This section outlines strategies for HIV/STI prevention for and with men who have sex with men. The strategies are organised into four categories which are taken from the Alliance Frontiers Prevention Project Framework (International HIV/AIDS Alliance, Oct 2002).

These categories are:
1. Individually focused health promotion
2. Scaling up, targeting and improving service and commodity delivery
3. Community mobilisation
4. Advocacy, policy change and community awareness.

Effective programmes for reducing HIV transmission among men who have sex with men will include strategies from all of these categories, with local conditions and needs determining the relative importance given to each.

Studies confirm that in different communities the strategies outlined in this section have raised awareness of HIV/AIDS and STIs and resulted in some increase in condom use. However, there is regrettably little evidence from the developing world that they have resulted in either a significant reduction in HIV transmission or sustained low rates of HIV among men who have sex with men. That does not mean these strategies do not work, but that little research has been carried out in this area.

One exception is the Naz Foundation in India, whose projects have helped not only to increase good knowledge of HIV and STIs and increase condom use, but which have also seen reduced rates of STI infection. Furthermore, the strategies detailed in this section have been widely used in a number of developed countries, such as Australia, the Netherlands and Norway, where rates of HIV infection among men who have sex with men have remained low for many years. The strategies in this booklet are therefore recommended on the basis that, according to current knowledge, they represent the most likely means of preventing widespread HIV transmission among men who have sex with men and their partners.

STRATEGIES FOR INDIVIDUALLY FOCUSED HEALTH PROMOTION

This subsection examines strategies which aim to influence individual men’s attitudes and perceptions towards sexuality and sexual behaviour, with the objective of increasing the frequency with which they practise safer sex and seek counselling and testing.

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Individual interventions include outreach (visits to parks, bars and other sites to talk to men on an individual basis), distribution of pamphlets, video shows, counselling, workshops and group discussions, and formal presentations. The content of interventions includes building skills in the use of condoms and lubricants, offering STI diagnosis and treatment facilities and promoting and providing voluntary HIV counselling and testing.

Peer education is critical; wherever possible, individual interventions should be carried out by men who have sex with men, with appropriate training, remuneration and support.

Obstacles to individually focused health promotion can include low awareness of HIV/STIs, reluctance to be identified as a man who has sex with men, negative attitudes towards condoms, and low self-esteem. Hostility from gatekeepers and other HIV/STI service providers can also be a barrier which should be addressed using strategies outlined further on in this section.

**Open air**
Across the world men cruise in public, most often in parks, streets and beaches with a local reputation for such activity. A high proportion of men who meet in public are poor, with little education or illiterate, socially isolated and/or uncertain of their sexual identity. In some societies men cruise because they cannot meet men anywhere else, but even where alternatives such as bars and saunas exist, open air venues are popular. Sex may take place in those public places, particularly if there are areas that offer a degree of privacy, or it may take place elsewhere. Many sexual encounters are anonymous, with few or no words exchanged.

Interventions in public spaces usually consist of trained workers who regularly visit the location and talk to the men they meet there. They hand out leaflets if appropriate, share safer sex techniques, promote STI diagnosis and treatment and voluntary counselling and testing, and distribute condoms and lubricant. Outreach requires skill in approaching strangers and avoiding assault by others who consider the men targets. The police may also be hostile so security for outreach workers needs to be considered carefully.

Because men who have sex with men are often faced by issues more pressing than HIV, such as hunger, family problems and violence, the information given verbally or in pamphlets often needs to extend beyond HIV/STIs. For example, as described previously, the Blue Diamond Society in Kathmandu, Nepal, fosters solidarity among the men using public parks to protect each other from blackmailers, thieves and the police.
The best outreach workers are usually men who themselves cruise in public spaces and who fully understand the concerns of the men they meet. To avoid confusion between their private lives and their work, ethical standards should be developed as part of their training programme. This may include working in pairs, partly for safety and partly to reduce the likelihood of workers being distracted by offers of sex.

Once their confidence has been gained, men in public spaces generally react favourably to the concern shown for their well-being. Some may express an interest in other activities, such as developing information and communication materials, and a few may offer and be appropriate for training.

**Under cover**

Outreach work can also be carried out in commercial outlets, such as bars, nightclubs, saunas and cinemas. Possible activities include talking with customers, poster displays, providing leaflets and condoms, and cultural or cabaret acts.

