



An AIDS education poster adorns a commercial sex establishment in the Chiang San District of Thailand. *Photo: Courtesy of Photoshare*

Male sex workers: the forgotten minority in south-east Asia

Eliezer F. Wangulu

Male prostitution is practised in all advanced cultures. It is the sale of sexual services by a man, whose sexual orientation may not correspond with the gender or sexual act(s) of his customer. Compared to female prostitutes, male sex workers (MSW) have been far less studied. While studies suggest differences between the ways these two groups view their work, more research is needed on MSW in order to stem the tide of the HIV and AIDS pandemic.¹

In Pakistan as in most of South-east Asia, discussing male prostitution in public is almost impossible. This is in spite of health experts' acknowledgement that this sexual minority may be the single most at-risk group after injecting drug users (IDUs).

The group is considered to be an important bridging population into mainstream heterosexual Pakistani society, with government health figures putting prevalence rates among IDUs at 27 per cent compared to seven per cent for men who have sex with men (MSM).

According to the Infection Control Society of Pakistan (ICSP), an NGO that works to prevent HIV and AIDS among MSW in Karachi, some half of them in the city are married, while more than half of the unmarried ones buy sex from female prostitutes, underscoring the group's capacity to act as a conduit for spreading the virus.

"They are the next risk group," says Naseer Muhammad Nizamani, country director for Family Health International (FHI) in Islamabad as quoted by IRIN/PlusNews. According to

Nizamani, whose US-based organisation is actively engaged in promoting safer sex practices among homosexuals and male sex workers in Pakistan, there are some 50,000 male prostitutes in Pakistan. ICSP says that in Karachi alone, there are between 40,000 and 50,000 MSW, depending on the criteria used.

Of particular concern in many parts of Asia are men who cannot be openly gay for fear of the authorities and who simultaneously have female partners in deference to social mores. Sex between men is illegal in 14 out of 19 countries in the region. "If the law allowed MSM to go public, they would not perhaps get married," Nizamani says.

Male sex workers pass by different names depending on where they find their clients. Those working on the street, in bathhouses, or parks are known as 'hustlers', while those engaged in bars are called 'bar hustlers' if they are not dancing. They are called 'go-go boys' or 'exotic dancers', if they dance or strip at clubs. Men advertising for clients in print media or via the Internet are typically known as 'escorts', 'massage/masseurs', or 'rent boys'.

The number of hustlers has been declining with the advent of Internet-based resources, but the need for quick cash by homeless or poor men guarantees the continued availability of street hustlers.

Shivananda Khan of Naz Foundation International says, MSM include a wide variety of gender and sexual identities as well. "MSM see themselves simply as a 'man', as they engage in the masculine role of penetration, while others may see themselves (or are seen) as 'female' or 'inter-sex'. Furthermore, MSM include homosexual men, as well as bisexual and heterosexual men," Khan says in *The truth about...men, boys and sex: Gender transformative policies and programmes*, a publication of the International Planned Parenthood Federation published in Japan.

Sex between males, he adds, often takes place simply because it is convenient, immediate and available, for example in prisons or among truck drivers. According to him, men who engage in these activities may not think of themselves as homosexual or even MSM, and would choose to have sex with a woman in many other situations.

These different behaviours and identities need to be taken into consideration when developing and implementing sexual and reproductive health and HIV services and programmes for MSM, says Khan, adding that treating them as a homogeneous group



AIDS information posters adorn the front door of a room where low-income commercial sex workers live in Thailand

runs the risk of missing some of the key factors affecting their sexual health.

As things stand, there is a threat to married women who are told to be faithful to one partner. “The woman will have the one partner but a man who has sex with other men has more than one partner,” observed Dr Nafis Sadiq, Special Adviser to the UN Secretary-General and Special Envoy for HIV/AIDS in Asia Pacific, in an interview with IRIN/PlusNews. Dr Nafis Sadiq is the former Executive Director of the United Nations Population Fund (UNFPA).

Numbers give an idea of the magnitude of the problem. “The most conservative estimates for 2006 show there are at least 10 million MSM in Asia-Pacific who are several times more infectious than the general adult population. Data in Asia show that without interventions, male-to-male sex will become one of the main sources of new HIV infections in the region... We are facing a public health crisis, but you would never know it from the region’s almost invisible response so far,” J. V. R. Prasada Rao, director of the Bangkok-based UNAIDS Regional Support Team, told IRIN/PlusNews.

Health services for MSM and transgender people are almost non-existent in the region. “A very recent UNAIDS survey shows that most countries in the region do not include any interventions for MSM and transgender

people in their national strategic plans on HIV. Only eight countries identified MSM as a priority group, and included interventions for them, in their strategic plans,” Rao pointed out. He added that in Thailand, where 20 per cent of new HIV infections are among MSM, they account for just over one per cent of national spending. In some other countries like India, he said, there is a budget for MSM interventions but implementing them is obstructed by the law.

“Our biggest problems are the police and doctors. Many (MSM) people we work with are poor — daily wage-earners — and cannot afford expensive private doctors. When they go to a government health clinic, the doctors taunt them about their sexual preferences. Many prefer to remain untreated rather than suffer discrimination and humiliation,” said Christopher Jayakumar, head of the Andhra Pradesh Male Minorities Association — a network of 22 grassroots organisations working among and with MSM in Andhra state of southern India.

Unfortunately, many programmes addressing HIV and AIDS focus primarily on heterosexual commercial sex transactions, placing little or no emphasis on MSM relations despite the fact that in Asia, HIV prevalence levels among this group have reached as high as 18 per cent in Andhra Pradesh, India; 15 per cent in Phnom Penh,

Cambodia; and 28 per cent in Bangkok, Thailand.

