



**AIDS and Men  
who have Sex  
with Men**



**UNAIDS  
Point of view**

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# Facts and Figures

- Sex between men occurs in most societies. Its existence, and its importance for AIDS prevention, though, are frequently denied.

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  - Many men who have sex with men (MSM) do not see themselves as homosexual. Many are also married or have sex with women. In some regions, there is a high level of bisexual behaviour among MSM. In Mexico City, for instance, a survey of men who engaged in same-sex activities found that 56% also had sex with women.

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  - Anal sex, which is often practised in sex between men, carries a high risk of transmission of HIV, when the virus is present and when condoms are not used.

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  - Sex between men is the main route of transmission of HIV in some parts of the world. In some other places it is a secondary route of transmission. Nearly everywhere, it is a significant and interconnected part of the epidemic and needs to be taken seriously into consideration.

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  - Some 5–10% of all HIV infections worldwide are due to sexual contact between men, but the figures vary considerably from one place to another. In North America, parts of Latin America, most of Europe, Australia and New Zealand, the rates are often as high as 70%.

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  - The key steps that need to be taken to deal effectively with HIV transmission in male-to-male sex are:
    - for political leaders and all other key players to accept that sex between men exists, and is relevant to AIDS prevention, care and support work
    - for national AIDS programmes to include the issue of male-to-male sexual transmission of HIV in their planning and implementation
    - for donor agencies to commit themselves to giving serious consideration to funding AIDS prevention, care and support among MSM
    - for both governments and nongovernmental organizations (NGOs) to promote safer sex and the provision of condoms, conducting programmes involving: outreach work; peer education projects; and mass media and 'small media' campaigns, as appropriate
    - for national AIDS programmes and other partners to encourage the creation of gay organizations and strengthen existing networks of men who have sex with men
    - for national AIDS programmes and other partners to reproduce or expand HIV prevention approaches that have proved successful among MSM, locally and abroad
    - for political leaders and influential people in society to support HIV programmes directed at MSM
    - for national AIDS programmes and donor agencies to ensure that effective HIV interventions among MSM are maintained. In the past, good projects have sometimes been stopped, or had funding decreased, when it was thought that they had been successful, or that the risk to MSM had declined.
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## Sex between men

***Sex between men occurs virtually in most societies. It is often stigmatized by society, and its public visibility, therefore, varies considerably from one country to another. Sex between men often involves anal intercourse, which carries a high risk of HIV transmission. Good HIV programmes addressing men who have sex with men (MSM) are thus vitally important—though up to now they have often been seriously neglected.***

### **Common—often denied, suppressed and stigmatized**

Sex between men occurs in most societies, though its extent certainly varies from place to place, for cultural or other reasons. Its existence, however, is frequently denied by the authorities in many places—because of religious teachings or cultural taboos, or because as individuals they feel uncomfortable with the subject. Details on the prevalence of same-sex behaviour are lacking in most areas, for lack of proper research on the subject—often itself the result of denial.

Sexual acts between men have often been condemned, by civic and religious leaders, and criminalized by law. In some countries, penalties for those accused of sexual acts between men are among the severest available. Elsewhere, even where same-sex behaviour is not illegal, there is frequently unofficial persecution by the authorities (the police or military, for instance), or discrimination against or stigmatization of those men known or thought to be having sexual relations with other men.

For these reasons, in many parts of the world, much sex between men is hidden or secretive. This makes an assessment of its extent, and of the various types of sexual acts that occur, even more difficult.

### **Hidden—and therefore overlooked**

Many men who have sex with other men—whether occasionally or frequently—do not regard themselves as 'homosexual' or 'bisexual' in any way. They are very often married. Even if they are not, they may have sex with women as well. This observation applies particularly to those societies where marriage is strongly urged by society and the family—for instance, in many communities in Latin America, the Middle East, the Mediterranean region, Africa and the Indian subcontinent. This contributes to the hiddenness of much sex between men.

