

POLICY BRIEF

HIV and SEX BETWEEN MEN

Context

Sex between men occurs in every culture and society, though its extent and public acknowledgement vary from place to place.¹ In terms of HIV, sex between men is significant because it can involve anal sex, which when unprotected carries a very high risk.² At least 5–10% of HIV infections worldwide are estimated to occur through sex between men, though this figure varies considerably between countries and regions.³

As men who have sex with men may also have sex with women, if infected they can transmit the virus to their female partners or wives.⁴ Although sex between men is often associated with a discrete HIV epidemic, it should also be regarded as linked to the epidemic in the general population.

- In a project in Senegal (Dakar), 88% of men who had sex with men also reported vaginal sex, and 20% reported anal sex with a woman.⁵
- In a study in China, half the men who have sex with men reported having sex with a woman, and one third of them were married.⁶
- In some cities in central and eastern Europe, one third of men in gay venues reported having both male and female partners.⁷

Sex between men occurs in diverse circumstances and among men whose experiences, lifestyles, behaviours and associated risks for HIV vary greatly. It encompasses a range of sexual and gender identities among people in various sociocultural contexts. It may involve men who

identify as homosexual, gay, bisexual, transgendered or heterosexual. Men who have sex with men are often married, particularly where discriminatory laws or social stigma of male sexual relations exist. Sex between adolescent males can also be a part of sexual experimentation.⁸ In places where men spend long periods in all-male environments, such as prisons or boarding schools, sex between men can be common regardless of sexual identity and may be coerced.

- Between three and 20% of all men are estimated to have sex with other men at least once in their lives in parts of Asia, Europe and Latin America.⁹
- Significant anthropological and anecdotal evidence on sex between men from across Africa exists. In the Middle East and North Africa, a significant proportion of AIDS cases are known to occur among men who have sex with men.¹⁰
- Sex between men is the most prominent mode of HIV transmission in nearly all Latin American countries, the United States, Canada and some Western European countries.¹¹
- Among men who acknowledged having sex with men in Thailand (Bangkok), studies show HIV prevalence increased from 17% in 2003 to 28.3% in 2005.¹²
- HIV prevalence of 17% in India (Mumbai) and 20% in Colombia (Bogotá) has been found among men who have sex with men.¹³

¹ "Men who have sex with men" refers to any man who has sex with a man, thus accommodating a variety of sexual identities as well as those who do not self-identify as homosexual or gay. In some contexts, "males who have sex with males" may be a more accurate definition, since programming may be directed at males who are not yet adults (individuals under 18 years of age). Sexual orientation is not to be regarded as a disorder (World Health Organization, International Classification of Diseases-10, 2006).

² US Centers for Disease Control and Prevention at <http://www.cdc.gov/hiv/pubs/faq/faq22.htm>.

³ UNAIDS (2001). I care...do you? World AIDS Campaign.

⁴ Men who have sex with men may also acquire the infection from their female partners if they are infected.

⁵ Niang CI et al. (2002). Meeting the sexual health needs of men who have sex with men in Senegal. *Horizons Report*. New York: Population Council.

⁶ Liu H et al. (2006). Men who have sex with men and human immunodeficiency virus/Sexually transmitted disease control in China. *Sexually Transmitted Diseases*, 33, 2, 68–76.

⁷ Hamers F, Downs A (2003). HIV in Central and Eastern Europe. *Lancet*, 361, 1035–1044.

⁸ Ryan C, Futterman D (2001). Lesbian and Gay Adolescents: Identity Development. *The Prevention Researcher*, 8, 1, 1–5.

⁹ Cáceres CF et al. (2005). Estimating the number of men who have sex with men in low and middle income countries. *Sexual Transmission Infection Journal*, 82 (Suppl III).

¹⁰ Ibid.

¹¹ UNAIDS (2006). Report on the global AIDS epidemic. Geneva, Joint United Nations Programme on HIV/AIDS.

¹² Van Griensven F et al. [to be presented]. Surveillance of HIV prevalence among populations of men who have sex with men in Thailand, 2003–2005. XVI International AIDS Conference, Toronto, Canada, August 13–18, 2006. [Abstract number MOAC0101]

¹³ Montano et al. (2005). Prevalence, genotypes and risk factors for HIV transmission in South America. *Journal of Acquired Immunity Deficiency Syndromes*, Volume 40, Number 1.