One-to-one conversations on HIV and other issues can be held without the approval of the owner or manager, but activities are generally much more effective with his/her support. Initially this may be difficult to achieve, even when the owner is himself a man who has sex with men. Owners may not wish to acknowledge that men who have sex with men meet on their premises or they may consider publicity on HIV and STIs bad for business.
One argument for persuading owners to change their mind is that HIV itself is bad for business, since it reduces the number of potential clients. And material and presentations that are celebratory and, if appropriate, erotic are likely to attract customers.

Once one owner has agreed to allow outreach on his or her premises, it is usually easier to persuade others to do the same. Their interest may be purely commercial – a regular clientele is good for business – or it may be personal, since they may also be men who have sex with men. Whatever their motivation, as gatekeepers they are critical in helping to establish successful prevention programmes.

Interventions must be sustained to be effective: condoms and leaflets should always be available, cabaret acts can be a monthly feature and World AIDS Day an annual event.

**Materials**

Men who have sex with men should be involved in the development of posters, leaflets, videos, theatre presentations and all other materials. This includes both the design stage, pre-testing and distribution.

The design stage can be a follow-on from participatory assessment. It confirms who the target group is, the most appropriate means of presenting them with information (written or pictorial etc.) and the most appropriate language and information. Pre-testing means showing the finished material to a representative group of men who were not involved in the development process. Their reaction is critical, and they may identify strengths and weaknesses which were not obvious to the development team. Only when the material has been successfully pre-tested should it be distributed to the target audience.

**Groups**

One-to-one interventions provide essential information and allow men to focus on questions that particularly concern them; group discussions and workshops encourage broader discussion of issues and help create a sense of solidarity. As more people provide more perspectives, more potential responses can be suggested for problems that affect either the individual or the group. Groups also provide the psychological support that many individuals need to practise safer sex and develop self-esteem.

Meetings should be held in locations where participants feel comfortable but where they are not easily distracted. Where anonymity is important, notices about the meeting should make no reference to sex between men. Different formats can be used, from regular weekly meetings with no obligation to attend, to day- or
weekend-long workshops where participants commit to attending the whole event. Group discussions are usually no longer than one or two hours. They can be relatively informal and unstructured, although they are more effective with a facilitator who can guide the conversation without forcing it, ensuring that all participants have an opportunity to express their concerns and that they have a sense of ownership of the process and the ideas expressed.

Discussions should not only cover sexual behaviour and safer sex, but other issues that affect men who have sex with men. It is important to allow participants to express negative experiences, including unsafe sex, without disapproval from others; such experiences are common and discussing them forms part of the process of adopting safer sex.

Workshops
Workshops tend to be longer than group discussions, require considerable advance preparation and preferably at least two trained facilitators. Basic issues that can be covered by workshops include:

- HIV/AIDS
- STI diagnosis and treatment, including oral and anal STIs
- Condom and lubricant use and promotion
- Modifying risky behaviours
- Sexual identities and gender
- Socio-cultural/religious issues
- Marriage and families
- Wives and other female sexual partners
- Legal and human rights issues
- Discrimination and stigmatisation
- Sex work
- Community development and mobilising
- Economic issues and poverty.
As the organisation grows and members develop skills, other issues that can be covered include:

- Community needs
- Ownership of health promotion agendas
- Sexual health products and services
- Education and awareness strategies
- Support for people living with HIV/AIDS
- Advocacy.

Workshop techniques include: games, role-playing, case studies, small group work and debates. Lectures are not recommended, except when brief and used as the introduction to a discussion rather than as an end in themselves. Many organisations, such as the Naz Foundation International in South Asia and Oasis in Central America, have developed workshop manuals that can be adapted for use in different communities. Some of these are listed in the Resources Section, pages 56-59.

Group discussions and workshops only reach a small minority of men who have sex with men. Many key groups, such as married men, poor men and men who feel socially isolated, may not be able to attend easily. As the project develops, mechanisms should be developed for reaching such men.

**STRATEGIES FOR SCALING UP, TARGETING AND IMPROVING SERVICE AND COMMODITY DELIVERY**

Advising men to use a condom is one step towards HIV prevention; making that condom accessible is the second step. Other steps include making STI treatment and HIV voluntary counselling and testing available. In other words, wherever possible, individual interventions must be supported by provision of clinical services and commodities – condoms and lubricants.

