COUNTRY SNAPSHOTS

BANGLADESH

December 2012

HIV and men who have sex with men

I. RESPONSE HIGHLIGHTS

- Bangladesh's third national HIV/AIDS strategic plan prioritizes intervention packages for key affected populations. The corresponding programmatic work falls under the the national Global Fund Rolling Continuation Channel (RCC) grant.[9]
- Men who have sex with men (MSM), male sex workers, and *hijra* have been included in routine national HIV and syphilis surveillance since Round 3 (2000-01).[12]
- Despite few identified cases of HIV among MSM in Bangladesh, the country's national HIV/AIDS strategic plan includes MSM among the key affected populations that receive targeted interventions.[9]
- Several policy and programmatic gaps identified using the National Composite Policy Index (2010) were redressed as demonstrated by the National Commitments and Policy Instrument Report (2012).[5]
- Bangladesh is one of the recipient countries of the approved South Asia Multi-country Global Fund Round 9 Programme.[13]
- The Global Fund RCC grant enabled the provision of HIV prevention services to 33,000 MSM and *hijra* through 65 drop-in centres in 40 districts of Bangladesh since 2010.[12,13]

II. PRIORITIES FOR "GETTING TO ZERO"

- Ensure full coverage of HIV prevention services for MSM in urban centres and expand services elsewhere to raise coverage beyond 9 percent.
- Emphasize condom promotion and HIV counseling and testing among MSM given comparatively low performance in these areas.
- Ensure that prevention interventions consider the high degree of overlap between MSM and other key affected populations, especially people who use drugs and sex workers.[16]
- Repeal the sodomy offence of the Bangladesh Penal Code 377 that represents a barrier to effective HIV prevention.

III. THE CURRENT SITUATION

Bangladesh is considered a low-prevalence country with 2,533 cumulative reported cases since 1989 and approximately 7,500 people living with HIV.[5] Routine surveillance has consistently reported HIV prevalence of less than 1.0 percent among the general population and among MSM and male and female sex workers.[12] The country's epidemic is understood to be concentrated and disproportionately affects male people who use drugs, of whom 1.0 percent are believed to be living with HIV.[5]

DATA SUMMARY

Indicator	Estimate	Year
Epidemiology		
Estimated no. of MSM[2]	32,967-143,065	'10
% of all cases that are among MSM	-	-
HIV prevalence among MSM (national)†[5]	0.0%	'11
No. of times higher than among general	-	-
HIV prevalence among youth MSM	-	-
No. of HIV-positive MSM needing ART	-	-
Syphilis prevalence among MSM[6]	1.5%	'11
Behavioural data		
Condom use during last encounter, MSM†[5]	26.1%	'11
HIV test in last year, MSM†[5]	9.3%	'11
Prevention knowledge†[7]	27.3%	'09
Reported vaginal sex in past month, MSM	-	-
Programmatic situation		
Prevention spending on MSM, US$	-	-
Spending as % of total prevention spending	-	-
Cost for full service coverage, US$‡[8]	1,496,272	'10
Reporting on UNGASS indicators†[5]	4 of 4	'12
HIV prevention coverage, MSM†§[5]	9.0%	'11
Existence of national network of MSM[9]	Yes	'12
MSM-specific programme line in NSP[9]	Yes	'12
Specific MSM and HIV strategy[7]	Yes	'12
Inclusion in ongoing HIV surveillance[7]	Yes	'12
Legal environment		
Male-male sex[10]	Illegal	'12
Sex work in private[11]	Legal	'12
Soliciting for sex[11]	Illegal	'12
Laws that pose obstacles for MSM[10]	Yes	'12

* This figure is the latest figure reported via UNGASS/Global AIDS Progress Reports.

† This figure is calculated taking the estimated proportion of infections due to sex between men, multiplying it by the estimated number of infections in the country, and then multiplying this number by 0.7, assuming that approximately 70 percent of HIV-positive MSM are clinically eligible to receive anti-retroviral therapy (ART).

‡ This figure is calculated by multiplying the estimated cost of full coverage of HIV prevention interventions per MSM by the estimated number of MSM. See corresponding reference for costing information.

