

***PROGRAMS & POLICIES FOR MALE SEX WORKERS IN INDIA:
CURRENT SITUATION, GAPS, & RECOMMENDATIONS***

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A. BACKGROUND

- Male sex workers (MSW) are a heterogeneous group.
- There are many subpopulations of MSW.
- Besides some common needs/issues, each subpopulation may have specific needs/issues that need appropriate programs/services and policies.
- **There CANNOT be one generic intervention model for “MSW”** (just as we CANNOT have one generic intervention model for “MSM”)
- Among policy makers and donor agencies, there is lack of understanding of male-to-male sex in general as well as male sex work
- Lack of consensus over a ‘working definition’ for male sex workers among the various stakeholders
- Lack of adequate information or expertise in designing appropriate HIV prevention and care programs for male sex workers

B. CURRENT SITUATION & GAPS

1. Govt. of India: NACO/SACS

- NACP-II mentions about “men who have sex with men” (MSM).
- NACO (through SACS) claims to have funded 76 intervention programs for MSM this year (mostly funded to NGOs, not CBOs)
- “MSM” is regarded as a target group (“targeted interventions”).
- The terms - “Hijras” or “transgender/transsexual” (male-to-female) – are not found in NACP-II
- “Male sex work” or “Male sex workers” – not mentioned in NACP-II
- Mostly NGOs (NOT Community-Based Organizations - CBOs) are funded for providing intervention programs for MSM (Whether inclusion of MSW in these programs is assumed or ‘male sex workers’ as a group is not recognized?)
- Near lack of involvement of community groups in designing, implementing and evaluating programs for “MSM”.

HIV serosurveillance:

- In 2004, NACO had 3 annual serosurveillance centers for “men who have sex with men” in India.

- No data collected on how many of the “MSM” in the serosurveillance were also “MSW”.
- No separate serosurveillance center for Hijras

Behavioral surveillance: (BSS)

No separate BSS for MSW (?and there are many subpopulations)

2. Funding Agencies (Including Bi/Multilateral)

- ? MSW - not regarded as a population with considerable size to merit attention.
- ? MSW – are supposed to be reached and provided adequate services by the current programs for “MSM”
- ? Apprehensions regarding possible misunderstandings with Govt. of India (some funding agencies include sex workers under “migrant populations”)
- Policies (actually “ideologies”) of some international development agencies may prevent provision of funding for specific programs for specific populations. Example: “Sex WORK” and USAID.
- Similarly policies of some funding agencies may limit the scope and type of services offered by NGOs to ‘MSM’ or “sex workers”. (example: no funding for advocacy programs or conducting community events)
- ? Most funding agencies prefer to give funds to NGOs (NOT TO CBOs)
- Lack of understanding about overlap of the categories “MSM” and “MSW”. Means donor agencies do not consider funding CBOs who already are working with ‘MSM’.
- Thus NGOs who have received funding to reach out to “MSW” work in the same “field areas” of CBOs who work with “MSM”. The ‘logic’ is CBOs work with “MSM” and they work with “MSW”.
- In reality, most of the *Kothi*-identified male sex workers are actually reached by agencies that work with ‘MSM’ as well as ‘MSW’.

3. NGOs working with “MSM” &/or “MSW”

- No involvement of CBOs or community *groups* (not just one or two ‘community representatives’) in designing, implementing and evaluating the programs for MSM or MSW.
- Overlapping of field areas. Field areas which are already covered by a CBO are covered by NGOs also. (? Inappropriate use of resources.)
- Imposition of the ideologies of the donor agencies on the implementing NGOs may have some negative consequences in provision of appropriate services to MSW.

4. CBOs working with “MSM” (including MSW)

- Most CBOs usually reach out to and provide services to *Kothi*-identified MSM. (ALL subpopulations of MSM cannot be reached out by CBOs through outreach work)

- A significant (or major) proportion of these *Kothi*-identified MSM may be involved in sex work.
- In CBOs, usually no distinction is made between MSW and MSM who are not involved in sex work. Means the specific needs of MSW may be overlooked.

5. CBOs working with 'MSW'

- Currently, one CBO (PLUS) works exclusively with MSW in India
- Difficulty in finding necessary resources.
- May be able to reach out to predominantly one or two subpopulations of MSW. Example: *Kothi*-identified MSW.

6. SERVICES to MSW (NGOs/CBOs)

- Services provided to MSM in general are also usually accessed by MSW. (Counseling/Testing – STD/HIV, Drop-in, Clinical, Outreach education/Condoms)
- Specific needs or services may not be understood by NGO/CBO or articulated by MSW who access other services.
- Some services which may be needed by MSM/MSW which are usually not available are:
 - Legal information (education about legal rights)
 - Availability of legal services
 - Psychosocial support counseling
 - Referral services for mental health and alcohol de-addiction programs.
 - Assistance and support in disclosure of HIV/STD status to steady partners (male or female)
 - Teaching condom negotiation skills, sexual communication skills and assertiveness training
 - Programs to build self-esteem and removal of self-stigma among MSM/MSW. (No appropriate “empowerment” model of intervention)
 - Counseling on sexuality issues (those who are “unsure” about their sexuality)
 - For transgender persons: Counseling and referral services for SRS (Sex Reassignment Surgery) and Hormonal therapy
 - Availability of good quality/variety of condoms and lubricants
 - Programs to reduce stigma and discrimination in health care settings, society, prisons, and from MSM population.
 - Absence of advocacy programs to challenge the criminal status of male sex work (has linkages to decriminalization of male-to-male sex and female sex work)
 - Specific needs for specific subpopulations (example: improving ‘industry conditions’ - gain support of massage parlour owners or male brothel owners in Kolkata)

C. RECOMMENDATIONS

1. TO NACO/SACS

- Develop national policies in relation to ‘MSM’ and ‘MSW’ and HIV/AIDS prevention and care.
- Develop appropriate HIV serosurveillance and BSS for MSW (also HIV serosurveillance among Hijra communities)
- Involve community groups in designing, implementing and evaluating programs for MSM/MSW.
- Community consultation (MSM, MSW, Hijras, IDUs, FSW) when designing NACP-III
- Financial and technical assistance to CBOs.
- ? In collaboration with community groups, prepare national guidelines on how to include services for MSW in existing services for MSM

2. To FUNDING AGENCIES (INCLUDING BI/MULTILATERAL)

- Develop appropriate funding policies (policies regarding to which groups and what kind of programs they will provide funds for)
- Ideologies of the funding agencies not be imposed on the implementing agencies
- CBOs need to be given priority for funding.
- NGOs need to be asked to collaborate with CBOs and to build the capacity of CBOs/community groups

3. To NGOs working with “MSM” &/or “MSW”

- Work in collaboration with CBOs (in designing, implementing and evaluation)
- To build the capacity of CBOs or community groups so that they can later take care of their own communities in the long run.

4. To CBOs working with “MSM” (including MSW)

- Consciously become aware about the specific service needs and advocacy issues in relation to MSW and to develop appropriate programs.