**Condoms**
Consistent and proper use of condoms is the only means of reducing the risk of HIV transmission in anal and vaginal intercourse, but access to condoms is often limited. Many factors prevent men from buying condoms, including cost, the fact they may only be for sale in restricted outlets, and the embarrassment associated with buying them.

A key element in the work of CBOs is therefore making condoms accessible. Male condoms are usually provided by donor organisations at little or no cost.
These can be handed out by outreach workers or left in commercial venues for patrons to take – although mechanisms may be needed to be established to prevent individuals taking large quantities to sell to others.

While condoms appear simple, condom use is a skill that can be developed partly through workshops and partly through practice. Furthermore, several factors should be taken into account to make condoms acceptable to men who have sex with men. These include:

**Wrapping/motifs:** where possible, wrapping should be culturally appropriate and should not imply that condoms can only be used for sex with women.

**Instructions for use:** printed instructions should be in appropriate, uncomplicated language, combined with culturally appropriate, explicit images for illiterate users.

**Size:** condom size is an issue for some men; condoms are manufactured in three sizes but usually only one size is made available to CBOs.

**Female condom:** as an alternative to the male condom, the female condom can be used for anal intercourse; usually the inner ring is removed and the condom placed over the penis before penetration. Advantages include the fact that it is more comfortable for men with large penises and does not require a full erection before it is used; disadvantages include appearance and its high cost.

One-to-one outreach, group discussions and workshops can all help men become more familiar with condoms.

**Lubricants**
Because the anus does not provide lubrication, alternatives must be found to make intercourse comfortable. Men often use spit, although this is usually insufficient and dries quickly, or seminal fluid (“pre-cum”), which is dangerous since it can carry HIV. Oils for cooking or creams for body care are also used, but they should not be used with condoms because they destroy the latex. Only water-based lubricants should be used with condoms.

Few men have access to water-based lubricants. They are usually only sold in pharmacies and at a price beyond the reach of most who need them. While some CBOs distribute free sachets of lubricant that they receive from donors, most others do not have such a source. Finding a regular supply of free or cheap lubricant is a problem which most CBOs in the developing world have not yet resolved.
Testing
Providing facilities for diagnosis and treatment of STIs and for HIV testing and counselling is an essential element of all HIV prevention. However, even where such facilities are available, many men, whether they have sex with men or women, do not use them. This may be for several reasons, including lack of awareness that they may be infected, inability to pay for consultation or treatment, belief that “real men” do not fall ill and, where relevant, fear of being identified as a man who has sex with men.

Encouraging men to seek treatment for STIs and to test for HIV has an important impact on the epidemic. The desire to take the test reflects a recognition of the risk and, irrespective of the result of the test, men who take it practise safer sex strategies more consistently than men who do not. Such facilities must always be provided on a voluntary basis and at no time should a CBO condone any form of mandatory or obligatory testing and counselling.

Diagnosis and treatment of STIs requires medical staff trained to recognise symptoms and sometimes access to a properly equipped laboratory. Where men who have sex with men are clients, even if they do not identify as such, doctors and other medical staff must be trained to identify and treat infections in the mouth and anus. It also helps if men who have sex with men can learn to recognise and properly describe their symptoms.

HIV testing requires laboratory access and paramedical staff trained to take blood samples. Testing must be preceded and followed by counselling, which also requires trained staff. Self-administered saliva tests for HIV exist, but they are not widely available and not recommended because they make no provision for counselling.

Counselling
Pre- and post-test counselling with a sympathetic counsellor familiar with men who have sex with men not only allows information on HIV/STIs and safer sex to be passed on but also is an opportunity for clients to learn about community-based and other organisations that work with men who have sex with men. Where a client tests positive for HIV, he can also be given details of organisations for people living with the virus. Different models of counselling may be required depending on culture and client need.