Denial and stigma drive the epidemic

Many governments fail to acknowledge that sex between men happens and that unprotected anal sex contributes to the transmission of HIV. Even if they recognize that it happens, there may often be insufficient political will, funding and programming to address it. Experience shows that recognition of the rights of people with different sexual identities, both in law and practice, combined with sufficient, scaled-up HIV programming to address HIV and health needs are necessary and complementary components for a successful response. Countries may choose to prioritize one or the other component but both have to fall into place to effectively deal with the epidemic as it relates to sex between men.

A number of UN human rights mechanisms have noted that sexual identity or orientation is prohibited as grounds for discrimination and that laws that criminalize homosexual acts between consenting adults violate the right to privacy.¹⁴ While some countries have legally recognized some form of same-sex partnership, in many countries sexuality is still a taboo subject for discussion and sex between men is socially disapproved of, legally prohibited and criminalized.¹⁵ In such places, health-care workers, other service providers and employers often discriminate against men who have sex with men, and police may harass or arrest them or those trying to provide HIV and sexually transmitted infections services.¹⁶ Discrimination prevents men who have sex with men from disclosing their sexual orientation, or reporting for HIV services. Consequently their vulnerability to infection is increased, and national data do not reflect the size of the HIV epidemic that is linked to same-sex behaviour involving men.

Fulfilling the rights of men who have sex with men is not only intrinsically valuable, it is also a critical means for improved health outcomes for them and the broader community. In many countries where sex between men is not criminalized and where stigma and discrimination have been reduced, men who have sex with men are more likely to take up HIV prevention, care and support and treatment services. In such contexts, historically men who have sex with men have successfully mobilized

community-based HIV prevention strategies, promoted the rights and needs of people living with HIV and created enabling environments for behaviour change.

- Globally, less than one in 20 men who have sex with men have access to the HIV prevention, treatment and care services they need.¹⁷
- A study in 20 Latin American countries revealed that men who have sex with men were the biggest, single group of people living with HIV, yet spending on prevention among this group was disproportionately low and most of it was coming from external sources.¹⁸
- In Kenya, while men who have sex with men were among the clients at voluntary counselling and testing clinics, the curriculum used to train the counsellors did not include specialized advice for sex between men—a missed opportunity for prevention.¹⁹

Policy position

The 2001 UN General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/ AIDS adopted by all UN Member States emphasized the importance of “addressing the needs of those at the greatest risk of, and most vulnerable to, new infection as indicated by such factors as [...] sexual practices.” At the 2006 High Level Meeting on AIDS, the Member States and civil society members reiterated the commitment, underlining the need for “full and active participation of vulnerable groups [...] and to eliminate all forms of discrimination against them [...] while respecting their privacy and confidentiality”²⁰.

In 2005, 22 governments from different regions, along with representatives of nongovernmental organizations and people living with HIV as members of the UNAIDS governing board, called for the development of programmes targeted at key affected groups and populations, including men who have sex with men, describing this as “one of the essential policy actions for HIV prevention”²¹. Since then, country and regional consultations have confirmed that the stigma, discrimination and criminalization faced by men who have sex with men are major barriers to the movement for universal access to HIV prevention, treatment, care and support.²²

¹⁴ Committee on Economic, Social and Cultural Rights (2000). General comment No. 14; Human Rights Committee, Toonen Decision (1994) and comments to a number of States to repeal laws criminalizing same-sex sexual activity; see also the Report of the Special Rapporteur on the Right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Paul Hunt, Document E/CN.4/2004/49, Para. 38.

¹⁵ As of 2005, nearly 70 countries had legal prohibitions against sex between individuals of the same sex. SIDA (2005), LGBTI issues in the world: A study on Swedish policy and administration of lesbian, gay, bisexual, transgender and intersex issues in international development cooperation. Stockholm: Government offices of Sweden.

¹⁶ Manzelli H, Pecheny M (2002). HIV/AIDS prevention in men who have sex with men. In: Cáceres CPM, Terto V, eds. *AIDS and male-to-male sex in Latin America and the Caribbean: vulnerabilities, strengths and proposed measures*. Lima, UPCH and UNAIDS, 99–132.

