



Knowledge, Attitude  
and Practice in the gay  
community, gay  
identified men, and  
Men who have Sex  
with men in Sri Lanka

Companions on a  
Journey

June 2007



# Knowledge, Attitude and Practice in the gay community, gay identified men, and Men who have Sex with men in Sri Lanka

Companions on a Journey

June 2007

**Edited by** Dr K. A. M. Ariyaratne  
Venereologist  
National STD/AIDS Control Program

Matthew Tyne  
PhD Candidate  
National Centre in HIV Social Research  
University of New South Wales

## Executive Summary

Some Sri Lankan men have sex with other men. For too long this aspect of Sri Lankan sexuality has been ignored at best and violently opposed at worst. However, statistics from the Sri Lankan government's National STD/AIDS Control Program (NSACP) as well as findings from this, Companions on a Journey's second "Knowledge Attitudes and Practices Survey of Gay and other Homosexually Active Men" suggest these men are potentially placing themselves and their sexual partners at risk of HIV infection. Results from the 494 men surveyed in five cities indicate that while self-rated knowledge of HIV and some STIs appears to be high, rates of unprotected sex with men amongst this population remain high. Health seeking behaviours amongst these men is also high yet some avoid accessing services through fear of being viewed as sexually active by communities, especially so in rural areas or as being labeled immoral by health workers.

Many of those surveyed also have sex with women and do not socially or politically identify with their sexuality. This may pose challenges to developing specific HIV prevention strategies for these men for they maybe hard to reach, not seeing themselves as belonging to any specific target "group."

This report includes findings from the survey, a brief discussion of those findings and some recommendations for those seeking to work with men who have sex with men in Sri Lanka. While this study is certainly not conclusive about all aspects of men's sex lives, it provides a clear picture of what men are doing sexually and that their sexual health is worth improving if Sri Lanka is to remain a low prevalence country for HIV infection.

## 1. Introduction

Recent studies “have confirmed major HIV epidemics amongst men who have sex with men (MSM) and transgender people in several countries in Asia and the Pacific and rapidly increasing HIV rates in many other countries in the region.”<sup>1</sup>

There is also evidence that clearly suggests MSM have been, perhaps until recently, largely ignored in HIV responses across Asia. UNAIDS, in an update on its *AIDS and Men Who Have Sex with Men* technical report (2000) identify the following barriers to effective prevention programs targeting MSM:

- Denial that sexual behaviour between men takes place;
- Stigmatization or criminalization of men who engage in sex with other men;
- Inadequate or unreliable epidemiological information on HIV transmission through male-to-male sex;
- The difficulty of reaching many MSM;
- Inadequate or inappropriate health facilities, including sexually transmitted disease (STD) clinics, and lack of awareness or sensitivity among STD clinic staff about the existence of anal, rectal and oral STDs;
- Lack of interest among donor agencies in supporting and sustaining prevention programs among men who engage in same-sex behaviour, and a lack of programs addressing male sex workers in particular; and
- Lack of attention in national AIDS programs to the issue of MSM.<sup>2</sup>

---

<sup>1</sup> Background to “The Delhi Declaration of Collaboration” Risks and Responsibilities: Male Sexual Health and HIV in Asia and the Pacific International Consultation.

<sup>2</sup> UNAIDS (2000) *AIDS and Men who have Sex with Men*

Dowsett et al (2006) in their report on male to male sex in four Asia countries suggest “sexual activity and interests are not always straight forward and singular”<sup>3</sup> and although “similarities may exist across countries in sexual networking and risk behaviours of male-male sex, differences also exist.”<sup>4</sup>

Research into men who have sex with men is perhaps less developed in Sri Lanka than it is in India, Thailand or Indonesia. Despite this, the government do maintain some statistics on men who have sex with men and HIV infection. The statistics from the National STD/AIDS Control Program (NSACP), the Government of Sri Lanka’s chief HIV agency, suggest that 11% of overall HIV infections reported in Sri-Lanka are through male to male sex. It is likely, due to social taboos on homosexuality and the reluctance of many men to reveal their same sex behaviours, that this figure is in reality somewhat higher than 11%.