Issues that often arise in counselling include internalised homophobia (men may be unwilling to admit that they are attracted to men and therefore unwilling to take protective measures); poverty (including inability to practise safer sex because
paying partners refuse to do so); and masculinity (the attitude that “real men
don’t get sick” discouraging condom use). Single counselling sessions seldom
result in sustained behaviour change, although two sessions each
before and after the test have been shown to reduce
the rate of new STIs in the United States.
Ongoing counselling is ideal; where
this is not possible, clients should
be referred to CBOs which offer
group discussions
and workshops.

Most CBOs do not have the medical
facilities to provide STI diagnosis
and treatment, although they
may have space where HIV
counselling can be given and
blood samples taken. These
organisations often negotiate with other
service providers to ensure that appropriate HIV and
STI services are made available for men who have sex with men. These include
arranging consultations at an accessible time and place, at little or no cost, and
usually not publicly identified as being for men who have sex with men
or even as STI clinics.

**Ethics and confidentiality**

Medical staff and counsellors must be trained to deal in a non-judgemental way
with men who have sex with men. Ideally, many doctors and counsellors will
themselves be men who have sex with men, although the confidentiality of the staff
as well as the clients must be respected. Initial training for counsellors, who need
have no previous experience, can be short, particularly in communities where work
with men who have sex with men is new, but it should be ongoing to ensure that
lessons learned from dealing with clients are shared with other counsellors and
counselling skills are constantly developed.

Confidentiality should always be maintained by HIV/STI services. This applies both
to health, in particular whether the individual has contracted HIV or an STI, and to
behaviour and gender/sexual identity – respecting the individual’s right not to
divulge their sexual behaviour and identity to others. Confidentiality around HIV
should be respected whatever the result, particularly since willingness to disclose
a client’s negative status suggests that those whose status are not disclosed are
HIV-positive.
Everyone diagnosed with HIV faces a range of concerns, which may include ongoing health, whether to inform partners, and HIV/AIDS-related stigma and its consequences, such as loss of employment or home. Men who have sex with men who learn they are HIV-positive often face additional difficulties, including potential disclosure of their sexual activity and in maintaining a relationship. Counselling can help men identify some of these issues, but long-term support is preferable, particularly from groups of men who have sex with men who are also living with HIV.

To pay or not to pay
Services and commodities cost money and the resources of community-based and non-governmental organisations are limited. Most organisations can only provide condoms and lubricants when they are given free by donors. While many donors offer condoms, relatively few offer lubricants, which makes the supply of lubricants uncertain.

Organisations must decide whether to provide such resources free or at a price that its target audience can afford to pay. Such a price is likely to be nominal and is unlikely to recoup more than a small percentage of costs, but it may encourage a sense of value in the product. The Library Foundation in the Philippines encourages participants to buy condoms on a regular basis so that they are assured of availability at all times.

Other services
CBOs can provide many services for men who have sex with men in addition to condoms and HIV/STI services. These include workshops and group discussions, as described above, educational opportunities such as literacy classes and legal advice. These are usually provided in the context of a safe house, as described in the next subsection.

STRATEGIES FOR COMMUNITY MOBILISATION

While some men who have sex with men have strong social networks, many are either physically or socially isolated from their peers. The existence of a CBO, even if it has only a few members, helps to build and mobilise the community as a whole. That community in turn can help to consolidate a sense of identity and solidarity among individual men, underpinning their resolve to practise safer sex.

Communities can only emerge from the needs and desires of the men themselves and cannot be imposed from outside. A single community in a geographical area
may not be possible: experience from several countries shows that middle-class men are more likely to feel part of a community with a western-style gay identity, while lower income, less-educated men are more likely to promote local identities. Some groups, particularly those that focus on human rights, may include women who have sex with women, while others prefer to work only with men.

As discussed above, a CBO is usually staffed by volunteers and, at least in the initial stages, is likely to require capacity-building support. A well-functioning organisation identifies key issues, such as condom provision, hostile police action or repressive policies, and designs strategies to respond to these challenges. It also develops means of sustaining projects, to reduce the need for external support.

Celebration time
In addition to the essential year-round work of outreach and counselling, the broader community (or communities) of men who have sex with men can be mobilised around specific national or international events or celebrations such as World AIDS Day (1 December) and Gay Pride. These can perform the double function of instilling pride in the community and raising awareness among the general population of the existence and needs of men who have sex with men. Many different events can be held, including public marches and demonstrations, art and photographic exhibitions, cinema, theatre and dance. Some of these, particularly for World AIDS Day, may involve other communities affected by the infection such as sex workers and people with HIV.