§ While 9 percent was reported in Bangladesh's 2012 Global AIDS Progress Report, a separate evaluation of a sizable programme sponsored by a Global Fund Rolling Continuation Channel grant that serves approximately 33,000 MSM across 40 districts generated a programme coverage estimate of 22 percent.

LOCAL INTERPRETATIONS OF GENDER & SEXUALITY

Very few MSM in Bangladesh use the Western 'gay' identity. Sexual identities and gender typologies resemble those found in India.[1] For instance, MSM commonly identify as *kothi* (feminine males who sometimes cross-dress) or as straight men. *Kothi* typically call the 'straight' men who have sex with men *panthi*.[3] A 2006/07 risk assessment of males who have sex with males in Dhaka found that approximately one-third of the 418 males surveyed identified as *kothi* whereas half identified as *panthi* or otherwise 'manly.'[4]

Between 2008 and 2011, 19 cases of HIV among MSM were reported.[15] Given HIV patterns in South Asia and because of recent behavioural survey data of MSM in Dhaka, Bangladesh considers MSM one of the focal points in their HIV prevention efforts.[5] In 2009 and again in 2010, the National STD/AIDS Programme and the International Centre for Diarrhoeal Disease Research (ICDDR) conducted a size estimation exercise of key affected populations that included MSM.[5,2] Such efforts are beginning to shed light on what is otherwise a poorly understood demographic.

Little is known about the nature of male-male sexuality in Bangladesh. Previous exploratory research has consistently found that approximately 2 percent of males engage in same-sex sexual behaviour.[17,18] Research has found a high prevalence of penetrative sex as well as related risk behaviours among MSM.[19,20] Despite popular disapproval of sexual relationships between men, intimate relationships between men are common and sexual boundaries are crossed with relative ease.[21] The socio-cultural contexts in which such interactions occur determine how MSM perceive and manage sexual risk and thus impact the uptake of HIV services.

Men who have sex with men are stigmatized and socially marginalized in Bangladesh. While section 377 of the Penal Code is rarely enforced, it is routinely used to threaten or harass individuals and civil society organizations that serve MSM.[22] A 2003 Human Rights Watch Report found that police actively interfered with condom distribution and other outreach among MSM.[23] Anecdotes abound of male and female sex workers that face frequent abuse and harassment.[22]

Low HIV prevalence estimates have maintained a small-scale response relative to other South Asian countries. The proportion of MSM reached with HIV prevention programmes has improved over the last few years but remains low.[5] This is also consistent with estimates of condom use among MSM that are also among the lowest in the region. The National STD/AIDS Programme is underfunded and understaffed, creating administrative bottlenecks and precluding a more full-fledged response.[5]

IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

- Bangladesh's recent national serological and behavioural surveillance round found zero cases of HIV among MSM and male sex workers surveyed in Chittagong (N=399), Hili (N=158), and Dhaka (N=802). Subject recruitment does not follow a random sampling procedure, raising concerns about the representativeness of this data and the extent of undiscovered cases of HIV among MSM.[12]
- Whereas no cases were found in the ninth round of serological and behavioural surveillance, the previous round found that the HIV prevalence rate for male sex workers was 0.7 percent and 0.2 percent for MSM. The latter figure is unchanged from the year before.[7]
- Although there is limited serological evidence for HIV infections among MSM, a 2009 modeling study estimated 450 cases of HIV among MSM and male sex workers, or approximately 6 percent of total estimated infections nationwide. The same authors predict a rise from 0.7 percent HIV prevalence in 2005 to 2.3 percent by 2020.[24]

