

**An assessment of HIV prevention work for the MSM population in Kuala Lumpur**

Submitted to Malaysian AIDS Council, PT Foundation, and other interested groups and individuals

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## **Executive Summary**

Prevention work in the MSM community can only be effective with proper assessment and evaluation of community needs and current programs. While MSMs may not be the most affected community in Kuala Lumpur, complacency could lead to spikes in HIV infection. Given that some MSMs also engage in sexual activity with women, larger communities could be affected. Qualitative research was undertaken to understand and assess the frameworks of information distribution and provide recommendations for systematic improvements.

In the last several years, Kuala Lumpur has witnessed substantial growth in its MSM population. Gay-targeted businesses now dot the city, and several informal gay groups have developed. Some MSMs also congregate and may engage in sexual activity at cruising parks, saunas, and massage centers.

PT Foundation's MSM Program remains the only registered gay service organization with the resources and capacity to produce and distribute prevention information. The MSM Program operates a drop-in center, a support/social group, a telephonic counseling line, and an outreach program. The MSM Program must work to improve these services to reach a wider audience.

The current landscape of gay venues and groups is not effectively utilized to distribute information. Gay businesses, such as bars and clubs, are frequented by thousands of MSMs, yet no sustained HIV prevention work exists in these venues, in part due to cultural and legal parameters. Massage centers and saunas, where sexual activity takes place, are not capable of disseminating safer-sex information. Some saunas have worked to provide information and condoms to their clients, but a regular condom scheme has not been implemented. Saunas in particular could become nexuses of HIV infection.

While programs exist for female and transsexual sex workers, male sex workers are not served with information and condoms. Clients of male sex workers are both "closeted" and "not closeted," which implies that some of their clients also frequent gay venues. Because of higher rates of intravenous drug use among sex workers, the male sex worker community could become—if it is not already—a conduit for HIV infection into the general MSM population.

The current landscape of HIV prevention must operate within conservative cultural and legal parameters, which hamper organizations and individuals' efforts. Advocacy is needed to disseminate accurate and unambiguous information and establish effective programs for the MSM population, as well as address general community needs. Coalition building can greatly strengthen advocacy work, as well as provide access to new communities for HIV prevention efforts.

All relevant bodies must undertake advocacy and HIV prevention work for the MSM community. The "mainstreaming" of MSM issues is necessary to ensure that the community is adequately served. Additionally, mainstreaming helps legitimate MSM groups' work.

Recommendations center on updated needs assessment, the use of MSM-issue specialists, and key problem areas, such as saunas and male sex worker communities. This report should serve as a foundation for the investigation of new programs, research, and funding initiatives.

## **I. Introduction**

Due to the sensitivity often ascribed to issues of MSM (men who have sex with men) sexual behavior, it is sometimes difficult for HIV/AIDS organizations to assess safer-sex strategies specific to the MSM population. An understanding of the needs of the MSM community around HIV prevention is necessary to formulate effective and comprehensive programs to promote harm reduction. As is true in many countries, HIV transmission in Malaysia was initially localized to the MSM community. Men who have sex with men are generally considered to be a vulnerable community for a number of reasons, including social marginalization, structures of socio-sexual organization, and less access to pertinent resources and information. Because of early mobilization and response by the MSM community, largely spearheaded by the founding members of PT Foundation, infection rates for MSMs remain lower than rates for those infected via heterosexual sex or intravenous drug use.<sup>1</sup> However, HIV prevention work for the MSM community is one of the crucial communities to target in avoiding a generalized epidemic because the MSM community is not isolated from women, sex workers, and intravenous drug users. Some MSMs may not identify as “gay” and may live otherwise heterosexual lives—even married with children. MSMs who do not participate in the “gay” community or identify as “gay” can easily find male sexual companionship within the anonymity of paid sex, saunas, and cruising parks while also participating in “mainstream” society. The cultural and religious stigmatization of homosexuality produces, ironically, situations where some MSMs must struggle to live double lives, and consequently create potential conduits for infection into heterosexual communities.

Nearly twenty years into the struggle in Malaysia, complacency and apathy has materialized, requiring a revamping of HIV prevention work in the MSM community. As this report highlights, there are several troubling areas that are not being effectively addressed—perhaps a result of this complacency. Thus, Malaysian AIDS Council, as an umbrella organization dedicated to harm reduction and treatment, PT Foundation, which houses Malaysia’s only registered gay organization, and other AIDS organizations have a vested interest in reviewing needs, information, information distribution, and current programs targeted at the MSM population. This report will assess the presence and efficacy of safer-sex messaging and information distribution for the MSM population of Kuala Lumpur, Malaysia.