While World AIDS Day focuses specifically on HIV, Gay Pride is a more fluid concept. It can be associated with an international event (such as commemoration of the riots at the gay Stonewall Bar in New York in June 1969) or a national celebration. In the Netherlands, for example, the Queen’s birthday in late April is also national Gay Pride day. The word “gay” itself may be seen as inappropriate or it may be included in a longer phrase: LGBTQ – lesbian, gay, bisexual, transgender and questioning – is used by some groups.
Higher visibility for both individuals and the community as a whole may have negative consequences, such as increased police repression, violence, and homophobia from political and religious leaders. The overall impact of a public celebration, however, is almost always positive. Men who participate in the planning and implementation gain a strong sense of solidarity and self-esteem, while those who see the events experience a reduced sense of isolation. And society at large begins to reconsider its understanding and opinions of a group that it previously had little knowledge of.

**A safe house**

In many societies, men who have sex with men, particularly those with little income and who live with their families, have few opportunities to relax and meet their peers in an environment where they do not have to hide their sexuality. Many CBOs therefore see a “safe house” as a priority, particularly where commercial venues do not exist or where many men cannot afford to visit such venues.

A safe house may be anything from a room lent on a weekly basis by an NGO to a building owned by the CBO. The more accessible it is to the community, the greater role it will play in building that community. Depending on size and availability, it can be an office, an informal meeting-place and a place to host a wide range of activities. These activities can range from discussion groups, workshops and planning World AIDS Day events to rehearsal space, literacy classes and film nights. If space permits, a safe house can also host a counselling and testing service and a library.

A safe house requires sustained commitment because it creates considerable work and bureaucracy. Structures must be established that allow volunteers to contribute to the running of the house and to train in computer skills, advocacy and accountancy.

The setting for the safe house should be chosen carefully. Even when anonymous, neighbours are likely to become aware of who visits it. Instead of a residential setting, a safe house may be best situated in a commercial area and near a park or other cruising area.

Safe houses include the Blue Diamond Centre in Kathmandu, which is open seven days a week from 9am to 6pm and offers counselling, clinic services, videos twice a week, training and social and cultural events, and the Library Foundation in the Philippines, which has a community centre which hosts the Foundation’s office, regular one-day workshops, group discussions, meetings and advocacy events.
HIV/STI PREVENTION STRATEGIES FOR AND WITH MEN WHO HAVE SEX WITH MEN

On-line
Although still restricted to the middle class in many countries, the internet has become a virtual community for many men who use the web to make social and sexual contacts with other men. This may be on international sites, such as www.gaydar.eu.com and www.gay.com, or sites with a national or smaller focus, such as www.gaybombay.com. Increasing numbers of organisations, such as the Library Foundation (www.tlfmanila.org) also have their own website.

While the internet provides increasing opportunities for men to explore their sexual identities, some activists argue that it allows men to have more sex with other men but without building the sense of community needed to break down homophobia. However, websites and chat rooms provide important opportunities for HIV prevention. In Singapore participants who identify as HIV resource persons frequently respond to private enquiries about safer sex and AIDS.

In prison
Sex between men is a feature of prison life across the world. When it occurs, it may be for sexual release, an expression of affection or an act of violence as one or more men impose their will on another man. Many, if not most, of the men who have sex with men in prison would not do so in other circumstances. Condoms are seldom available, drug injection may be common, and HIV infection rates are frequently higher in prison than in the general population.

HIV intervention projects for prisons, focusing on both sex and injected drugs, are essential but face many obstacles. The authorities may not wish to recognise the extent of the problem, or to let outsiders “interfere” in the running of the prison. The prisoners themselves are often suspicious of education efforts. Nonetheless, projects for prisoners have been initiated in many countries, from Costa Rica to Zambia, often by ex-prisoners. While some of these focus only on HIV prevention, others respond to prisoners’ broader needs, such as literacy classes, self-esteem workshops and drug use.
Given the very different backgrounds and circumstances, the community of prisoners is very different from the communities of men who have sex with men elsewhere. Nonetheless, a sense of community exists and can be built upon.