In 1999, Companions on a Journey (COJ) with the support of UNAIDS, Colombo conducted the first Knowledge Attitudes and Practices (KAP) survey of Sri Lankan men who have sex with men.

## **1.1 RATIONALE**

---

There are approximately 200 NGOs/CBOs in the country involved in HIV prevention activities, yet none of them apart from Companions on a Journey address issues of “gay-identified” males and/or “men who have sex with men” (MSM). There is little in the way of academic research on Sri Lankan male homosexuality outside of studies on sexual abuse and sex tourism. This KAP survey is the second attempt of its kind exploring what Sri Lankan MSM do sexually and what some of their attitudes and knowledge around sexuality and HIV are.

---

<sup>3</sup> Dowsett, G.W., Grierson, J.W., McNally, S. P. *A Review of Knowledge about the Sexual Networks and Behaviours of Men who have sex with Men in Asia* Australian Research Centre in Sex Health and Society, Latrobe University Melbourne Monograph Series No. 59 (page 4)

<sup>4</sup> *ibid*

A similar survey carried out by Companions on a journey in 1999 with the assistance of UNAIDS Geneva office,<sup>5</sup> revealed in a group of 992 men interviewed, over 80% had their first sexual experience with a man, while 66% of them had their first sexual experience before the age of 17. Nearly 51% met their sexual partners at parks or public spaces while only 36.3% said they always practiced safe sex. 30.9% said they have sex daily while 5.1% said they'll have sex multiple times with multiple partners. 49% said their reason for having sex with a man is to gain sexual satisfaction while 26% said it is to earn money.

Of the knowledge on HIV, 42.7% knew that it is the virus which caused AIDS while 61.6% knew that transmission of HIV infection is not limited to sexual relationships. When asked what actions could be taken if one thought he might be HIV+, 86.6% responded they would get a blood test. 34.2% have taken an HIV test while 13.6% said they have no intention of getting tested. Just over 80% of the men surveyed identified correct use of condoms as a method of reducing HIV vulnerability.

On access to health care facilities 58% said they have experienced difficulties in getting treatment, while 39% said they have not had any difficulty. 77% said they would reveal their sexuality to the treating medical practitioner.

It is imperative to carry research on the behaviors of this community as they remain underground due to the social/cultural stigma attached to the issue of homosexuality and man to man sex. Nevertheless from this report it could be asserted that Sri Lankan gay/MSM communities carry significant risk in contracting STIs and HIV. Periodically conducted research, such as proposed hereby, will create a window of an opportunity to measure the effectiveness of prevention programs carried out so far, to which extent the behaviors of Gay men/MSM has been changed (positively or negatively), the contributing factors to such change and possible

---

<sup>5</sup>Report of Knowledge Attitudes and Practices in the Gay Community- gay identified men and men who have sex with men in selected sites in Sri Lanka , Companions on a journey 1999-2000

preventive intervention methodologies. Such studies and the findings will positively influence decision makers and program planners to address issues affecting marginalized communities based on facts. It will enhance the relevant health information and service delivery to this highly marginalized yet vulnerable community groups.



## 2. Methodology

The survey employed a sixty-one question, anonymous, questionnaire administered by trained interviewers (Appendix 1). 28 of the completed 494 surveys were self administered at the Companions on a Journey centre in Colombo.

Articles about the study featured in Companions' "Journey" newsletter. Promotion of the survey was also carried out at some gay parties in Colombo. Potential participants were also approached at cruising and socializing sites as well as those who "dropped in" at the COJ Centre.

Other sites for survey completion included: houses of the key contact persons in the respective areas; beaches; hotels; parks; lakes; beauty salons; tea stalls at bus/ railway stations and markets.

Participation in the survey was on a purely voluntary basis. Some participants received snacks and tea while completing the survey. On some occasions participants received a three-wheeler fare depending on time and availability of buses. The surveys were conducted between mid November 2006 and early February 2007.