In most countries, a certain proportion of sex between men is in some way done in return for payment. While some of this sex work is full-time and professional, a large proportion, on the other hand, is highly informal—unlike the situation with female sex work—and is conducted, perhaps, with the expectation of a small present in return for services given. Many male sex workers have a wife or regular female partner, and would not self-identify as homosexual. Frequently, their clients are married men or men who also have sex with women.

In most parts of the industrialized world, and in a growing number

of other centres, including many cities in East and South East Asia and Latin America, a significant number of MSM have developed an awareness about their sexuality, and identify to a greater or lesser extent as 'gay' or 'homosexual'. In many places in these countries a specific gay social scene has developed, including gay bars, discos, gyms, restaurants and radio stations. Also, groups of gay men concerned with issues of human rights or of AIDS prevention have proliferated in recent years. Even in these places where there is a visibility and certain openness of MSM, there are many other men—possibly a majority of the total—who do not self-identify as gay or bisexual, because of stigmatization or fear of discrimination or because of a lack of role models, among other reasons. However, self-identification is not essential for a recognition that same-sex behaviour exists.

## Why is the issue of sex between men important for AIDS prevention?

### **Sexual practices**

Penetrative anal sex often occurs in sex between men. Other common sexual acts that occur are oral sex (mouth-to-penis), ejaculation between the partner's thighs or elsewhere on the surface of his body, and mutual masturbation. The proportion of sex acts between men involving penetrative sex is thought to vary considerably from one location to another, depending on local culture and other factors. As with other matters relating to sex between men, precise figures are absent almost everywhere, because of lack of research and the essentially private nature of the subject matter. The amount of unprotected penetrative anal sex that occurs, though, is highly important as regards AIDS prevention, since—among all the possible sexual acts between two men—HIV can only be easily transmitted by anal sex.

### **Risk of HIV transmission relatively high**

The risk of HIV transmission through anal intercourse (and anal sex can also be practised between a man and a woman) is especially high, when condoms are not used. The risk to the receptive partner in unprotected anal sex is, on average, several times higher than the next most risky category in sexual transmission, that of a woman having unprotected vaginal intercourse with an HIV-infected man. The reason for the increased risk in anal sex is that the lining of the rectum is thin and can easily tear, and even only small lesions in the lining are enough to allow the virus easy access. Even without such lesions, it is thought that

there may be a lower immunity in the cells of the rectal lining to resist HIV than there is, for instance, in the lining of the vagina. Unprotected anal sex also poses a risk to the insertive partner (when HIV is present in the other person). The presence of other, untreated sexually transmitted diseases (STDs), such as syphilis, gonorrhoea and chlamydial infections, can greatly magnify the risk of HIV transmission, where HIV is present.

When condoms are used in anal sex—and used properly, with water-based lubricant, in each and every such sexual encounter—then the risk of HIV transmission becomes very low. Risk of HIV transmission is also very low (and may be non-existent) where non-penetrative acts take place—the practice of so-called 'safer sex'. In theory, HIV can be also transmitted through oral sex if a condom is not used for protection, but the risk here is generally considered very low.

Taken worldwide, 5–10% of all HIV cases are due to sexual transmission between men. In parts of the world, including North America, parts of Latin America, most of Europe, Australia and New Zealand, sex between men is the main route in the transmission of HIV, being responsible for up to 70% of HIV cases in these areas. Elsewhere, it is a secondary route. In all countries, though, the likely extent of male-to-male sex is probably underestimated. Governments, nongovernmental organizations (NGOs) and the private sector must accept its presence and take it fully into account in AIDS prevention work.

The attitude that has prevailed in some places—that "these things don't exist (or hardly exist) in our society, so we don't need to take any action"—is both wrong and dangerous, since it is likely to ignore a significant (even if relatively small) part of the overall epidemic.