The methodology of this assessment is qualitative in nature, relying on formal interviews and informal conversations with a diversity of MSMs in Kuala Lumpur, as well as site visits to several gay bars, clubs, saunas, and cruising parks. Interviewees were first located from contacts at PT Foundation and more contacts were gathered from interviewees and acquaintances.<sup>2</sup> Some of the interviewees were targeted because of specific occupation or knowledge, such as a sex worker or community activist, and others were chosen because of their general disinterest in MSM issues. Interviewees were asked about a range of topics, from their perceptions of gay groups in KL to suggestions for improved access to information. Interviewees were guaranteed confidentiality, and their comments were recorded on paper and later collated in a word processing program. Site visits were

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<sup>1</sup> According to Ministry of Health Malaysia statistics, as of December 2003, homosexual sex transmission comprises 7.33% (593/8091) of all sexually transmitted cases. However, MSMs testing positive choose whether to disclose their homosexual activity. Due to religious and cultural stigma, some or many MSMs will not provide accurate information about their behaviors to medical workers. Research is needed to assess the prevalence of this phenomenon.

<sup>2</sup> The demographics of study participants can be found in appendix A.

performed to understand the spaces where MSMs congregate, and notes were taken about safer-sex information present, if any, and possibilities for future information distribution.

When discussing MSM issues, the use of exact language is critical to differentiate between identity and behavior. For the purposes of this report, the term MSM is used as an all-encompassing term for all men who engage in sexual activity with men, irrespective of their sexual identity as gay, straight, or bisexual. The term “gay” is used to denote the specific segment of MSMs who identify as gay and is typically used in this report when discussing gay venues. Occasionally, the terms “gay-identified” and “non-gay-identified” will be employed, as well.

## II. Environmental Audit of Kuala Lumpur

### A. Current landscape of MSM groups and the general MSM population

In Kuala Lumpur, there are no registered societies or organizations that focus solely on MSM issues around HIV prevention. One registered AIDS organization, PT Foundation, includes an “MSM Program” as one of its six community programs.<sup>3</sup> The MSM Program operates a telephonic counseling line, performs outreach work, runs a drop-in center, and facilitates a support group.<sup>4</sup>

Several informal, unregistered groups have developed in the last few years that may or may not be acknowledged by PT Foundation or Malaysian AIDS Council. These informal groups include:<sup>5</sup>

1. LPG (Leadership Program Graduates)- a social group founded by gay-identified graduates of a leadership program. Membership includes graduates of the leadership program as well as others who are interested in the group. Most members are Chinese. This group organizes sports, movie outings, coffee nights, etc. and maintains an active Yahoo mailing list for discussion and information distribution. The list contains around 1000 members. The LPG group has also published a “gay guide” to KL that maps out gay and gay-friendly venues in the city.
2. Big Boys- a social networking group for men who appreciate larger-sized men, mostly Malay.
3. Chub Chasers or MyChub- similar to Big Boys, this group operates a Yahoo mailing list with little online activity.
4. Mature Men’s Group (MMG)- a social support group for MSMs over 35 years of age that meets monthly.
5. Sayang Abang- a recently disbanded social group for MSMs interested in meeting friends and partners across generations.
6. MyRainbow- a Yahoo discussion group focused primarily on political issues and media coverage of MSMs in Malaysia, formed in response to anti-gay rhetoric in Malaysian media in 2003.
7. Indian groups- loosely connected groups of Indian men who organize parties and social gatherings via SMS and email. These events take place primarily outside of KL in private homes and rented halls.
8. MAPE (Malaysian Association Prevention and Education [or] Persatuan Mencegah dan Mendidik Belia Kuala Lumpur Malaysia)- founded in September 2003, this group is in the process of registering as a society. MAPE has 25 members, mostly middle to upper class gay Malays, who donate money to hold events for the Malay MSM community to increase awareness of HIV/AIDS and drug use. Their first two events, Mr. Eligible (December 2003) and Miss Eligible (July 2004) beauty contests, incorporated questions about safer-sex and AIDS in the question round of the pageants.

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<sup>3</sup> PT Foundation recently re-registered with its new name; it was previously called Pink Triangle.

