

Vulnerable groups: Men having sex with Men (MSM)

Men who have sex with men (MSM) are an often hidden group in many countries. While some men are open about their sexuality and belong to a gay community, many other men are not. Many men who have sex with men do not see themselves as homosexual: they may be married and have children and occasionally have sex with other men. These men may not know of the risks they are taking in relation to their own health and that of their families in terms of HIV/AIDS and other STIs.

Why is HIV/AIDS a problem for men who have sex with men?

Many factors contribute to make HIV/AIDS a risk for men who have sex with men (MSM) including:

Sex: Unprotected anal intercourse (i.e. without using condoms and lubricants) is a high risk activity for transmitting HIV and other STIs.

Health care: Lack of STI testing facilities for identifying and treating STIs and/or failure to attend clinics for fear of being identified as having sex with men.

Denial: In many countries the existence of same sex intercourse is denied by the authorities and society.

Stigma: because of this denial and/or the outrage of the community at MSM, many MSM feel ashamed of their sexuality, suffer from low self-esteem and attempt to keep their sexuality a secret from their families and the wider society.

Tradition: Pressure from family and society to get married and have children, particularly a son, contributes to the secrecy about MSM. If MSM marry and continue to have unprotected sex with other men, they also put their wives and children at risk of HIV.

Lack of information: The mainstream media and programme messages about HIV/AIDS tend to revolve around heterosexual sex. MSM often do not have information about the dangers of

unprotected sex with other men or hijras and therefore may be ignorant of the risks.

Injecting drug use: MSM may also be injecting drugs and may contract HIV from sharing needles and syringes even if they use condoms.

Sex work: Some MSM work as sex workers and are at great risk of contracting or transmitting HIV and other STIs if they have unprotected sex with their clients.

Police: Many MSM have suffered police harassment and have little knowledge of their legal rights. Police have threatened to expose MSM or have extorted money from them.

Condoms: MSM who are aware of the need to use condoms may be unable to get access to them. Some MSM are reluctant to use them because of reduced pleasure.

What can programmes do to stop the spread of HIV/AIDS among MSM?

- Establish STI clinics to deal specifically with MSM and/or educate existing clinic workers on the particular health risks for MSM
- Train and educate MSM for peer education on HIV/AIDS, sexual health, legal rights etc.
- Set up a specific project to focus on MSM or set up informal discussion groups to examine issues surrounding HIV/AIDS and MSM
- Provide Voluntary Counselling and Testing
- Work with government, police and other authorities to sensitise them to MSM Issues

(Adapted from Manual for reducing drug related harm in Asia, The Centre for Harm Reduction, Melbourne, Australia, 2003)