At the same time, the number of MSM sex workers is increasing. According to one study, the number of homosexual prostitutes in Thailand tripled to more than 30,000 between 2000 and 2002.² Clearly, the current number should be much higher.

Given the immense stigma surrounding homosexuality in many parts of the world, homosexual prostitutes often hide their occupation from family and friends. In addition, sex between men is criminalised in many countries. Sodomy laws force homosexual sex workers to meet potential partners in places that are hidden from the general public. This in turn heightens their vulnerability to abuse from clients. Police tend to use such laws to justify continued harassment of MSM sex workers leaving them with nowhere to turn when they are violated or abused.³

The situation in Nepal

Part of the problem, according to UNAIDS, is the common misconception that male-to-male sex happens only among men who identify themselves as ‘gay’. In fact, most MSM living outside the West do not identify themselves as such, and are often married with children. Concerned NGOs in Nepal note that, many straight or straight-acting men who have sex with transgender persons [people who do not identify with the gender they were born with] will not come into any of these NGOs’ drop-in centres because society expects them to be powerful and masculine. A powerful and masculine man does not have to use a condom, never mind that it is difficult to find condoms in rural areas.

Nepal has a sizeable transgender population that has long been involved in sex work catering to MSM. In the ‘terrain’, or low-lying areas of the country bordering India, transgender people are traditionally mobile, often crossing the border to India to sing and dance at weddings or other celebrations, as well as engaging in sex work. This exposes them to multiple sex partners and by extension to HIV.

Lessons learned

- Men who engage in these activities may not think of themselves as homosexual or even MSM, and would choose to have sex with a woman in many other situations.
- Different behaviours and identities need to be taken into consideration when developing and implementing sexual and reproductive health and HIV services and programmes for MSM.
- MSM are not adequately reached through HIV prevention programmes most likely because little is known about their particular situations, contexts and practices.

Sexual minorities in Thailand

Prostitution is illegal in Thailand, thus sex workers tend to keep a low profile, making accurate statistics almost impossible to obtain. It is possible, however, to get a rough idea of the industry's growth by looking at the city's number of gay establishments. According to a study by the University of Amsterdam's Department of Anthropology, there were only eight venues in Chiang Mai, Thailand's second largest city catering mainly to homosexual clientele in 1994. Today, there are around 35.

While the incidence of HIV and AIDS and other STIs is much lower in Thailand than in other parts of Asia, a 2005 study by the Thai Government in conjunction with the US Centres for Disease Control and Prevention estimated that 11.4 per cent of male prostitutes in Chiang Mai were HIV-positive.

Because they fall below the radar, this growing population of migrant male sex

workers mainly from Myanmar receives little assistance from NGOs. While several organisations in northern Thailand address the issue of migrant labour and others work with ethnic minorities, very few NGOs deal directly with MSW.

"We try to provide male sex workers with information, healthcare and support," says Mplus+ project manager Pad Thepsa. "We want to help them to help themselves," Thepsa told IRIN/PlusNews.

Mplus+ is a non-profit organisation based in Chiang-Mai, which works to promote homosexual prostitutes' sexual health. Although male sex workers (self-identified as gay or heterosexual) are their most important target group, Mplus+ also serves the gay, bisexual, lesbian and transgender communities. Mplus+ states on its website that MSM are not adequately reached through HIV prevention programmes in Thailand most likely because little is known about their particular situations, contexts and practices. To address this, the project is researching the sexual practices among MSM as they are socially-produced. Thereafter, Mplus+ will use sociological research data to develop multimodal educational resources (animations, vod/pod casts and other digital and print-based multimedia) with homosexual prostitutes with whom the research is carried out.

The WHO and UNAIDS held a technical consultation in Geneva, Switzerland last September and the consultation's report: *Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender populations*, had specific recommendations for South-east Asia, the Western Pacific and the Eastern Mediterranean regions.

There is need to conduct regional consultations on MSM and transgender issues; identify local groups and NGOs working with MSM and transgender people, and collaborate with them; promote advocacy for issues related to MSM and transgender people and; ensure there is adequate monitoring and evaluation of health service interventions and provide resources.

The consultation identified important areas for further research. Gathering more evidence in those areas should lead to improved resource targeting for MSM and transgender people, and contribute to a reduction in HIV/STI transmission among them. At the same time, easily measurable quantitative data should not overshadow the need for less tangible, qualitative results. Though quantitative measurements (such as the numbers of condoms distributed and STIs reported) are important, they should not be the only measures of success. Indicators of success should include observations of how the lives of sex workers have improved; how the instances of police raids, arrests, and harassment have decreased; how healthcare professionals treat sex workers; and how sex workers feel about themselves.

If the recommendations of the WHO/UNAIDS consultation are implemented, they will go a long way towards addressing the many problems sexual minorities face and lead to their full enjoyment of human rights including improved health. It is a tall order that calls for not just having laws that recognise sexual minorities' rights to fair and equal treatment as the rest of the population, but walking the talk by way of enforcing the laws. ■

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Adolescent males work in a small group during a "Know Yourself" Life Skills Workshop in Ghoraghat. Such early interventions can curb HIV spread even among those engaged in minority sexual practices

1. http://en.wikipedia.org/wiki/Male_prostitution#cite_ref-2
2. <http://ipsnews.net/interna.asp?idnews=14082>;
3. <http://www.alertnet.org/thenews/newsdesk/IRIN/288274aec3a619b1443e2b25945cf2c4.htm>