Ninety-eight percent (98%) of the surveys/interviews were completed/conducted in Sinhalese, with the remainder in Tamil or English.

## 3. Results

### 3.1 Locations

The questionnaires were conducted in five cities across 3 provinces (Table 1)

- Colombo (Western Province)
- Negombo (Western Province)
- Galle (Southern Province)
- Anuradhapura (North Central Province)
- Kandy (Central Province)

Of the total sample, three (3) questionnaires were missing and another three (3) were returned empty. 494 completed questionnaires were included in the analysis.

**Table 1: Sample Location and Size**

Area/District	Frequency	%
<b>Colombo</b>	199	<b>40.3</b>
<b>Kandy</b>	75	<b>15.2</b>
<b>Negombo</b>	72	<b>14.6</b>
<b>Galle</b>	74	<b>15.0</b>
<b>Anuradhapura</b>	74	<b>15.0</b>
<b>Total</b>	<b>494</b>	<b>100.0</b>

The following are findings from the KAP survey of 494 Sri Lankan men. The 61 questions have been divided into eight sections for reporting purposes.

### 3.2 Demographic Profile

Participants were drawn from each of **five cities**, with Colombo comprising just over 40% (n=199) of respondents and the other four cities comprising approximately 15% (n= 74) each.

The participants ranged in **age** from “below 18” to “above 60.” Just over 57% (283) of those surveyed are aged between 21 and 35 years, while 6.6% (33) are aged over 50 years. A small number (2.4% n=12) of males under the age of 18 years also appear in the survey.

The majority of respondents have **never married** (60.3%), 18% (n=89) were married and a further 9.3% (n=46) were divorced, separated or widowed. Some 6.3% (n= 31) of respondents indicated that they “live with another man.”

Highest **educational levels** varied widely from 1.8% (n=9) never having attended school to 7.9% (n=39) holding graduate or postgraduate qualifications. Nearly 23% (n=113) of respondents had achieved Ordinary Levels while another 18.4% (n= 91) have Advanced Levels.

One fifth (20.9%) of the men are presently **unemployed**. **Income levels** vary but only 55.4% (n=274) earn above Rs 6,000 (approximately US\$ 57) per month.

### 3.3 Identity

The list of sexual identities includes words such as “heterosexual,” “homosexual” and “gay” as well as local words such as “nachchi,” “jonsa” and “poppa.” While these statistics do not reveal much about the meanings of these identities to these men they do indicate use of sexual identifiers amongst these MSM. Only 2.6% (n=13) respondents did not respond to the question “*What is your sexual identity?*”

The term “**homosexual**” was used by 39.1% (n=193) of the participants with a further 12.8% (n=63) identifying as “**heterosexual**.” Local words for sexual identity comprised a total of 24% (n= 119) of participants with 86 participants identifying as “**nachchi**”. “**Jonsa**” are usually considered

masculine and are sexually active with both women and nachchi. "Gay" is an identity used by 5.3% (n=26) of respondents while 10.7% (n=53) responded as "bisexual."

### 3.4 Sexual Practices with Men

The men in the sample have experienced a range of sexual practices with other men (Table 2). Condom use for anal sex is outlined later in the report. What is significant is that nearly 80 % (n=392) of those surveyed had multiple partners in the previous 3 months with over 36% (n= 179) of the men having more than 21 different sexual partners in the 3 month period prior to the survey. A little under 10% (n=47) of the men indicated they had only one sexual partner in the same period.

