

## **Challenges for IUSTI in Asia Pacific**

The Asia Pacific branch of IUSTI covers a very large geographical area; at least two, if not three WHO regions. The Regional Director is currently from Singapore, the branch committee members are from Australia (2), India (2), Malaysia (2), China, Indonesia, United Arab Emirates, and Singapore (total=10)

Prior to the 11<sup>th</sup> World IUSTI Congress in Cape Town, 9-12 Nov 2009, the branch committee members were asked to nominate four priorities for the region; the results from nine members were as follows:

- \*Stigma, STI, HIV, other issues with MSM (8)
- \*Increase in syphilis, and resistant gonorrhoea (3)

- HIV in IDU (3)
- \*STI in youths/inclusion in school curriculum (2)

Others included (one or less)-Papua New Guinea, Reproductive Health, budgets, under-reporting, dermatologists, condoms, drug procurement esp penicillin, podophyllin

\*these topics will be the subject of plenary and/or or symposium sessions at the 16<sup>th</sup> IUSTI Asia Pacific Conference, to be held in Bali, Indonesia, 4-6 May, 2010

For more information, go to  
<http://www.iusti-pit2010bali.com/>

The most popular topic concerned MSM, (eight of nine correspondents nominated this topic), and a summary of the presentation by one of us (BPM) in Cape Town is presented below:

### **The hidden and fast growing epidemic of HIV and other STIs in Asian men who have sex with men (MSM)**

Unprotected male-to-male sex with multiple partners is one of the three main modes of transmission of HIV in the Asia-Pacific region -the other two being unprotected sex in the context of sex work and unsafe injecting drug use (Sheldon Shafer, Director, UNESCO, Bangkok, 2008). According to the Asian Epidemic Model, there are several million MSM in the Asian region. Overall, MSM are as much as 25x more likely to be living with HIV than the general population (see Baral et al, below). Unpublished data from UNAIDS in 2008 show that MSM in urban areas of Thailand, Cambodia, and Myanmar are experiencing severe HIV epidemics with prevalence greater than 10%. MSM in cities in Vietnam, Lao PDR, Indonesia, China, Nepal, and India face intermediate level epidemics with prevalence of 2% to 10%. Emerging MSM epidemics are now evident in Pakistan, Bangladesh, East Timor, and the Philippines. There are also alarming rates for other STIs, particularly syphilis

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(for example 11% among MSM in China, Chen XS, personal communication, Oct 2009) A series of amfAR documents in 2007-9 pose the question, when so many resources are devoted to HIV, how could the entire international community have overlooked or simply ignored the rapidly rising rates of HIV infection among MSM? Part of the answer it seems lies in the stigma and violence surrounding MSM; in Asia and the Pacific eleven countries have laws that criminalize consensual sexual activity among persons of the same sex. Institutionalization of a “culture of hatred” results in covert and overt discrimination and a denial that sex between men actually occurs. “The generalized discomfort with male-to-male sex has helped generate a familiar vicious cycle; no data equals no problem; no problem equals no intervention; and no intervention equals no need to collect data” (MAP report 2005). For much of the last decade less than half the countries in the Region did not include MSM in any form of sentinel data collection, nor include MSM in their national AIDS plans.

The trouble with MSM.....is that MSM is an awkward typology, meaningless in conversation in most Asian languages; however, it may be the best that the English language can offer at present, and its deficiencies are debated in most of the recent literature from important sources (7,8); originally coined in USA, it implies an identity, whereas sexuality in Asia is fluid, and based on adopted gender roles. In several countries, “Kathoei” is a vernacular “catch all”, but even where it is used, it is not without its problems. It may be possible to generate insights from anthropology, rather than epidemiology. For example in the Introduction to his book on Mekong Eroticism (1), Chris Lyttleton writes....

*....late in our study, the research team is sitting in a small salon. It has three or four beauticians tending to customers. It is way down a dusty road on the outskirts of Vientiane, the small capital of the Lao People’s Democratic Republic (PDR), or Laos. The road is having drainage pipes dug into its edges, which makes for awkward access and noisy conversation. Inside, Suk is attaching hair extensions to a customer sitting in front of a mirror. Another woman is being attended to by a soft-faced man named Phe-his hair is short, hers is being washed. Suk, “herself”, has flowing hair and smooth skin that is only possible after months of hormone intake (which in local practice, means taking huge numbers of contraception pills). Like her customer, Suk calls herself kathoei. Phe is not sure which word is better, but he prefers “gay” over kathoei. He has a Western boyfriend. It is popular knowledge amongst Laotian men who are looking for Western lovers that they prefer men with short hair.*

*It is a scene that the research team has encountered often. Beauty shops are the prime locale associated with both work and sociality for kathoeis. It has been this way for generations.....*

In this society, and others in Asia, it’s clear there are diverse MSM identities; a glossary that would include transgender, overtly feminine acting MSM,

overtly masculine acting MSM, gay men, men who have situational sex with other men; in other words there is a continuum; and it may be very difficult for outsiders, perhaps especially, Western epidemiologists, to grasp the nuanced nature of MSM in Asian countries. In terms of sexual behaviours, a kaleidoscope of possible unions is possible. Multiple sex partners are a common theme, however, and condoms may have to take second place to fleeting encounters, or indeed, emotional desire. A number of key researchers have been sounding the alarm on MSM and HIV in Asia for some time (2-4). Many NGOs have also been active, for example Family Health International, which has supported several initiatives (5), including a collaboration in with Dr Chris Bourne (Sydney Hospital Sexual Health Centre, 2006), which resulted in an important and innovative resource-practical clinical guidelines for sexual health care of men who have sex with men; these are available on the IUSTI Asia Pacific web-site (6) The challenges for MSM programs are various and include the fact that many MSM do not identify as such and so are hidden from MSM-specific programming, as well as continuing prejudices. One of the challenges will be to reach MSM with proper support and care, such that they return again and again

Recently, there have been some crucial surveys and documents that support major funding for MSM in Asia, and specific attention to these issues (7-9)

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8. amFAR, The foundation for AIDS Research (2009).  
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services for MSM in Asia and the Pacific. amFAR/TREAT ASIA, Bangkok.
9. Report of the Commission on AIDS in Asia. (2008). Redefining AIDS in  
Asia. Crafting an Effective Response. Presented to Mr Ban ki-moon, UN  
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