<sup>4</sup> Any reference to “MSM Program” in this report refers specifically to PT Foundation’s MSM Program. It will not be used as a generic term.

<sup>5</sup> This list is certainly not exhaustive. With more time and research, one will locate more informal groups of MSMs in Kuala Lumpur, including online-based groups.

Race, class, language, and/or religion stratify many of these groups. PT Foundation MSM Program's current membership consists primarily of English-speaking Chinese men who "buy in" to Western notions of gay culture. Other groups cater to different audiences as noted above when the information is available. Similar race separatism takes place in MSM venues in KL, most notably in the club scene.

MSMs in KL frequent several gay and gay-friendly venues and spaces to socialize and/or locate potential sex partners. Urban gay venues found in many cities worldwide now thrive in KL, including bars, clubs/discos, restaurants, saunas/bathhouses, and massage centers (parlors). Cruising parks also dot the city where MSMs "cruise" for sexual partners or solicit male sex workers ("money boys").

Gay-identified men are more likely to patronize gay venues, such as bars and clubs, than are "closeted" or non-gay identified MSMs. However, as a male sex worker and a masseur reported, both gay-identified and non-gay-identified MSMs patronize massage centers and cruising parks for sexual encounters. Their clients also frequent gay venues, such as bars and clubs. The commonly held perception that men who patronize sex workers and masseurs for sexual encounters are generally "closeted" and/or married men may not be true in the KL context. More research to determine the clientele of male sex workers and masseurs is needed, as discussed in sections three and four.

Saunas appear to be the only gay venue where MSMs commonly participate in sexual activity.<sup>6</sup> Saunas do not regularly or openly distribute condoms, lubrication, and safer-sex information for fear of legal intimidation. Saunas are demonstrative of the socio-political context of Malaysia that allows for the existence of gay venues, but does not permit open acknowledgment of homosexual sex through on-site safer-sex information.<sup>7</sup>

#### B. Distribution of safer-sex information

As the only registered organization that explicitly deals with HIV/AIDS and minority sexualities, PT Foundation has been charged with the responsibility of disseminating information and safer-sex materials, such as condoms and lubrication sachets, to the MSM population in KL. Information in the form of palm cards, flyers, and posters appears to be culturally appropriate and is found in English, Chinese, and Bahasa Malaysia. All of the information directed at MSMs uses gay iconography and language. One interviewee noted that information for MSMs that does not use distinctly gay iconography and language might better appeal to non-gay-identified MSMs or those just coming to terms with their sexuality.

The MSM Program utilizes four means of distribution of information and materials: its drop-in center,<sup>8</sup> Sunday Session, a telephonic counseling line, and outreach work.

The drop-in center houses information, safer-sex materials, and a "safe space" for visitors. It was noted by several of the interviewees that both the drop-in center's location in Chow Kit<sup>9</sup> and its proximity to a male sauna deters some MSMs from accessing its resources, whether in "dropping-in" or attending events/meetings at the center, such as Sunday Session.

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<sup>6</sup> Bars and clubs do not appear to be common sites of sexual activity as in some other cities.

<sup>7</sup> This context will be discussed more thoroughly in sections four and five.

<sup>8</sup> The drop-in center is operated by a two-person staff and is open Wednesday to Sunday, 10.00am to 7.00pm.

<sup>9</sup> Chow Kit was perceived to be seedy and dangerous by many of the interviewees.

The Sunday Session is a three-hour discussion and support group held weekly as part of the drop-in center's activities. Topics of discussion will occasionally include HIV prevention and HIV/AIDS information.

MSM Program volunteers staff the telephonic counseling line Monday to Friday from 7.30pm to 9.30pm. Volunteers are equipped to provide HIV/AIDS information and make references to other resources, such as doctors or professional counselors, as required by the caller.

The outreach program has the potential to reach the widest audience, as those receiving information/materials are not self-selected in accessing the MSM Program's resources. Outreach sessions take place every two weeks at either one bar/club or one cruising park. At bars/clubs, outreach workers do not enter the premises, but rather mingle outside to distribute palm cards, leaflets, and/or condoms while discussing PT Foundation's services. At cruising parks, workers approach "cruisers" to attempt conversation, or at the minimum, pass out information and condoms. One of the outreach workers interviewed commented that the information used for outreach needs to be wallet-sized and contain more specific information than the current leaflets contain. In the case of cruising parks, this information must also be identity non-specific, i.e. the information must focus on behaviors and not a "gay" or MSM identity. Identity-specific information may be threatening or upsetting in these contexts to MSMs who do not identify as sexual minorities.