**Table 2: Sexual Practices with Men**

Sexual practices	Frequency	Percentage N=494
Anal Sex (Insertive)	148	30.0
Anal Sex (Receptive)	147	29.8
Anal Sex(Both)	178	36.0
Oral Sex(Insertive)	92	18.6
Oral Sex(Receptive)	111	22.5
Oral Sex(Both)	167	33.8
Masturbation(Self)	53	10.7
Masturbation(Partner)	89	18.0
Intercrural/ Thigh Sex(Insertive)	47	9.5
Intercrural/ThighSex (Receptive)	58	11.7
Intercrural/ Thigh Sex(Both)	126	25.5
Receiving Massage	19	3.9
Giving Massage	25	5.1

\* Percentages will not add to 100 because of multiple responses

### 3.4.1 Oral Sex

Oral sex is practiced amongst the men with 70.4% (n=348) of respondents having had oral sex in the period prior to survey. Twenty-six men (5.3%) did not respond to the question. Of the 374 men who may have had oral sex 41.8% (n=156) had engaged in receptive oral sex ten times or less while 22% (n=82) had receptive oral sex 21 times or more in the same period. For insertive oral sex 42.2% (n= 165) of those who may have had oral sex indicated having oral sex either ten times or less while 6.4% (n=24) had experienced it 21 times or more. Regular condom use for oral sex is low amongst the men. Over forty percent (n= 155) rarely or never used condoms for receptive oral sex. A significant number of the men did not respond to this question (25.4% in Table 3 and 22.5% in Table 4).

**Table 3: Condom Use for Receptive Oral Sex**

Condom Use	Frequency	%
Every time	16	4.3
Sometimes	108	28.9
Rarely	21	5.6
Never	134	35.8
No response	95	25.4
<b>Total</b>	<b>374*</b>	<b>100.0</b>

\* Those who may have had receptive oral sex in the past 3 months

**Table 4: Condom Use for Insertive Oral Sex**

Condom Use	Frequency	%
Every time	16	5.4
Sometimes	97	32.6
Rarely	15	5.0
Never	103	34.6
No response	67	22.5
<b>Total *</b>	<b>298*</b>	<b>100.0</b>

\* Those who may have had insertive oral sex in the past 3 months

### 3.4.2 Anal Sex

Anal sex is widely and frequently practiced amongst the survey group. Eighty percent (80%) (n=395) of the men had had anal sex in the past 3 months while another 6% (n=30) did not respond to the question.

**Table 5: Frequency of Insertive Anal Sex during last 3 months**

Occasions	Frequency	%
Never	88	20.7
1-5	98	23.1
6-10	72	16.9
11-15	29	6.8
16-20	77	18.1
21-25	20	4.7
> 25	4	0.9
No response	37	8.8

<b>Total</b>	<b>425*</b>	<b>100.0</b>
--------------	-------------	--------------

\* Those who have had insertive anal sex

**Table 6: Condom Use for Insertive Anal Sex**

<b>Condom Use</b>	<b>Frequency</b>	<b>%</b>
<b>Every time</b>	26	<b>6.1</b>
<b>Sometimes</b>	213	<b>50.1</b>
<b>Rarely</b>	26	<b>6.1</b>
<b>Never</b>	25	<b>5.9</b>
<b>No response</b>	135	<b>31.8</b>
<b>Total</b>	<b>425*</b>	<b>100.0</b>

\* Those who have had insertive anal sex

**Table 7: Condom Use for Receptive Anal Sex**

<b>Condom Use</b>	<b>Frequency</b>	<b>%</b>
<b>Every time</b>	28	<b>6.6</b>
<b>Sometimes</b>	180	<b>42.4</b>
<b>Rarely</b>	46	<b>10.8</b>
<b>Never</b>	57	<b>13.4</b>
<b>No response</b>	114	<b>26.8</b>
<b>Total</b>	<b>425</b>	<b>100.0</b>

\* Those who have had insertive anal sex

In both Tables 6 and 7 significant numbers of the men did not respond to the questions on condom use for anal sex mirroring the “no responses” for condom use for oral sex. From the figures it is clear that regular condom use amongst these men is low, although 50% (n=213) indicated they

sometimes used condoms for insertive anal sex while 42.4% (n=180) indicated sometimes using condoms for receptive anal sex. Significant numbers of the men 24.2% either rarely or never used condoms while having receptive anal sex.