V. ADDITIONAL BEHAVIOURAL INFORMATION

- A recent paper claimed that MSM in Bangladesh are at increased risk for HIV infection due to sexual behaviour, including low condom use, association with IDU and blood sales.[19,24]
- One sociobehavioural study found that about half of MSM surveyed in a port city had unprotected anal sex with female partners. Their same-sex sexual practices were rarely disclosed to their female partners.[25] Other studies have found similar results.[3]
- In one survey conducted by the Naz Foundation International (NFI) at a drop-in centre in Northeast Bangladesh, 78 percent of 200 MSM surveyed had more than 10 male partners in the last month and 21 percent had had more than 51 male partners.[19]
- Anal sex is common among MSM in Bangladesh. Consecutive rounds of behavioural surveillance found that 99 percent of male sex workers reported anal sex in the previous week. BSS Round 2 found that 99 percent of these acts were receptive and 32 percent were also insertive. Among MSM not in sex work, 41 percent had engaged in receptive anal sex and 72 percent in insertive anal sex in the previous week.[26]
- Condom use at last anal sex with a non-commercial male partner was 37 percent in 2005 and 24.3 percent in 2007. Condom use at last anal sex with a commercial male partner was 49.2 percent in 2005 and 29.5 percent in 2007.[4]

VI. ADDITIONAL PROGRAMMATIC INFORMATION

Community-based responses

- In a 2008 mapping exercise of groups, organizations, and networks in South Asia, six were found in Bangladesh and 97 were found in the rest of the region. The six were heavily concentrated in Dhaka city and Rajshahi division.[27]
- A high proportion (50 percent) of the groups, organizations, and networks in Bangladesh were found to offer self-help group initiatives for transgender people. Most also additionally offered detoxification and rehabilitation services for people who use drugs.[27]
- Services conducted by MSM CBOs include: drop-in centres, counselling, education, training, outreach, community mobilization, condom and lubricant distribution, referrals, health services, and voluntary counselling and testing (VCT).[7]
- While the official MSM population estimation of 32,967-143,065 is often cited, Bandhu Social Welfare Society (BSWS) claims to have reached approximately 300,000 MSM in six cities between October 2000 and December

2004. It is unclear whether this figure adequately accounts for double counting.[28]

National MSM networks

- In March 2009, a human rights advocacy group organized a two-day workshop titled, 'Sexual Diversity and Coalition Building,' that led to the first network of LGBT organizations in Bangladesh, the Coalition of LGBT in Bangladesh, in August 2009.[29]
- The Centre for Gender, Sexuality and HIV/AIDS at BRAC University in Dhaka recently became a member of the Coalition for Bodily and Sexual Rights (CSBR), an international advocacy organization. The collaborative relationship is expected to lead to opportunities for capacity building related to advocacy.[29]

International support

- The South Asian MSM and AIDS Network (SAMAN), which includes Bangladesh, was awarded a multi-country grant in Round 9 of the Global Fund for AIDS, TB and Malaria (GFATM). The grant will finance support from the Naz Foundation International, Population Services International (PSI), and the United Nations Development Programme (UNDP).[13]
- Bangladesh also receives MSM-related support from: United States Agency for International Development (USAID)/Family Health International (FHI), the Embassy of the Kingdom of the Netherlands, Government of Bangladesh, and Swedish International Development Cooperation Agency (SIDA)/ Swedish Association for Sexuality Education (RFSU).[1]

National health system

- Community-based organizations operate much of Bangladesh's MSM health outreach programmes in the absence of state-run alternatives.[16] Law enforcement agencies are known to harass MSM outreach workers (Section 377 of the Penal Code), preventing some MSM from accessing sexual health services.[30]
- In 2000, an assessment of sexual health of MSM in Sylhet performed by Naz Foundation International found that stigma against MSM was common among health practitioners and that health clinics had limited capacity for anal STI detection and treatment.[31]
- BSWS has twice-weekly STI clinics for MSM in its nine drop-in centres across six major cities.[7] The project is supported by USAID and FHI 360.[32]

VII. ADDITIONAL LEGAL INFORMATION

- Sex between males is illegal under Penal Code 1860 Section 377. This law is generally not enforced.[22]
- Sex work is illegal for males, though legal for females over the age of 18.[33,34]
- Harassment of both MSM and HIV outreach workers by law enforcement authorities has been documented. MSM report a history of police harassment, assault, rape, and extortion.[35]
- The legal system has been classified as "prohibitive in high intensity" and "highly repressive" for MSM and transgender people in two UN legal reviews.[36,22]

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