The effectiveness of the MSM Program's outreach work relies upon frequency, the number of outreach workers, the number of individual outreach sessions, the type of information distributed, and diversity of locations. The coordinator of the outreach program must strive to increase frequency to every weekend, and more importantly, to target a wider range of bars/clubs and cruising parks.

The outreach program should also consider expanding more systematically into gay chat websites. Currently, one of the telephone line volunteers informally uses chat sites to disseminate information about PT Foundation. The MSM Program may find a different audience online to the one served in "real time." Online outreach work could include online chat as well as the creation of a username and searchable profile with information about PT Foundation and HIV prevention. This tactic has found success at Triangle Project, a gay service organization in Cape Town, South Africa.

PT Foundation is the only organization that develops and publishes MSM-specific safer-sex messaging, and as such, other informal groups must rely on the MSM Program for their information. The MSM Program has attempted to distribute posters to some of the male saunas, but because of tenuous licensing of saunas, these media have not been well received or utilized.<sup>10</sup> PT Foundation should be more pro-active in distributing its publications as well as its free condoms to other MSM groups and venues instead of relying on its drop-in center and outreach work to serve all HIV prevention needs.<sup>11</sup>

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<sup>10</sup> See sections three and four for more discussion of the tenuous legal status of male saunas.

<sup>11</sup> See section five on coalition-building for more discussion of this issue.

### C. Areas of concern

Within the current framework of information dissemination, PT Foundation has been generally successful at providing HIV prevention services.<sup>12</sup> However this framework is problematic for a number of reasons, and several troubling holes exist in this system vis-à-vis changing community needs.

The MSM Program and other groups wishing to serve MSM populations must work inside the cultural and legal parameters of a predominantly Muslim and concurrently multi-cultural context. These parameters have largely defined the structure of information dissemination, as groups like PT Foundation and Malaysian AIDS Council must navigate inane policies around condom distribution and “sex promotion.”<sup>13</sup> However, these policies do not excuse the lack of a response to present community needs in a more pluralistic and visible gay community. Either these policies must be better skirted to improve HIV prevention, or they must be altered to reflect the activities of the MSM population.

The gay social scene and nightlife has transformed drastically in the last several years, which is in part evinced by the recent formation of several informal social and support groups. This potential network of gay venues and groups has not been utilized in HIV prevention work for the MSM population. As the only registered group that produces information, PT Foundation MSM Program’s role in particular has not adapted to changing community needs.

At PT Foundation’s inception, few openly gay venues existed, and the MSM Program was KL’s first well-organized group serving MSM needs, including those around HIV prevention. While current HIV prevention work is worthwhile, the changing landscape for the MSM population requires appropriate, adapted responses from organizations and community leaders working on HIV prevention in the MSM context. One example of this stagnation is the paucity of outreach work targeted to male sex workers in KL.

The next four sections of this report will address these changing community needs around HIV prevention for the MSM population alluded to above. It should be noted that this analysis is only a starting point for discussion. More thorough and systematic assessment must be undertaken. It is the author’s hope that this analysis will serve as a platform for future research and program recommendations.

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<sup>12</sup> Several of the interviewees reported that PT Foundation was their first source of MSM-specific safer-sex information.

<sup>13</sup> See section four and appendix B.

### III. Targeted Communities: Places and Spaces

#### A. Closed spaces

Closed spaces where gay men congregate provide the easiest and most effective sites of intervention.

##### i. Bars, clubs, restaurants

As it stands, bars, clubs, and restaurants are not successfully utilized in HIV prevention work. Some groups, such as LPG, MAPE, and the MSM Program, occasionally host parties at clubs where safer-sex information is distributed or the theme of the party is to raise AIDS awareness. The MSM Program's outreach work also targets one or two clubs once or twice monthly as described above.