### 3.5 Sex with Women

In addition to having sex with men 41.3% (n= 204) of the men have had sex with women, with 8.5% (n=42) of those having had sex with women more than 30 times in their lives. In the 3 month period leading up to the survey, 14.5% (n=37) had had sex with 11 or more different women. Significantly nearly 37% (n= 94) of the sample who indicated sex with women did not respond to the question. Condom usage is lower for sex with women than it is for sex with men for this sample group (Table 8)

**Table 8: Condom Usage with Women**

Condom Use	Frequency	%
Never	47	18.4
Rarely	24	9.4
Sometimes	51	20.0
Every time	28	11.0
No response	105	41.2
<b>Total</b>	<b>255</b>	<b>100.0</b>

### 3.6 Condoms

In addition to frequency of condom use with men and with women the survey asked questions about reasons why the men used or did not use condoms as well from where they purchased condoms and how often.



**Table 9: Reasons for using a condom when having sex with men**

Reasons for condom use	Frequency	Percentage
<b>Never used</b>	50	<b>10.1</b>
<b>Protection: HIV</b>	321	<b>65.0</b>
<b>Protection: STI</b>	304	<b>61.5</b>
<b>Partner insists</b>	80	<b>16.2</b>
<b>Disgust at bodily fluids</b>	46	<b>9.3</b>
<b>Enhanced pleasure</b>	14	<b>2.8</b>
<b>Prolong time for sex</b>	34	<b>6.9</b>

\* Multiple responses will total more than 100%

Large percentages of the men sampled indicated both protection against HIV and STIs as reasons for using condoms when having sex with men. Ten percent of the men indicated they did not use condoms at all when having sex with men.

The main reasons for not using condoms when having sex with men are “no need” while “partner refusal” is cited as a reason by 23.5% (n=116). Similar to condom use for oral and anal sex with men, a large percentage of those surveyed did not respond. Nearly 28% (n= 71) of respondents rarely or never use condoms when having sex with women.

Men purchased or obtained condoms from multiple sites. The most popular site was pharmacies (69.2%) followed by “friends” (36.4%). Government clinics attracted a response of 14.4% (n=71) while 18.6% (n= 92) indicated they had also obtained condoms from their sexual partners.

Only 14.8% (n=73) of the men had been able to get free condoms in the month prior to the survey. Over 50% of the men had purchased condoms at least six times in the previous month. A large percentage (18.8% n= 93) did not respond to the question about condom purchasing frequency.

### 3.6.1 Lubricants

A question on knowledge of water based lubricants suggests nearly 75% of the men have heard of water based lubricants for use with condoms, while 61.3% (n=303) knew from where it could be purchased. Despite knowing of the existence of water based lubricants, only 32% of the men had ever used it. Instead more widely available and affordable oil based lubricants such as Baby Cream and Vaseline are used.

**Table 10: Type of Lubricants Used**

Lubricant	Frequency	% *
KY(water based)	158	32.0
Vaseline	122	24.7
Baby Cream	302	61.1
Saliva	279	56.5
Coconut Oil	62	12.6
Other Oils	48	9.7
Soap/Shampoo	16	3.2
Toothpaste	5	1.0
Hair Gel/Cream	35	7.1
No Lubricant	58	11.7

\*Multiple responses will total more than 100%

### 3.7 Partner Seeking

The survey asked 6 questions about sexual partner seeking activities. In response to the question: "How do you find a male partner?" Over 80% (n=399) indicated "through friends." Similarly 80% also found partners by "visiting various places." (cruising areas) Use of internet and other media was indicated by 38.3% (n=189) and 40.7% (n=201) respectively. A subsequent question on various places (cruising areas) asked the men to indicate which sites they used to find partners.

**Table 11: Meeting Sites Used to Find Male Sexual Partners**

Meeting Sites	Frequency	% *
Public Toilets	344	69.6
Parks	297	60.1
Railway Stations	312	63.2
Beaches	299	60.5
Cinemas	285	57.7
Bus terminals	280	56.7
In buses/trains	257	52.0
Vehicle Parks	229	46.4
Shopping Malls	266	53.9
Other	270	54.7

\*Multiple responses will total more than 100%

#### **Respondents could indicate more than one site**

The site men use most to meet sexual partners is public toilets, although it is clear that the men use a wide range of sites in which to locate sexual partners.