STRATEGIES FOR ADVOCACY, POLICY CHANGE AND COMMUNITY AWARENESS

The attitudes and activities of men who have sex with men are profoundly affected by the broader communities in which they live. A social environment that stigmatises sex between men frequently leads to poor self-esteem and/or fear of identification, which both inhibit safer sex. Advocacy interventions ensure that organisations of men who have sex with men are seen as part of the solution to the HIV/AIDS epidemic. Men whose social environment supports their right to have sex safely with other men, are more likely to protect themselves and their partners.

Different environments
People live in a series of overlapping social environments, including friends, family, work colleagues, the neighbourhood in which they live and legal, cultural and religious norms. Broader environments such as law and religion influence narrower environments such as the attitudes of family and neighbours. In only a very few countries do most of these environments support the right of men to have sex with men. More often there is conflict between men’s desires, activities and the environments in which they live.

While community mobilisation is predominantly directed at men who have sex with men, enabling environment interventions are aimed at the broader community. The immediate goal of such interventions is recognition of the right of men who have sex with men to access appropriate information, skills, services and commodities that will enable them to protect themselves and their partners. A long-term goal may be full legal and social equality.

Advocacy activities depend on the local social and political situation and local needs of men who have sex with men. At a national level activities may be policy research, lobbying and debate leading to legal reform. At a local level enabling environment interventions can include:

• Lobbying for provision of information and services, and against violence against men who have sex with men
• Basic awareness and anti-stigma education in the general population
• Promoting the participation of men who have sex with men in policy-making bodies such as health centre advisory groups and HIV/AIDS committees
• Educational initiatives with the police, religious leaders and others who shape community norms
• Provision of information to the general population to enable men and their women partners at risk to seek information and services.

The goal of advocacy depends on local circumstances. Action for AIDS Singapore, for example, directs its advocacy towards HIV rather than sexual orientation because their work with men who have sex with men is only part of their overall activities. Gay/lesbian/bisexual/transgender groups in Singapore work specifically on social and political issues relating to men who have sex with men.

Given the strong stigma often associated with men who have sex with men, advocacy interventions may have considerable obstacles to overcome. Initial goals may therefore be limited, but medium- to long-term goals should be a decrease in stigma and discrimination against men who have sex with men and increased commitment by the broader community to combating the epidemic among such men.5

Visibility and representation
The first essential step in advocacy is to raise awareness of the issue. Ideally, this requires one or more men who are willing to identify themselves publicly as having sex with men and able to argue the case for appropriate interventions. Although increasing numbers of men are “coming out” in more and more countries, some societies are still extremely hostile; in these it may be safer and more appropriate to argue on behalf of the community rather than as a member of the community. And wherever possible, men should speak not as individuals, but as representatives of a CBO or NGO.

Representation on institutions that directly or indirectly affect the lives of men who have sex with men is essential. There are many such organisations, from national HIV/AIDS committees to health clinic management boards, from human rights organisations to municipal authorities. Some are composed of elected representatives, others are appointed and some are self-appointed. The CBO should determine which are most influential, and which are most likely to accept a representative of men who have sex with men before planning how to achieve representation as quickly as possible.

When serving as a member of such a body, a representative is more likely to be effective when he takes an active part in the decision-making process that affects others. For example, ensuring that a local clinic not only makes appropriate provision for men who have sex with men but also provides adequate counselling for women rape victims underlines the point that men who have sex with men are

5. Further information on how to develop advocacy strategies is available in the Alliance Advocacy Toolkit Advocacy in Action: a Toolkit to support NGOs and CBOs responding to HIV/AIDS. June 2002. www.aidsalliance.org
part of a broader community and deserve the same respect that the community offers to others.

In addition, it is important that a representative actually comes from the group he represents or is seen by the group to represent them well. Where education and professional skills are low, a representative of men who have sex with men may need some support and training.

**Police liaison**

In some communities the police pose the greatest immediate threat to the well-being of men who have sex with men. They monitor places where men meet, sometimes enforcing the law where it prohibits sex between men, blackmailing men by demanding money or sexual services, beating men, jailing them without charge and sometimes standing by while others attack or blackmail them. Outreach can be extremely difficult in such circumstances.