Sustained HIV prevention education ought to be implemented at all gay bars, clubs, and restaurants. At minimum, these venues should be encouraged to display posters about condom use and safer sex, distribute condoms and lubrication sachets, make available information leaflets, or even supply a donation box for PT Foundation or another AIDS organization to increase awareness. These materials can be strategically and "diplomatically" placed as appropriate to the venue. One example is a gay-targeted restaurant in KL that provides a donation box and PT Foundation palm cards on a table near the bar. Their display is sensitive to their clientele and to the nature of their business, as well as strategically placed to avoid suspicion.<sup>14</sup>

Outreach work to bars and clubs greatly supplements this kind of scheme, as well as acts as a substitute until information can be made permanently available in these venues. In the MSM Program's current outreach operation, only a select few bars/clubs are targeted irregularly, which is problematic given the somewhat race- and class-segregated nature of KL nightlife. Outreach workers in the MSM Program or any other program must target all gay bars and clubs with regular frequency to ensure that the widest possible audience is captured.

##### ii. Massage centers

Owners of massage centers are aware of the sexual activity that takes place on the premises, as well as off-premises when masseurs arrange for later meetings with clients. One masseur interviewed estimated that 90% of customers desire some form of sexual activity in addition to the standard massage. In most cases, the customer will request or initiate sexual activity. In that sense, the masseur is not a standard sex worker or "money boy," and thus HIV prevention must be specifically targeted to these kinds of behaviors, not framed around sex work.

The community of masseurs who provide sex services is not currently being targeted in HIV prevention. While one might imagine that most sex taking place at massage centers is non-penetrative (and thus less risky), one respondent commented that penetrative sex does happen in the centers and occasionally outside the premises. Massage centers do not distribute

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<sup>14</sup> Business owners' hesitation or legal intimidation does not excuse this kind of scheme from being implemented. Sections four and five will address issues of advocacy and coalition-building.

condoms, lubrication, or information for fear of legal intimidation and out of hesitation or diffidence.

According to one masseur interviewed, massage center owners are not likely to distribute condoms with increased pressure from outside groups, though they would probably agree to workshops with employees about HIV prevention. Future HIV prevention programs for the MSM population must include education and awareness work with masseurs, massage centers, and center owners. Condom distribution could also be attempted.

### iii. Saunas

Saunas may be the most problematic space vis-à-vis HIV prevention. Several male saunas in KL allow MSMs to congregate for the purposes of socio-sexual interaction.<sup>15</sup> These saunas, if registered, are licensed by City Hall (DBKL) as a gym and/or sauna. At present, seven departments at DBKL must approve a sauna's application.<sup>16</sup> Each department sends inspectors to ensure the facility is operating within the bounds of the law.

Sodomy is technically illegal in the Penal Code of Malaysia, Section 377A.<sup>17</sup> Government officials are aware that these saunas are used for the purposes of socio-sexual interaction among MSMs. A nuanced game is played between officials and sauna owners for the sauna to be permitted to operate. Saunas are allowed to operate as long as officials find no explicit reason to withdraw their license. For licensed saunas, official inspections take place by appointment only, which allows operators to remove or alter any "evidence" of MSM sexual activity on the premises, which might include hiding condoms or turning on the lights in dark areas. Permanent changes required to hide sexual activity might include removing doors from small rooms or posting a sign for "changing rooms." Anything that might draw suspicion about possible sexual activity must be carefully altered to fit the image of a non-sexualized space that officials require. Inspectors are also concerned with drug use, pornography, loud music, and commercial sex work. As long as sauna operators comply and do not become a nuisance to neighbors, saunas may operate in this official "tolerance policy" scheme. Nonetheless, there is constant fear, if not paranoia, that a sauna will be "caught" and shut down by DBKL.

One sauna employee interviewed reported that monthly bribery is commonplace for his sauna and other saunas with which he is familiar. Junior officials will often approach the manager or owner outside of official inspection times to ask for money to "help out a sick mother" or "pay for children's school textbooks." If a sauna owner begins to fall out of compliance in anyway, bribery may increase or the sauna may be closed.

This context is important in understanding the difficulties of HIV prevention in saunas. Saunas do not distribute condoms or lubrication openly to customers at the time of this writing. Apparently, some saunas used to distribute condoms, but for reasons outlined above, were forced to stop or conceal distribution. One sauna clandestinely distributes condoms from behind the lobby desk, but customers must request them, which requires knowledge of their existence on the premises in the first place. Customers may also bring their own condoms.

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<sup>15</sup> Saunas, also called bathhouses in some countries, are a common feature in many urban areas.

<sup>16</sup> Examples of departments include safety, hygiene, infrastructure, road works, and fire.

<sup>17</sup> See appendix B.