### 3.8 Exchange Sex

Men were asked whether or not they had paid or given gifts for sex or ever received money or gifts for sex.

**Table 12: Men who have Paid for Sex**

Sex for money/gifts	Frequency	%
Yes	175	35.4
No	271	54.8
No response	48	9.8
<b>Total</b>	<b>494</b>	<b>100.0</b>

While 35.4% (n=175) indicated they had paid for sex in some form this was done so either sometimes or rarely by 80% (n= 142) of those men.

**Table 13: Men Who Have Been Paid for Sex**

Sex for money/gifts	Frequency	%
Yes	224	45.3
No	174	35.2
No response	96	19.5
<b>Total</b>	<b>494</b>	<b>100.0</b>

Nearly 20% (n=96) of the men did not respond to this question. A higher percentage of the men had received money/gifts for sex and of those who had, nearly 10% (n=22) indicated they were paid by "everyone they had sex with." Over 50% of the men said "no" when asked if condom-less sex was more likely to happen if they either paid or received payment. However, for these questions there was a "no response" rate of 30%.

### 3.9 Receiving information about HIV/AIDS

The men receive their information about HIV/AIDS from a wide range of sources. Newspapers and handbills rated highest of the listed sources of information for 80% (n= 395) and 68.8% (n= 340) respectively. Respondents could provide multiple responses to this question. Only 32.6% (n=161) had attended a talk or seminar on HIV/AIDS and less than 50% (n=229) had had contact with non-government organisations working in the HIV field.

**Table 14: Heard and/or read about HIV/AIDS**

<b>Know of HIV/AIDS</b>	<b>Frequency</b>	<b>%</b>
<b>Yes</b>	455	<b>92.1</b>
<b>No</b>	12	<b>2.4</b>
<b>No response</b>	27	<b>5.5</b>
<b>Total</b>	<b>494</b>	<b>100.0</b>

Over 90% (n=455) of the men had heard and/or read about HIV/AIDS and 90% (n= 454) were able to suggest what they thought HIV was.

When asked to name HIV transmission modes, a high percentage of respondents either did not respond or did not know about particular modes of transmission. For example, to the question on “kissing” as a mode of HIV transmission, over 44% (n=219) either did not know/did not respond while some 6.9% (n=34) indicated that HIV could be passed on via kissing.

Penetrative sex without condoms, sharing of injecting equipment and receipt of infected blood/blood products were identified as transmission modes by well over 75% of the men.

Similarly over 86% (n= 428) of the men indicated that using condoms during sex was a method of preventing HIV transmission. Lower numbers of the men indicated that “not engaging in any form of sex” (54.6%) and “using sterilized needles and syringes” (74.1%) were also ways to prevent HIV transmission.

### **3.10 Sexually Transmissible Infections (STI)**

Knowledge of the existence of STI was high with 85.8% of the men indicating they “knew” about them, while only 2% had no knowledge of them. Gonorrhoea was named as an STI by 87.5% (n=432) of the men and herpes also rated highly with 77.5% (n=383) of respondents naming it as an STI.

#### *Common Symptoms of STI*

Knowledge of common symptoms of STI are also seemingly high while less than 10 % of the men indicated they had ever experienced any of these symptoms with 6.1% (n=30) experiencing a “discharge from the penis” at sometime in their lives, while less than 4% (n=18) had experienced a “discharge from the anus.”

#### *Responses to STI*

The men were asked what they would do should they find they have a potential STI symptom. The vast majority would seek some form of medical treatment either through a government clinic (69%, n=341) or private medical practitioners (19.6%, n=97).

