant of the risks of male-to-male sex, or consider that the risks don't apply to them – and may therefore be less likely to protect themselves.

Lack of appropriate programmes

Many countries lack AIDS programmes for MSM. At the same time, existing programmes may be inappropriate. Educational material that is suitable for people in a self-identified gay bar may be too explicit – and thus counterproductive – for those men who do not self-identify.

Difficulty of reaching many of the men who have sex with men

Many MSM engage in casual, fleeting and anonymous sexual encounters. They may also not think of themselves as having sex with men. The combination of these factors makes them difficult to reach for prevention work.

Male sex workers can be particularly difficult to access, especially where the work is clandestine and where the workers are not organized into establishments.

Difficulties of sustaining "safer sex" practices

Despite the initial successes in many prevention campaigns, in some places — particularly in industrialized countries — MSM have been found in recent years to practise safer sex (including condom use) less regularly than before. Among the reasons for this are: information fatigue; a lack of innovative outreach work; decreased funding for prevention efforts; and uncertainty among HIV-infected men who are receiving antiretroviral treatment about the continued risks — to themselves or their partners — of unsafe or unprotected sex.

Inadequate, inaccessible or inappropriate health facilities

MSM seeking attention on sexual or medical matters, or tests for HIV or other STDs, may find such facilities to be lacking.

Alternatively, the facilities may exist, but the men may find access to them difficult – for reasons of negative attitudes on the part of health staff towards same-sex behaviour, lack of discretion or anonymity for clients, inconvenient location or opening hours, or cost.

Stigmatization and criminalization

Societies can be hostile to men who engage in same-sex behaviour, stigmatizing it and treating it as sinful or as criminal – in some places with severe penalties. Men will then often not choose, or have the opportunity, to be honest about the fact that they have had sex with other men. Fearing to be questioned about their sexual behaviour, they will be reluctant to report symptoms of STDs, including HIV. Because of this, all efforts at education on HIV and safer sex, the provision of condoms, and appropriate STD and other medical care, are made extremely difficult.

Hostility on the part of society also hinders effective HIV prevention efforts aimed at adolescents and young men who have sex with other men.

OCCUR

The Japanese organization OCCUR is a good example of a self-identified gay group working to strengthen community-type responses on AIDS among gay men. Since 1986 OCCUR has aimed to create networks among homosexual men and women in Japan, to disseminate accurate knowledge about homosexuality to the general community, and to eliminate social discrimination and prejudice. At the same time it operates safer sex campaigns on a yearly basis and publishes a newsletter for people with HIV and AIDS. In December 1994, one of its leading members, a young man living with HIV, was appointed to join the official Japanese delegation to the Paris AIDS Summit.

The Responses

Condom and lubricant provision

One of the most important and effective responses to the problem of HIV transmission in sex between men through anal sex is to make high-quality male condoms, together with water-based lubricants, available, accessible and affordable to men who are likely to have sex with other men. This can be done effectively through the peer education and outreach programmes described below. In places where there is a gay "scene", condoms and lubricants can be promoted in gay venues. This is particularly important where sex takes place on the premises: several gay bathhouses, including in Hong Kong, Bangkok and Paris, make condoms and lubricants available free to clients.

Instructions on the correct use of condoms should be supplied as part of the packaging of condoms and lubricants, or in the context of skills training.

Peer education and outreach programmes

Peer education uses current members of the affected community. In outreach work, a mixture of trained professionals and volunteers go out to find the MSM, wherever they congregate. The face-to-face methods used in these approaches afford privacy and confidentiality, and enable the person to ask questions. They also enable the educator to train the person. Both approaches – which have been widely used by nongovernmental AIDS service organizations, and others – can be effective for a large range of casual encounters between men.

Both peer education and outreach programmes promote "safer sex" among MSM. Strategies for "safer sex" include switching from anal sex to other forms of sex with much lower risks for HIV/STD transmission, such as oral sex, intercrural sex (between the thighs – without penetration) and mutual masturbation. An important activity of outreach programmes is providing easy access to high-quality condoms and water-based lubricants, and promoting safer sex, knowledge of condom use and negotiating skills. Examples of successful projects include ALCS in Morocco (see Key Materials: Imane, 1995); CAN in Madras, India (see Kashyap N, "Educating Alis and men having sex with men: the Chennai experience", in *AIDS Watch* newsletter, July 1997 **2**(2):2-3, WHO/SEARO, New Delhi); the Lentera project for transvestites in Yogyakarta, Indonesia; Lambda in Chile; the Mpowerment project in Oregon, USA; and Iwag Davao's "Center for Gay Men" on Mindanao island in the Philippines.