Saunas entertain considerable risks in deciding to display posters or distribute leaflets about HIV transmission and safer-sex. One sauna displays two PT Foundation posters and a couple sauna-produced posters with coded language around protection: “Afraid of AIDS?” “Boyfriend problems?” “Safety is fun,” and so on. This is certainly one way to avoid confrontation with inspectors, and if an inspector does inquire as to the purpose of these posters, the sauna employee can more easily make a case for their purpose based on “general awareness in society” or other platitudes. However, any poster that explicitly mentions condoms or sex may be used by inspectors to “prove” the existence of sex on the premises. At one sauna, inspectors required the removal of a PT Foundation poster that read, “Use a condom.” Unfortunately, it is this type of language and explicit information about condom use and HIV transmission that is needed for proper awareness and education. Coded language only serves as a reminder to those who already have enough information to decode the messages and follow safer-sex protocols.

Considering that the AIDS epidemic was fomented by bathhouses in the United States in the early 1980s, the lack of HIV prevention work in saunas may be the most troubling shortcoming in the current system of information distribution to the MSM population. Any considerable “spike” in HIV infection among sauna clientele could reach a tipping point for a general MSM epidemic given the efficient facilitation of transmission through unprotected sex in the sauna setting.

## B. Open spaces

### i. Cruising parks: MSMs

Several cruising parks exist in KL where MSMs can locate potential sex partners. These cruising parks dot the city in places such as public parks and car parks. Both gay-identified and non-gay-identified men frequent these cruising parks. That is to say, men who are “closeted,” “out of the closet,” or living otherwise “straight lives” use these parks. As noted in section two, men who “cruise” at these parks may also patronize gay venues, such as bars and clubs. Sexual encounters may take place in the cruising parks or in the vicinity, or partners may move to another location indoors.

The MSM Program’s outreach work includes cruising parks in its targeted locations. However, not all cruising parks are served for issues of safety, and the parks currently targeted are generally served once a month. Outreach workers should strive to include more cruising parks more often in their outreach program. Additionally, any outreach program working in cruising parks must be adequately trained by professionals in issues of safety and appropriate outreach methods for park settings, as cruisers may consider outreach workers’ presence an invasion of privacy.

### ii. Cruising parks: sex workers

Male sex workers (“money boys”) are also present at one or two of the cruising parks that MSMs frequent. Unlike regular cruisers, money boys require payment for their services, and this payment is negotiated at first contact. One money boy reported that most sexual activity with money boys takes place outside of the cruising parks, typically at a private home or hotel. Money boys generally do not demand the use of condoms, and the choice to use

condoms is left to the customer, though their use or non-use does not factor into the amount of payment.

The same money boy interviewed reported that customers appear to be both closeted and non-closeted MSMs. He believed that many of his customers also frequent gay venues, but find that money boys provide an easy and reliable source for sexual encounters.

The mixed clientele of closeted and non-closeted MSMs and the fact that the two segments of the MSM population inter-mingle in the same cruising parks (whether or not they pay for sex) is problematic for HIV prevention work. This overlap has the potential to create a route of transmission of HIV from male sex workers and their clients to the more general MSM population that does not “cruise” for sex or employ sex workers. Additionally, sex workers of any gender in KL are more likely to also be intravenous drug users, who are at the highest risk of infection in Malaysia.

The above confluence of risk behaviors and risk groups in cruising parks problematizes HIV prevention work in KL, which focuses heavily on risk groups, such as sex workers and intravenous drug users. When risk groups are regularly in contact with one another, prevention work must be scaled up to cover all areas of potential transmission.

Programs already exist for female and transsexual sex workers, such as those run by Pertubuhan Wanita & Kesihatan, KL (WAKE) and PT Foundation, but here is no outreach work or program targeted at male sex workers, which is a considerable lapse in the current system. Such a program would be well received by male sex workers according to interviewees familiar with the sex worker community.

#### **IV. Advocacy**

Nearly all of those interviewed reported that advocacy was the greatest community need in KL. Many interviewees believed that advocacy was needed to sensitize the public to MSM needs and issues, create a more comfortable community space, and allow MSMs to live their lives without fear, intimidation, and stigma. As this report focuses on HIV prevention, it is not in its purview to discuss the need for general “gay advocacy and lobbying” in Malaysia. Nevertheless, advocacy around certain issues related to MSMs and the gay community would help strengthen HIV prevention.