## What needs to be done?

It is highly important to do HIV prevention work among MSM along the lines laid out below. Experience from many countries shows that such efforts are likely to be more credible and effective when carried out alongside health care for men who are already infected. This includes counselling for those with concerns relating to their sexuality or to actual or possible infection with HIV. All health-care staff, including those in STD clinics, should be made aware of the needs of MSM and should treat their clients in a welcoming and sympathetic manner.

### **Accept that male-to-male sex exists and is relevant to AIDS prevention**

In those places where there is a refusal to accept that sexual behaviour between men exists and is furthermore an issue that is highly relevant to AIDS prevention, it is important that advocacy work be carried out to remedy this shortcoming. Such advocacy will be based partly on research and should be done by the national AIDS programme or by NGOs. Its aim must be to get all the key players—the politicians, civic and religious leaders, and influential people in institutions such as the military, academia, the media and the legal and medical professions—to recognize the existence and importance of the issues involved. The research on which it is based will mainly seek to find out why there is a refusal to recognize these issues, and to work out an appropriate way to argue the case.

### **Protect rights to reduce vulnerability**

Like other people, MSM have rights which must be respected.

These include the right to information – about risk behaviour and how to protect themselves during sex; to services related to HIV prevention and care – including counselling, STD services and other health services; and to the freedom from discrimination on the grounds of sexual orientation. When rights such as these are not respected, MSM have less control over their behavioural risks and are therefore more vulnerable to HIV infection. On the other hand, protecting such rights greatly increases the likelihood that they will be able to access and use prevention messages, skills and services.

Ending discrimination is thus of great importance for AIDS work, and is something that governments can play a part in, through their legal systems. Among the legal measures that should be considered here is the abolition of laws criminalizing consenting sexual behaviour between men. For example, at the end of 1996, the new government of South Africa approved a new Constitution guaranteeing equal rights and outlawing all discrimination against gay men and women—a Constitution that has been hailed as a model for others to follow.

### **Place male-to-male HIV transmission in national AIDS programmes**

Once such a recognition has been achieved—or in those countries where it is already generally accepted that sex between men occurs and can be an important factor in HIV transmission—the government should commit its national AIDS

programme to place the issue of sex between men firmly in its national AIDS programme. This involves making MSM issues a component of the national AIDS plan, and giving proper thought to carrying out the MSM projects to achieve set, measurable targets. Similarly, donor agencies funding AIDS prevention work should include the issue in their funding priorities.

### **Promote safer sex and risk reduction; provide condoms and STD treatment**

Governments who have accepted the importance of MSM issues and who have made it part of their national AIDS programme, should organize campaigns to promote safer sex among MSM. Appropriate NGOs should consider carrying out this work—and irrespective of whether their government has accepted the issue. In fact, there are good examples of NGOs conducting successful prevention projects among MSM in places where the authorities continue to ignore the issues. All these campaigns should include the provision of condoms and lubricants (and instructions on proper condom use) and the promotion of alternatives, such as that of non-penetrative sex, to high-risk sexual behaviour.

Effective programmes to detect and treat STDs in MSM, leading to a reduction of the prevalence of STDs in the MSM population, will reduce the risk of HIV transmission.

MSM are often difficult to reach, and careful thought is needed about intervention programmes that will find them and be effective. Methods to reach such men have been developed over the years in several countries;

## What needs to be done?

depending on the particular conditions of the society, they include a mix of media campaigns (including particularly the use of the so-called 'small media'—for example, pamphlets and flyers—whose dissemination is usually more discreet than other forms of media message), peer education and outreach programmes.

In outreach work, a mixture of trained professionals and volunteers go out to find men who have sex with men, in a range of places that may apply—including public 'cruising' spots, bars and other social venues, and work places. Peer education uses trained current members of the targeted community—for example, male sex workers. The face-to-face methods used in both approaches provide privacy and confidentiality, and enable the targeted person to ask questions. Outreach programmes also provide easy access to high quality condoms and lubricants, and promote safer sex, knowledge of condom use and negotiating skills.