¹⁷ UNAIDS (2006). Report on the global AIDS epidemic. Geneva, Joint United Nations Programme on HIV/AIDS.

¹⁸ Alvarado F et al. (2002) Mapeo político y análisis de redes institucionales para VIH/SIDA en HSH en tres países latinoamericanos. Fundación Mexicana para la Salud (FUNSALUD)/ Iniciativa sobre SIDA para América Latina y El Caribe (SIDALAC), and Izabela JA (2002) HIV/AIDS expenditures and political mapping of MSM policies in LAC, a presentation at the UNAIDS CRIS meeting.

¹⁹ Horizons Report, HIV Operations Research, Reaching out to the Vulnerable, December 2005 at [http://www.popcouncil.org/Horizons/newsletter/horizons\(11\)_3.html](http://www.popcouncil.org/Horizons/newsletter/horizons(11)_3.html)

²⁰ Paragraph 64 of 2001 Declaration of Commitment on HIV/AIDS and Paragraphs 20 and 29 of the 2006 Political Declaration on HIV/AIDS.

²¹ UNAIDS (2005). *Intensifying HIV Prevention*. Geneva, Joint United Nations Programme on HIV/AIDS. Available at http://data.unaids.org/publications/irc-pub06/jc1165-intensif_hiv_newstyle_en.pdf

²² United Nations A/60/737 Assessment by UNAIDS to the General Assembly on Scaling up HIV Prevention, Treatment, Care and Support, March 24, 2006.

In this context, UNAIDS recommends the following:

Actions for governments:

- Empirically assess the role that sex between men is playing in the national HIV epidemic.
- Respect, protect and fulfill the rights of men who have sex with men and address stigma and discrimination in society and in the workplace by amending laws prohibiting sexual acts between consenting adults in private; enforcing anti-discrimination; providing legal aid services, and promoting campaigns that address homophobia.
- Prioritize strategies and budgets to address HIV prevention, care and treatment needs of men who have sex with men in national health and AIDS plans.
- Engage men who have sex with men, especially those living with HIV, in the design, implementation and monitoring of programmes as well as in National AIDS Councils.
- Tailor national, state and local HIV strategies²³ for men having sex with men to epidemiological and social data, taking into account the diversity of men who have sex with men and the specific sociocultural circumstances and risks that they face.²⁴
- Promote programmes for men who have sex with men who may be especially vulnerable to HIV infection, such as sex workers, injecting drug users and those in settings such as military facilities and prisons where violence and sexual coercion may take place.
- Support nongovernmental and community-based organizations, including organizations of people living with HIV, addressing issues related to sex between men.

Actions for civil society:

- Deliver programmes that promote access to HIV prevention, treatment and care for men who have sex with men.
- Challenge stigma and discrimination against men who have sex with men and advocate legal and policy reforms to promote their human rights and access to health services.
- Increase networking and information exchange with organizations working on behalf of men who have sex with men.

Actions for international partners:

- Advocate government commitment to the actions outlined above and promote strategic alliances between civil society groups working on this issue including labour unions, employers, universities and other organizations.
- Provide funding for programmes that address the health needs and human rights of men who have sex with men, as well as support for civil society groups, especially those comprised of men who have sex with men.
- Support systematic surveillance of HIV infection occurring in the context of sex between men, particularly in low- and middle-income countries.
- Increase support for strategic information and research, including ethnographic research, to better understand the occurrence, contexts and risk behaviours associated with sex between men, including its implications for women partners.
- Ensure that international norms, standards and tools address the specific HIV needs of men who have sex with men.

In China, local nongovernmental organizations are promoting HIV prevention and fighting discrimination against sexual minorities in large cities across the country. Outreach workers, many of whom are themselves men who have sex with men, distribute free condoms, lubricants and educational materials and conduct HIV prevention sessions in gay bars, discos, bathhouses, brothels and parks. This includes work especially addressing the needs of men who sell sex. Advocacy by local nongovernmental organizations has persuaded proprietors of some gay establishments and brothels to distribute condoms. Some 300 gay-oriented websites exist in China, with approximately seven million users. Gay hotlines exist in major cities and these provide anonymous counselling on HIV, psychological support and legal aid. Stigma and discrimination related to sex between men and HIV remain an issue and programmes are therefore carried out discreetly. As a result of the non-confrontational approaches used, local officials have not restricted these efforts and tensions with the police are easing.