Wherever possible, CBOs should work with the police to create an environment where HIV education can be carried out with minimum risk and maximum impact. This may be difficult to achieve, particularly if requests to meet the police are ignored. Success often depends on the willingness of one or two key police officers to listen to CBO representatives. An alternative approach may be possible through local or national politicians or other CBOs or NGOs which have established good liaison.

The content of discussions and activities depends on the local situation. The emphasis may be on health rather than human rights and may include informal talks, formal membership of a police liaison committee and awareness-raising sessions with police officers or the ranks. Compromise may be essential, since the police generally will be unwilling to be seen to give up their authority or to condone criminal activity.
Social advocacy
As they grow stronger, CBOs usually wish to work, either alone or with others, on national advocacy. This is likely to have two interlinked goals: increased public awareness and acceptance of men who have sex with men (social advocacy), and legislation protecting the rights of men who have sex with men (political advocacy). In some countries these may be long-term goals. Potential partners include CBOs representing men who have sex with men from other parts of the country, human rights groups, health organisations, ethnic minorities, drug users, sex workers and other marginalised groups.

Public opinion is generally influenced through the media, while changes in legislation depend on intensive lobbying of politicians and other policymakers. Changes in religious attitudes may also result from lobbying of religious leaders.

Messages should always be adapted to the receptiveness of the audience. While the reality is that stigmatisation and repression of men who have sex with men places both them and their women partners at risk, local circumstances will dictate whether the best appeal to the public is through health and the importance of protecting those at risk, human rights or a combination of the two. An appeal to the country’s history, if there was a period in which sex between men was accepted, can also be used. Ultimately, however, the public must be made aware that repression and stigmatisation of men who have sex with men prevents educational activities and places both men and their women partners at risk.

Approaches to the media can be made in several ways, including press releases, articles submitted for publication, contact with reporters who prepare sympathetic programmes or articles, interviews and appearances on chat shows and phone-ins. Many issues can be the subject of a press release or statement, such as initiatives by the CBO or a reaction to events or statements from others; for example, condemning a statement that stigmatises sex between men or congratulating a policy that promotes HIV information for men at risk. Other approaches to the public can be made through posters, leaflets and books, and participation in public debate; for example, during elections, theatre presentations, etc.

CBOs should be aware that there is often a backlash to increased awareness of sex between men, including hostile coverage in the media and violence against men perceived to have sex with other men, but the long-term rewards are greater than the short-term difficulties.
Political advocacy
Efforts to change public opinion form an important backdrop to political advocacy, which aims to change legislation. The long-term goals of political advocacy are likely to be a review of current laws and drafting of proposed legalisation. This may include legalising sex between men on the same basis as between men and women, and anti-discrimination laws. Short-term, more achievable goals may include statements from the health minister, national AIDS committee or leading donor agencies recognising the right of men who have sex with men to appropriate information and services.

Political advocacy in particular requires specific skills, but these can be acquired either through internal training or training by outside organisations.

Faith
Religious leaders are often the strongest critics of sex between men, and the negative attitudes of community and political leaders are often based in religion. A dialogue with religious leaders is therefore essential. Furthermore, some religious leaders have sex with other men, and fear of being identified makes them hostile to any discussion of sex between men. On the other hand, many religious leaders acknowledge that sex between men occurs and that men should be encouraged and enabled to protect themselves and their partners. Such leaders may provide support, although this may be private rather than public.
This booklet has presented the main issues around HIV/STI prevention for NGOs and CBOs, either currently working with men who have sex with men, or who are considering doing so. Men who have sex with men are one of the key populations for effective HIV/STI prevention, particularly in countries with lower HIV prevalence.

To work with this key population successfully requires a context specific appreciation of who men who have sex with men are, the values they hold, and how they behave. This will facilitate an understanding of the specific vulnerabilities and risks they face and form the basis for designing appropriate HIV/STI prevention programmes with them.

A wide range of strategies can be employed for HIV and STI prevention with men who have sex with men. These strategies can be summarised under the following categories:

- Individually focused health promotion
- Scaling up, targeting and improving service and commodity delivery
- Community mobilisation
- Advocacy, policy change and community awareness.

At their heart, all these strategies are based on the principle of working with, rather than for, men who have sex with men.
This section includes useful publications and websites for further information on men who have sex with men and HIV/STI prevention. A list of some of the organisations that work with and for men who have sex with men are included at the end of the section along with their contacts.