It is important that adolescents and young men are educated by their peers on HIV risks and prevention methods. Frequently lacking access to information on sex between men, they are often ignorant of the risks and more vulnerable than others, and will tend to listen to their friends.

Media campaigns

Mass media campaigns on the risks of unprotected sex between men and promoting the use of condoms and water-based lubricants are possible in some settings. In Australia and Switzerland, for instance, media campaigns together with outreach programmes directed at gay men have been shown to have had an impact in changing behaviour. Airing the subject of male-to-male sex in public can also help reduce stigmatization. Campaigns using "small media" such as pamphlets and booklets, which can be distributed discreetly, have been useful in many settings.

Gay community projects

Another approach is to strengthen groups representing self-identified gay men. This applies not only to North America, Europe, Australia and New Zealand, but also to a growing number of large urban areas in other parts of the world, including São Paulo, Mexico City, Bangkok, Hong Kong, Seoul, Taipei, Jakarta, Manila, Kuala Lumpur, Tel Aviv and Cape Town. In Australia, the United States and other Western countries, HIV infection rates among MSM have dropped mainly through the efforts of gay men's organizations themselves. The experience in several developing countries suggests that AIDS has encouraged self-identified gay men to move into community organizing, sometimes with minimal external support.

Parallel with this approach is the possibility of organizing gay bar owners in HIV prevention activities. This happened in Bangkok, where a gay bar owners' association has actively undertaken AIDS education and condom promotion.

Educating the health services

The public health services are one of few (if any) official points of contact where many men who

have sexual encounters with men are likely to receive information, counselling, check-ups and treatment. It is important that there should be strong educational programmes among health workers to promote non-discriminatory attitudes towards male-to-male sex, and to have the appropriate counselling, preventive and medical approaches adopted. STD clinic staff should be sensitized to the existence of anally and rectally located STDs. Anonymity is important in encouraging MSM to use these services.

A greater effort by national AIDS programmes and donor agencies

National AIDS programmes should address and incorporate the particular requirements of MSM into the design of their STD/HIV prevention and AIDS care programmes. While some of them do so at present, many still do not. Donor agencies should be given more information on the situation of MSM. They should also make a higher priority of funding the implementation and evaluation of projects with male-to-male sex as one of the main components.

When HIV programmes aimed at MSM are operating, it is vital that they should be maintained. There have been cases, including in developed countries, where programmes had their funds reduced, or even stopped, after the project was declared to have been "successful", or when it was thought that the risk to men engaging in same-sex behaviour had declined.

Greater understanding and an end to denial

All the previous suggested responses have a very much greater probability of success if society adopts a non-discriminatory approach to men having sex with other men – ending the stigmatization and marginalization that exist in many places. More determined efforts must be made to change public perceptions and get rid of denial and prejudices on the subject of MSM. Serious consideration should be given to introducing anti-discrimination and protective laws to reduce human rights violations against MSM, including in the context of HIV/AIDS.

Governments should review, with the aim of repealing laws that criminalize specific sexual acts between consenting adults in private. (According to page 14 of the Second International Consultation on HIV/AIDS and Human Rights held in Geneva in1996, "Criminal law prohibiting sexual acts (including adultery, sodomy, fornication and commercial sexual encounters) between consenting adults in private should be reviewed, with the aim of repeal. In any event, they should not be allowed to impede provision of HIV/AIDS prevention and care services". See *HIV/AIDS and Human Rights: International Guidelines,* available on the UNAIDS website at http://www.unaids.org/publications/documents/human/index.html). Such action will greatly help the provision of HIV/AIDS prevention and care services and reduce the vulnerability of MSM to HIV infection and to the impact of AIDS.

More research towards understanding same-sex behaviour, its prevalence and relation to HIV risk, should also be carried out.