Enough lessons about HIV interventions among MSM have been learnt by now worldwide to know what works and what does not. It must be stressed that programmes aimed at men who have sex with men that have proved effective should be maintained. There have been cases where programmes have had their funds cut or stopped after the project was pronounced to have been 'successful', or when it was thought that the risk to men engaging in same-sex behaviour had declined. As with other forms of AIDS prevention programme, the price of continuing freedom from infection is both eternal vigilance and eternal effort.

It is essential that adolescents and young men should be educated by their peers on HIV risks and prevention methods. All too frequently lacking access to information on sex between men and thus ignorant of the risks and more vulnerable than others, these young men will tend to listen to their friends.

"We need better interventions for prevention among men who have sex with men, including those who do not identify themselves as homosexual or bisexual. A key strategy is to strengthen emerging gay communities, because they are the ones who can do the best job of prevention education. At the same time, we need to challenge the discrimination that makes people vulnerable."

*Dr Peter Piot, Executive Director of UNAIDS, at the opening of the Pan-American Conference on AIDS, Lima, Peru, December 1997*

### **Strengthen existing networks of men who have sex with men**

Working with men who have sex with men is often difficult for governments. However, there are often networks and informal community groups of self-identified gay men, who are interested in carrying out HIV prevention and care activities among men who have sex with men. A vital approach here is to support and strengthen such groups and networks. They exist not only in North America, Europe, Japan, Australia and

New Zealand, but in a growing number of urban areas in other parts of the world, from São Paulo to Cape Town, Kuala Lumpur to Tel Aviv, and Taipei to Mexico City. In fact, 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.

### **Identify and reproduce effective HIV prevention efforts among gay community groups**

Taking this a step further, the amassed experience of gay men's groups worldwide is now sufficient to start identifying effective types of prevention strategies, and to investigate these to see whether, and in what conditions, they might be replicable elsewhere—thus avoiding having to 'reinvent the wheel' many times over. This is a promising development in extending prevention efforts among men who have sex with men, and one which is being pursued by UNAIDS in cooperation with groups around the world.

### **Give strong support to HIV programmes for MSM**

The more that leading political figures and other influential people in society support—and are seen to support—HIV programmes directed at MSM, the more likely it is that such programmes will be effective and will be maintained.

## What sort of approaches have proved effective?

There are many HIV/AIDS projects around the world working with MSM or self-identified gay men. The following are a selection of a few of them, all considered successful and innovative in their approaches.

*SIGLA (Sociedad para la Integración Gay/Lésbica en Argentina)* in **Argentina** has a long history of AIDS prevention work. Its main AIDS project is *Proyecto Sinsida*, aimed at the gay community in downtown Buenos Aires, with plans to extend the project to the poorer neighbourhoods south of the city. Early activities involved handing out posters and leaflets. There followed outreach activities, including condom distribution in bars and discos in the cities of Buenos Aires and Rosario, as well as HIV counselling, and help in obtaining medicines for those living with HIV/AIDS.

SIGLA also runs regular workshops, both in gay bars and at its office. These include the showing of a Spanish-language video produced by the Colombian Lambda Project, demonstrations of condom use and general discussions. And in 1996, with support from the Pan-American Health Organization and a local teachers' union, SIGLA launched an HIV training course for elementary and high-school teachers.

In addition, SIGLA produces a weekly radio talk show on gay and lesbian topics, every third one of which is devoted to AIDS issues, including an ongoing soap opera which contains messages on HIV.

The *Naz Foundation* works in Bangladesh and India, helping develop community-based local NGOs to work with MSM. In

Dhaka, **Bangladesh**, it has recently set up two organizations, the *Bandhu Social Welfare Society (BSWS)*, focusing on MSM (including male sex workers) from low-income groups, and the *Association for Health and Social Development*, involved mainly with middle-class MSM networks.

In setting up local organizations such as these, the Naz Foundation first trains a group of MSM from a local network to conduct a behavioural study. The group then interviews around 500 MSM and, after analysis of the data, a programme is developed. Further training is then given to the core group to help it form the organization—involving programme design, monitoring, budgeting and evaluation.