**PUBLICATIONS**

There are many useful publications about men who have sex with men, including:

- Stephen O Murray & Will Roscoe (eds)  
  *Islamic Homosexualities*  
  New York University Press  
  1997; ISBN 0 8147 7468 7

- Stephen O Murray & Will Roscoe (eds)  
  *Boy-Wives and Female Husbands: Studies of African Homosexualities*  
  St Martin’s Press  
  1998; ISBN 0 312 21216 X

- *AIDS and Men Who Have Sex With Men* (UNAIDS Best Practice Series)  
  May 2000, includes a bibliography and is available at:  

- *An Introduction to Promoting Sexual Health for Men Who Have Sex With Men and Gay Men: A Training Manual* (The NAZ Foundation India Trust 2001)

**WEBSITES**

Useful websites include:

- www.mask.org.za  
- www.utopia-asia.com/aids.htm  
- www.gaydar.eu.com  
- www.gay.com  

Please note that many other organisations can be found by entering the words “gay”, “organisation” and country name in www.google.com
ORGANISATIONS

A list is included below of some organisations who have significant resources on men who have sex with men and HIV and can identify other organisations working in the field.

• International Lesbian and Gay Association
  81 Kolenmarkt
  B-1000, Brussels
  Belgium
  Tel and fax: +32 2 5022471
  E-mail: ilga@ilga.org
  www.ilga.org
  Please note that there are regional branches of ILGA

• UNAIDS
  20 avenue Appia
  CH-1211 Geneva 27
  Switzerland
  Tel: +41 22 791 3666
  Fax: +41 22 791 4187
  www.unaids.org
  Please note the UNAIDS Best Practice series on men who have sex with men

• Triangle Project
  101 Millwave House, Waverly Business Park, Dane Street, Mowbray
  PO Box 13935, Mowbray, South Africa
  Tel: +27 (0)21 448 3812/3
  Fax: +27 (0)21 448 4089
  Helpline: +27 (0)21 422 2500
  E-mail: info@triangle.org.za
  www.triangle.org.za

• Grupo Gay da Bahia
  Rua Frei Vicente, 24 – Pelourinho
  Caixa Postal 2552
  CEP 40.022-260, Salvador/Bahia/Brazil
  Tel: +71 321-1848 / 322-2552 / 322-2176. Fax: +71 322-3782
  GGB has an ongoing project monitoring anti-gay violence in Brazil
• **OASIS**
  apdo. postal 1289  
  Ciudad de Guatemala 01001  
  Guatemala  
  Tel: +502 253 3453 and 502 220 1332  
  Fax: + 502 232 1021  
  E-mail: oasisgua@intelnet.net.gt  
  www.maxpages.com/oasis

• **Al-Fatiha, UK**
  # 424, 37 Store Street  
  London WC1  
  UK  
  E-mail: alfatih_London@hotmail.com  
  www.al-fatih.net  
  This is an international organisation for Muslims who are lesbian, gay, bisexual, transgendered or questioning their sexual orientation

• **Naz Foundation International**
  Palingswick House  
  241 King Street  
  London W6 9LP  
  UK  
  Tel: +44 (0) 181 563 0191  
  Fax: +44 (0) 181 741 9841  
  www.floatinglotus.com/aidsnaz.html  
  International HIV/AIDS and sexual health technical support agency working in South Asia

• **The Naz Foundation (India) Trust**
  P.O. Box 3910 Andrews Gunj  
  New Delhi, 110 0-49  
  India  
  www.infinityfoundation.com/naz.htm

• **Blue Diamond Society**
  GPO Box: 8975, EPC No: 5119  
  Kathmandu, Nepal  
  E-mail: cspsb@yahoo.com
• **The Library Foundation**  
  1074 Estrada Street  
  Malate, Manila, 1004 Philippines  
  Tel: +632 400 8375  
  E-mail: tlf@tlfmanila.org and tlf@edsamail.com.ph  
  www.geocities.com/tlf_ph/  

• **GAYA NUSANTARA**  
  Jln Mulyosari Timur 46, Surabaya, Ja-Tim 60112,  
  Indonesia  
  Tel: + 62-31 593-4924, Fax: + 599-3569  
  E-mail: gayaweb@ yahoo.com  
  www.welcome.to/gaya