Mass media campaign and NGO projects: the example of Brazil

In the first years of the epidemic in Brazil, from 1983 to 1987, most HIV prevention efforts were aimed at MSM. These included large-scale government-inspired mass media campaigns, and peer education and outreach programmes operated by nongovernmental AIDS service organizations. In São Paulo state – considered representative of Brazil for this purpose – the number of new AIDS cases where infection was through male-to-male sex rose steadily each year, to a maximum of 1464 in 1992. Since that year, the number of new AIDS cases has fallen each year, with 953 reported in 1995. Given the time lag between seroconversion and onset of AIDS, it is possible that HIV incidence had started to fall by 1986 or earlier. This suggests that the combination of early mass media campaigns and NGO work, both aimed specifically at MSM, was effective in Brazil.

Selected Key Materials

Aggleton P (ed). *Bisexualities and AIDS.* London: Taylor and Francis, 1996. Includes chapters on MSM and bisexual behaviour in wide range of countries including Brazil, China, Costa Rica and Mexico.

Aggleton P (ed). *Men selling sex.* London: Taylor and Francis, 1999. Describes male sex work around the world, with many references to HIV/AIDS. Chapters on Brazil, Costa Rica, Dominican Republic, Mexico and Peru; Bangladesh, Philippines, Sri Lanka and Thailand; Morocco; Canada, England, France, Netherlands, USA and Wales.

Altman D. *Power and community.* London: Taylor & Francis, 1994. Analyses practical dilemmas faced by community-based organizations of MSM worldwide, highlighting tensions between AIDS activism and service provision, and between volunteer participation and management control.

Imane L. *Prévention de proximité auprès des prostitués masculins au Maroc: le cas de Casablanca et de Marrakech.* Report on the programme of the Association Marocaine de Lutte contre le SIDA (ALCS), 1993-1995. Casablanca, 1995.
Report highlights first project in Arab-Muslim world for outreach to male sex workers on HIV/AIDS prevention. Includes aspects of attitudes and behaviour, condom distribution, STD treatment, counselling and anonymous testing.

Khan S. *Sex, secrecy and shamefulness: developing a sexual health response to the needs of males who have sex with males in Dhaka, Bangladesh.* London: The Naz Foundation, 1997. Report based on situation analysis of MSM behaviours in Dhaka, Bangladesh, incorporating findings from training workshops.

Murray SO, Roscoe W (eds). *Boy wives and female husbands: studies of African homosexualities.* London: St. Martin's Press, 1998. Collection of essays examining a range of homosexualities throughout Africa, with several historical studies. Includes chapters on Cameroon and Angola in early 20th century; east African coast and Zanzibar; brothels in Dakar, Senegal; Lesotho; and sexual politics in southern Africa.

Parker R. *Beneath the equator: cultures of desire, male homosexuality and emerging gay communities in Brazil.* New York and London: Routledge, 1999.
Examines how changing urban culture in Brazil over past century has influenced development of gay and other sexual identities. Describes increasingly diverse gay subcultures and emerging communities. Sections on AIDS activism, and on migration of male sex workers in Brazil.

Schmitt A, Sofer J (eds). *Sexuality and eroticism among males in Moslem societies.* New York: Harrington Park Press, 1992. Range of articles examining how MSM in Islamic societies regard their behaviour and their feelings to other men. Covers North Africa, Middle East, Central Asia and South Asia.

Seabrook J. *Love in a different climate: men who have sex with men in India.* London: Verso, 1999.
Book based on research and interviews among MSM in New Delhi. Explores sexual histories, lifestyles, attitudes and knowledge of HIV/AIDS.

Sullivan G, Leong LW-T (eds). *Gays and lesbians in Asia and the Pacific: social and human services.* New York and London: Haworth Press, 1995.
General description of homosexual cultures in Asia and Pacific. Includes three articles specifically on AIDS services and strategies: in Singapore, the Philippines and Australia.

Tan M. Recent HIV/AIDS trends among men who have sex with men. Chapter in Shiokawa Y, Kitamura T (eds). *Global challenge of AIDS: ten years of HIV/AIDS research.* Tokyo: Kodansha, and Basle: Karger, 1995, pp. 27-34.
Chapter presents an overview of epidemiological, social and behavioural trends among MSM with regard to HIV/AIDS in various parts of world.

Werasit S, Brown T, Chuanchom S. Levels of HIV risk behaviour and AIDS knowledge in Thai men having sex with men. In *AIDS Care,* 1993, 5(3):261-271. Study of MSM in Northeast Thailand. Focuses on sexual acts, partnerships, lack of condom use, and defects in AIDS knowledge. Makes recommendations for interventions.