From its experience in South Asia Naz has found that recruiting and training MSM from low-income and marginalized groups who do not self-identify is far more effective than using self-identified gay groups.

Part of Naz's strategy is community development. In Dhaka, BSWS is developing a micro-credit union and vocational training. The project also operates direct referrals to an STD service, and promotes the social marketing of condoms and lubricants.

In 1993, the *Association marocaine de lutte contre le SIDA (ALCS)* in **Morocco** launched the first project in the Arab-Muslim world aimed at MSM. The initial work involved conducting sociological research on the attitudes and behaviour of male sex workers in Casablanca and Marrakesh. This led to the HIV/AIDS project proper, where five

key workers, including former male sex workers, were chosen for their close knowledge of the sex work circuit and trained as educators. These educators go to cruising areas, and distribute strong condoms and sachets of lubricant, together with information—both printed and in the form of audio cassettes.

Two doctors working with ALCS give free weekly consultations, mainly concerning STDs. This has been hailed as a major breakthrough since male sex workers in Morocco, because of stigmatization, rarely consult doctors about STDs, choosing instead self-administered, home-made remedies.

The *Gay Men's Health Project (Helseutvalget for Homofile)* in **Norway** started in 1983, early in the epidemic, and its work is entirely with MSM. Reaching individuals and talking to them—in outdoor places, bars, discos and saunas—constitutes a large part of its activities.

Helseutvalget has introduced a couple of particularly innovative ideas into this outreach work. One is in gay saunas, where its workers offer free massages to customers; during the massage, the masseur from Helseutvalget talks in a relaxed way to the customer about safer sex—an instance, perhaps, of "the massage being the message". A second innovation is in outdoor outreach work. Helseutvalget has introduced its own type of bird-house, which it sets up in public parks (with permission from the local authorities), filling the bird-house with condoms, sachets of lubricant, and instruction leaflets. It has already

## What sort of approaches have proved effective?

exported this concept to other European countries.

Other activities include organizing discussion and training groups for particular types of MSM—including young men; those who have tested HIV-positive; and those who are HIV-negative but whose regular partners are positive.

The Library Foundation (TLF) in Manila, **Philippines** has been going for over five years. It has

a drop-in centre in Manila, where social activities are also held, but its major activity is running workshops.

TLF recruits participants for its workshops from among gay men, particularly those who are more hidden and do not participate in the gay 'scene'. The workshops try to instil a shared sense of identity and to develop community building. The intention is that each group

of men who have attended a workshop should be encouraged to keep in touch with each other and stay close friends, offering mutual support when needed.

Because of its accumulated experience in the field, TLF is now in a position to offer advice to many newer groups outside Manila. One of these is the *Iwag Davao* project in Mindanao, with its 'Center for Gay Men', catering to low-income MSM.

### UNAIDS Best Practice Collection

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is preparing 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 being published in English, French, Russian and Spanish. Single copies of *Best Practice* publications are available free from UNAIDS Information Centres. To find the closest one, visit UNAIDS on the Internet (<http://www.unaids.org>), contact UNAIDS by email ([unaids@unaids.org](mailto:unaids@unaids.org)) or telephone (+41 22 791 4651), or write to the UNAIDS Information Centre, 20 Avenue Appia, 1211 Geneva 27, Switzerland.

Journalists seeking more information about a UNAIDS Point of View are invited to contact the UNAIDS Geneva Press Information Office (tel: +41 22 791 4577 or 791 3387; fax: +41 22 791 4898; e-mail: [wintera@unaids.org](mailto:wintera@unaids.org)).

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*AIDS and men who have sex with men: UNAIDS Point of View* (UNAIDS Best Practice Collection: Point of View).  
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1. Acquired immunodeficiency syndrome—transmission
2. Homosexuality, Male
3. Acquired immunodeficiency syndrome—prevention and control

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