²³ These strategies should: promote safer sex behaviours; ensure availability of condoms and water-based lubricants; ensure health-care staff are educated to overcome prejudices and make health facilities more accessible; promote access to voluntary HIV counselling and testing and screening for other sexually transmitted infections; promote sexuality education including the respect for sexual diversity; ensure access for HIV-positive men who have sex with men to treatment and care and promote responsible sexual behaviours towards their partner. For a more complete list please consult the report of a UNAIDS stakeholder consultation, Geneva, 10-11 November 2005 at http://data.unaids.org/pub/Report/2006/JC1233-MSM-MeetingReport_en.pdf. For Best Practice examples, please refer to the International HIV/AIDS Alliance website at <http://www.aidsalliance.org/sw29365.asp>.

²⁴ Programming for men who have sex with men may raise their visibility with adverse consequences for their interpersonal and community relationships and personal safety.

Policy-makers' voices:

Dr Jorge A Saavedra, Executive Director, Mexico's National AIDS Programme (CENSIDA)

In Mexico, the HIV prevalence among men who have sex with men is about 15%, compared to 0.3% in the general population. Addressing HIV among men who have sex with men is, therefore, a critical priority of the government.

Social discrimination makes people vulnerable and less likely to access health services. How can a patient trust his doctor if he cannot talk openly about his sexually transmitted disease because it may reveal his sexual orientation? Social discrimination also leads to low self-esteem, which increases a patient's chances of giving up treatment and eventually acquiring drug-resistance. Protection of human rights and public health are greatly interrelated.

In 2001, Mexico's constitution outlawed discrimination based on sexuality. However, men who have sex with men still face stigma and discrimination. In 2005, we launched a nationwide mass media campaign with a simple, key message: "It is homophobia, not homosexuality that we should fear." The campaign is accompanied by specific HIV interventions such as distribution of information and condoms in places where men who have sex with men meet and a wider offering of public voluntary counselling and testing sites.

I fully understand the challenge for policy-makers in other countries. Some of them are men who fear that if they promote activities addressing men who have sex with men, their sexual identity may be confused by others. However, that is a risk we need to take. Where homophobia is prevalent and laws forbid homosexual behaviour, the data are biased and the epidemic is likely to be interpreted as being driven by heterosexual behaviour. The men who got infected by other men would rather declare that they got infected through heterosexual sex.

In Mexico, we were able to overcome the political barriers mostly with the support of nongovernmental organizations and our current Minister of Health who is a scientist, and by providing large amounts of data and evidence on where our HIV epidemic is concentrated and how to maximize health outcomes for every dollar invested.

Mr Neil Blewett, former Health Minister of Australia (1983 to 1990)

Australia was one of the first western countries affected by AIDS. Through much of the 1980s, the number of cases per capita was greater than comparable countries but [the epidemic] was soon controlled, and from 2500 new diagnoses in 1984, the numbers were brought down to 750 new diagnoses in 1988. Even today, the cases per capita in Australia are one third to one sixth of comparable countries.

When the disease first became visible during my tenure, nearly all the HIV positive people were men who have sex with men. While sex between men was legal in the early 80s in over half the Australian states, homosexuals were still a somewhat marginalized group in society. There was additional discrimination against men known or suspected of carrying the virus.

Our response was a policy of partnership with medicos at the front line and with the well-organized gay community. Representatives of the gay community were included in most of the advisory bodies to the National and the State governments. Gay groups were funded to deliver advertising and educational programmes. This enabled much more adventurous advertising—explicit and erotic—and more uninhibited educational programmes than would have been possible if done by government. It also kept government at arms length from actual products.

To achieve these measures, we had to build social and political support to fight the discrimination. In several of our states, homosexual activities were illegal under state law and one of the results of the disease itself was to make governments decriminalize homosexual behaviour because they simply found it easier to carry out the health work if they didn't have this impediment.

I recognize things are far more difficult in many developing countries. Frankness is important and taboos have to be challenged: discussing anal intercourse was never easy for us. Explaining to likely critics in private non-confrontational situations the necessity of the policies being pursued will often diffuse or dissipate opposition. I cannot stress too much the desirability of circumnavigating rather than bashing through barriers.