The system of HIV prevention work, particularly information distribution outlined in section two, does find some success in the current framework. However, the framework is fundamentally dictated by cultural and legal parameters, which hinders efforts to reach the widest possible audience in the most pressing areas. The lack of condom distribution at saunas is a prime example of how these parameters are dangerous to both HIV prevention work and MSMs themselves.

The only registered gay organization, PT Foundation MSM Program, is solely a service organization. While service organizations are needed, the effectiveness of their work is limited by government censorship and control—explicit or implicit—of safer-sex information, particularly that which is targeted at the MSM community. Penal code sections 292, 293, 377A, and possibly others are broadly used to control information about homosexual sex, and effective HIV prevention must speak frankly about sexual activity. Section 292 criminalizes the circulation of “obscene” materials; Section 293 extends and harshens this criminalization around access to these materials of young persons “under the age of twenty years”; and Section 377A prohibits oral or anal intercourse (“carnal intercourse”).

While these laws are rarely used for prosecution, their existence provides government officials the authority to question the dissemination of MSM-targeted safer-sex information, the public distribution of condoms in businesses or elsewhere, and the operation of gay-targeted businesses.<sup>18</sup> One case in point is the difficulty of distributing condoms at gay venues. Business owners fear harassment or adverse repercussions for “publicly announcing” they have a gay clientele by housing MSM-targeted materials.<sup>19</sup>

In a more active and visible gay community with several gay venues and groups, organizations and community leaders must adapt to homologous community needs. The growing diversity and plurality of the MSM community is not reflected in the present system of HIV prevention. It is largely incapable of responding appropriately without systematic advocacy, education about current laws and rights,<sup>20</sup> and greater leadership presence.

However, organization and community leaders find it difficult to work publicly for rights to information and self-protection for the MSM population. Organizations and individuals may

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<sup>18</sup> One notable case, however, is the 1998 prosecution of former Deputy Prime Minister En Anwar Ibrahim and his alleged male sex partners for “unnatural sex.”

<sup>19</sup> It should also be noted that general condom and information distribution in “mainstream” venues is also difficult for many of the same reasons. Advocacy should play a role in changing the system of information distribution for all segments of the greater Malaysian population.

<sup>20</sup> Sauna owners, in particular, need to be empowered with precise legal information concerning what kind of condom/information distribution is possible within the law.

face negative legal, social, and religious repercussions. Nonetheless, it may be tempting to immediately assign the task of advocacy to PT Foundation MSM Program. While it may be most affected by the current outdated framework, its work as a service organization could potentially be compromised were it to take on advocacy in its portfolio. Conversely, as the only registered organization with structured HIV prevention work, it would stand to gain the most from advocacy and lobbying.

It is clear that advocacy presents a troublesome catch-22 to the MSM community. The MSM Program could potentially re-imagine its role in the community as an advocacy-based group with the backing of its larger, established, and respected home in the greater PT Foundation organization. Concurrently, the MSM Program could work on HIV prevention and outreach as an information and support clearinghouse for all gay groups in KL. If the MSM Program professes to serve community needs, then advocacy—as one of the most pressing community needs—should fall within its purview in some way.

Malaysian AIDS Council also has a vested interest in the free and unfettered distribution of information and condoms to the MSM population. The prominence of MAC would likely dissipate any backlash from public advocacy in which it is involved. At minimum, MAC should consider training community leaders and activists working on these and similar issues, such as the ad hoc MyRainbow group that was formed to respond to a spate of anti-gay rhetoric in Malaysian media in 2003.

## V. Coalition Building

Because advocacy work could entail considerable costs, coalition building can be used to strengthen such work and diffuse any backlash. The formation of the MyRainbow group is one such example. To respond to anti-gay media, the loosely connected group of individuals drafted several letters to newspapers and drafted a memorandum to the Human Rights Commission Malaysia. To lend credibility and legitimacy to their cause, they solicited the signatures of seven recognized non-profit organizations, include SUARAM, MAC, PT Foundation, and Women's Aid Organization. The group continues dialogue via a mailing list.<sup>21</sup> This kind of coalition building could be emulated by official organizations, as well.

Regarding HIV prevention work, the current landscape of gay groups and gay venues provides a wealth of opportunity for networking, information distribution, and joint programs. Because many of the groups, including the MSM Program,<sup>22</sup> largely cater to one ethnicity or class level, it is imperative that the MSM Program seek to build coalitions with other groups to capture the widest audience possible. It is nearly impossible for the MSM Program to operate under the assumption that it can effectively reach most or all parts of the MSM community in the current landscape. