



Experiences of men who have sex with men (MSM in the Asia Region)

Key findings from an on-line survey conducted by the International HIV/AIDS Alliance – July 2009

This survey presents a snapshot of themes affecting programming for men who have sex with men (MSM), for a group of men who have been having sexual relations with men for some time and are in contact with services. A large number of them have disclosed their sexuality to family, friends and others and are more likely to be HIV-positive, having been recruited for the survey through the Alliance's programme networks.

Encouragingly, the report confirms that MSM are more likely to be accepted than not by friends, family, employers and people in their community – with the exception of fathers and the police/authorities.

The report also shows high levels of respondents returning for HIV test results. NGOs and community organisations are important sources of information and support for MSM.

Nonetheless there are some disturbing aspects of MSM experience especially when considering this relatively empowered sample.

MSM are subject to high levels of violence from the police and some members of their communities. Of particular concern is the level of rape and forced sex that has occurred. This is an issue not often considered for MSM and it has implications for HIV prevention.

MSM are more likely to confide their sexual orientation to friends and siblings than parents or medical practitioners. MSM do use medical and health services but have also experienced a level of discrimination in health settings.

Very few MSM were educated on HIV and safe sexual practices at school or through government information sources. The majority first heard about HIV after they had become sexually active. They learned about how to protect themselves when having sex with other men via NGOs.

Scope of the survey

This sample online survey was conducted in English by the International HIV/AIDS Alliance over a two week period in July 2009. It was sent to the

Alliance's linking organisations (national intermediaries) in Asia who forwarded the survey to their partners – local NGOs and community organisations.

91 people completed the survey. Respondents came from India, China, Bangladesh, Cambodia, Philippines, Sri Lanka, Thailand, Taiwan, Indonesia and Vietnam. One person lived in Zambia and one in USA but may have identified themselves as originally from the Asian region.

Whilst this survey provides a snapshot of MSM experiences, many of its findings confirm much of what we know through other surveys completed in the region. This survey provides further illustration of the struggle MSM confront in their daily lives.

Who responded?

The results tend to indicate that the respondents in this survey were generally more confident MSM who have been having sex with men for many years, rather than those who are more hidden about their sexual behaviour. This may be explained by the fact that the survey was sent to Alliance organisations, there is a strong likelihood that the men are more activist orientated and therefore more likely to be open about their lifestyles.

This is also borne out by the way respondents identified themselves and the length of time they have been sexually active.

The majority of the respondents (78%) were between 19 and 39 years old. 22% were over 40 years old.

Over half the respondents (55%) lived with a male partner and 53% of those who'd had an HIV test identified themselves as HIV positive.

The majority of the survey respondents (71%) have been having sex with men for more than 10 years. Nearly half (49.5%) identified themselves as gay. Other terms that were used included 'self-identified feminised male', 'koti' and 'non-gay homosexual'

Just 13% of the men have sex with women as well.

Attitudes towards MSM

Levels of acceptance

The majority of respondents indicated that friends (97%) and people in their community (81%) were most likely to know they have sex with other men and they also rated them as most likely to be accepting of them.

In the family, brothers and sisters were more likely to know (72% of those who responded) than either parent. 52% of those who responded to the question said fathers were the least likely to be accepting.

65 respondents said that their employers knew they had sex with men. While this may seem a high proportion of the 91 respondents, given that the men were primarily reached through Alliance contacts, it would be reasonable to expect many of the men's employers may be working on HIV-related issues.

53% of those who had ticked this option said that medical practitioners were one of the groups least likely to know that they had sex with other men. In the next question 77% of those who replied said that medical practitioners were accepting, although later in the survey 11% of men who were HIV-positive indicated that they had been refused medical or health services.

These results may indicate that MSM are reluctant to disclose that they have sex with other men to medical practitioners but when they do they find those they confide in are accepting. Again, this may be reflective of the nature of the group, who because they are linked into the NGOs or community-based organisations, may have better information and knowledge of where to access sympathetic medical practitioners.

"Being Gay in Asia, especially India is very tough. Getting counselling for HIV/AIDS is very difficult because of the stigma attached to being gay. I am not sure if the doctor I consult will be accepting of my orientation, because still many doctors label it as a curable "disease"."

"I wish the Philippine Department of Health is more helpful to PLHIV and not be influenced by the Church."

Levels of violence

At least a third (32%) of those who responded said they had experienced arrest, rape, blackmail and violence from the police or authorities because they knew they had sex with other men.

43% of respondents have had to either change where they live to escape violence or harassment or moved to achieve greater acceptance.

While people in the community may be accepting of the fact that the men have sex with other men, the survey also shows that this group of MSM have experienced violence from community members. 14 respondents said that they had experienced rape or forced sex from people in their own community and 11 had experienced this from the police or authorities. Male rape is not often highlighted and it has important implications for HIV prevention.

39 of those who responded to the question had experienced rejection from friends such as people not talking to them or stopping being their friend because they knew they had sex with men.

“I have experienced a lot of harassment at school (due to my soft and feminine demeanour) and it was very traumatic so when I joined college I created a character (that of a very bold heterosexual male) and a fake pet name so that my college mates would not doubt my sexuality. This helped me a lot as they actually believed in the character that I was acting out and hence did not harass me.”

Awareness of HIV

A high number (73%) of respondents had taken a sexual health check up and all respondents indicated that they know what HIV is. This is a positive finding however it may not necessarily be indicative of MSM more widely, given that these are MSM likely to be networked into HIV-support structures.

45% of respondents indicated that they first learned how to protect themselves from HIV more than a year after first having sex.

The majority of respondents (32%) first learned about HIV and how to protect themselves against infection through the media, followed by NGOs/CBOs (26%). Government information (2%) and schools (13%) did not rate highly for MSM as sources of information on HIV and how to protect themselves against HIV.

36% of respondents first learned how to protect themselves from HIV when having sex with other men from information and education provided by NGO or CBOs. This indicates that NGOs and CBOs are important sources of information that meet their specific needs.

The majority of respondents had been learned about using a condom for anal sex (84%) but what is concerning is that all the men said they're sexually active and yet 16% of respondents hadn't learned about using a condom for anal sex. With the limitations of this survey it is difficult to ascertain why this might be. Notwithstanding, this has implications for HIV prevention approaches. The survey was unable to ascertain whether the respondents used lubricants or had access to them.

HIV testing

It is positive to see that the majority of respondents have been tested for HIV (82%), although of those who answered the question whether they knew the results of their HIV test, 6% skipped the question and 13% did not know their status following testing. This implies that they did not go back for their results. We know from other research that fear, intimidation and denial could all be factors in the reasons why the men didn't get their results or that rapid testing was not used and loss to follow up is high.

Responses to HIV

Disclosure

53% of the respondents tested HIV positive. Friends were the most likely to be told of a positive status. Of those who responded to the question whether they would tell a doctor or nurse if they were HIV-positive 59% would not. This finding ties in with the earlier responses that respondents had a negative experience of health services but it raises many questions such as how are they being treated and where might they be accessing healthcare, if at all.

61% of respondents appeared reluctant to tell their regular partner they were HIV-positive, although without qualitative information it is difficult to draw conclusions as to why this is but fear of the consequences of disclosure may be a logical reason.

Reactions to disclosure

I suffer from triple discrimination and stigma because of my HIV status, sexuality and age.

Of the people who were HIV-positive and answered the question 26% had experienced either people telling others about their status without permission or had suffered rejection because of their status.

“Being honest... it’s the prejudice that hurts and harms...many have said, ‘not only are you gay (!) but you also have HIV!’ ... It’s tough... for I know I cannot be with anyone... I have to remain alone all my life... and I really will never be accepted... I have learnt to live with it... that’s why I want to spread awareness amongst the youth... maybe the next generation will not have to cry at a 'Barista' for being evicted from their paying guest accommodation solely for being HIV+ !!”

Of those respondents who answered, 81% said they had received help and support following their diagnosis. This came primarily from friends and NGOs focused on HIV.

Respondents were least likely to receive support or help from their partner which may be because they do not disclose their status to their partners.

If diagnosed positive, respondents said they would go to HIV NGOs first, then friends, family and finally the medical services for support and help. This finding confirms the importance that informal networks play in supporting MSM.

Conclusion

What is of great concern are the high levels of violence and discrimination MSM still experience across multiple countries.

MSM are harassed to the point that respondents have had to move or change their details. In particular, the levels of rape and forced sex both from within their communities and by police or authorities are very worrying. Few HIV prevention responses deal with the issue of male rape. It deserves further investigation in light of the risk it poses for transmission into the wider community.

Over a decade into the HIV pandemic in Asia, medical practitioners are still discriminatory towards MSM and accessing health services remains a challenge. Greater sensitisation among health practitioners needs to be a core part of national HIV responses.

Sources of information about HIV and safer sex from government or schools are not effectively targeting or reaching MSM. However, men are finding support through other networks such as NGOs and community-based organisations.

Given that media channels are the main source of HIV information for the MSM surveyed, steps should be taken to explore providing specific information through media channels.

In order to effectively tackle rates of HIV among MSM communities greater and more concerted action needs to be taken to ensure that information and support is available if we are to successfully halt the spread of HIV in MSM communities.

“It seems that there is a schism between HIV negative people and those living with the virus. In my opinion, it would be more helpful to create more opportunities for HIV negative and positive people to dialogue about what HIV means to them and how these groups can support each other to further prevent the acquisition and transmission of HIV. It would be so much easier if we could do this together as opposed to maintaining an ‘us’ and ‘them’ environment.”