**Table 15: Treatment for Suspected STI**

<b>STI Treatment Seeking</b>	<b>Frequency</b>	<b>%</b>
<b>Household remedy</b>	11	<b>2.2</b>
<b>Remedy from Friend</b>	35	<b>7.1</b>
<b>Relevant Clinic</b>	341	<b>69.0</b>
<b>Private doctor</b>	97	<b>19.6</b>
<b>No treatment</b>	1	<b>0.2</b>
<b>No response</b>	9	<b>1.8</b>
<b>Total</b>	<b>494</b>	<b>100.0</b>

Follow up questions about treatment seeking behaviours and government clinics reveal that 71.5% (n=353) of the men would attend a government clinic. Reasons for not seeking treatment at a government clinic suggest strong fears of other “people coming to know” about their sexual health/sexuality as well as a lack of privacy/confidentiality in the service.

### **3.11 Violence and Sexual Relationships**

In the 12 months prior to the survey, 16% (n=79) of the men reported some form of sex against their will/without their consent. Of those 79 men, 91% had been forced into some kind of sex between 1 and 10 times in the past 12 months.

Oral sex and anal sex, both without use of condoms were featured behaviours in incidence of forced sex. Intercrural/thigh sex (29.1%) and “sadistic” behaviours (13.9%) also were recorded by those who had experienced forced sex.

Of those who reported having had forced sex, only 15.2% (n=12) of the men sort medical treatment after the incident while 7.6% (n=6) reported the incident to the police.

### **3.12 Drug and Alcohol Use**

Just over one third of the men (35%) used alcohol prior to having sex with other men. Of those who used alcohol, 13.3% (n= 23) used it every time and 63% (n=109) used it sometimes before having sex.

Other drugs are also used by a minority of men, the most commonly used drug is ganja (marijuana) (30% n= 146). Heroin use does appear within the group too with 1.4% (n=7) admitting they use it often with a further 3.6% (n=18) using it rarely or sometimes.

Injection of recreational drugs is apparent amongst 2% (n=10) of the men, although over 12% did not respond to the question "Have you ever used an injecting needle to inject drugs?"

### **3.13 Legal Situation and Related Attitudes**

Sex between men is illegal in Sri Lanka. The men were asked four questions about the law and sex/relationships between men. A significant number of the men (70% n=346) were aware of the legal status of men who had sex with men. Of those 346, nearly 90% (n=309) believed the laws should amended "in a positive way." It would seem the laws as they are at present do have an affect upon the way in which these men enact their sexuality with other men as 60.7% (n=210) indicated the laws did influence the "way" they had sex while 59% (n=204) believed that a change in the laws would have a positive influence upon the ways in which their sexuality was enacted.



## 4. Discussion

Despite the illegal and often secretive nature of sex between men in Sri Lanka, the survey elicits some valuable insights into the lives of these men, particularly about their sexual behaviours and condom use. The survey also incorporates some of the men's behaviours and thinking around alcohol/drugs and the law pertaining to sex between men.

The survey sample includes a wide cross section of men from different socio-economic backgrounds with ranging educational qualifications. What is evident in the findings is the majority of these men are working or lower middle class, Sinhalese speakers. These men tend to use specific words and terms to describe their sexuality. This information suggests a wide knowledge and use of terms such as "homosexual," "bisexual," as well as localised terms like "nachchi" and "jonsa." Sexuality and identity are thought about by these men suggesting that their sexuality is something more than a collection of sexual behaviours. What would be useful here is additional research to explore what these terms mean to these men. A gain in such knowledge could be used when developing HIV prevention interventions with these diverse populations.

These men tend to have many sexual partners. While having many sexual partners does not necessarily equate with increased risk of HIV infection, condom use for receptive anal sex amongst the sample group remains low. There is also a significant percentage of the sample who did not respond to questions on condom use and anal sex (Tables 6 and 7). Why this is the case is not clear but given the relatively high "correct condom use" (Table 9)

knowledge the men have, it suggests a reluctance to reveal potentially unsafe sexual practices.

The findings indicate a wide range of sexual practices amongst the men suggesting that Sri Lanka men who have sex with men are not limited to anal sex but may include it as part of a broader sexual repertoire. Many of these men also have or have had sex with women. While having sex with women condom use is even lower than it is with men. This might suggest that amongst this group a belief that sex with women is less risky for HIV infection than is sex with men.

One of the key findings from this survey is men's use of different sites to meet sexual partners. The men use multiple sites in which to meet partners including the use of internet and other media. Many of these sites afford the men time to hang around, such as railway/ bus stations and parks where waiting does not necessarily draw suspicion from others. These sites offer spaces for not only meeting sexual partners but also opportunities to socialize with other MSM. What the survey does not indicate is what types of sex the men have at different sites or if sex takes place at these sites or acts as a space to meet with sex occurring in another space/site.

Newspapers remain a crucial medium of informing these men about HIV and sexual health, while less than half had had contact with an HIV NGO. This finding suggests that these men actively seek out information about HIV and related topics without interventions from other organizations. It also indicates the scope for organizations to work closely with media outlets to widen and deepen the coverage on HIV/AIDS topics, especially articles on sex between men. In addition to existing media such as newspapers, the internet is also used by a sizable minority of these men to meet sexual partners. Again further research might assist in uncovering how the men use

the internet, what online networks exist and inform the development of internet based safer sex or other message campaigns.

Knowledge on HIV/AIDS appears to be much higher than that of other STI amongst the men. Despite this the men appear willing to seek active treatment if they suspected themselves to have become infected with an STI. This health seeking behaviour is very clear despite some fears around being identified as a man who has sex with men and apparent lack of patient confidentiality within the health profession. This is encouraging and suggests that access to health services could be improved for this group by HIV organizations working closely with clinic staff to increase sensitivity on sexuality issues.

Another key finding is that of the men's awareness and dislike of laws outlawing sex between consenting adult males. The findings suggest that these laws so have a direct impact upon the ways in which these men live and have sex with other men. Amending such laws such as Section 365a of the Penal Code would also have a direct impact upon services, including the NSACP, working with these men, for they would no longer be viewed legally as criminals. A change in the law would not necessarily bring about wide spread public attitudinal change towards these men but it would act as a catalyst for further reforms as well as symbolize the governments leadership in the fight against HIV/AIDS in Sri Lanka and indeed the region.

## 5. Conclusions

To attract nearly 500 men who have sex with men to complete surveys outlining intimate details about their sexual lives indicates an encouraging emergence from obscurity and silence, even if temporarily. What is also very clear is that these men live and work in all sections of Sri Lankan society and are not limited to tourist areas or Colombo-based English speaking elites. The men engage in a range of sexual behaviours with varying HIV-risk and possess multiple sexual identities; a long way from the stereotypes of effeminized men having receptive anal sex. These findings may bring about challenges for both government and non government agencies working or considering working with these men as they are not necessarily recognizable and do not really constitute a “group.” Regardless of any challenges, such organizations have a duty to include MSM in HIV programming for not only do they have a lot of sex, including sex without condoms, with each other, many MSM also have sex with women.

The findings open up opportunities for further engagement with this group, especially from government and other health and community agencies. Increasing access to clinical services; provision of targeted information/ education campaigns and making available affordable water-based lubricants are just three of possible strategies that can be used to reduce incidence of unsafe sex and HIV transmission amongst this group. Perhaps the most telling aspect of the survey is that it enables further discussion about men’s sexuality in Sri Lanka at least in the context of HIV/STI prevention and control. Further research into these men’s lives will undoubtedly provide policy makers and health workers with key insights into understanding these men and working with them to improve their sexual health.

## 6. Recommendations

- ✓ That the study's major findings are translated in Sinhalese/ Tamil and circulated to key government and nongovernmental agencies.
  
- ✓ That qualitative research be conducted with MSM in each of the locations used in this survey.
  
- ✓ That a series of meetings/ seminars or other events be used to launch and discuss the report with a range of groups, including health workers, journalists and civil society. At least one of these should be held outside Colombo.
  
- ✓ That Companion on a Journey, in partnership with NSACP, develop sensitization programs on MSM issues for health care workers.
  
- ✓ That Companion on a Journey explore ways of maintaining and strengthening contacts with local MSM populations in the five location.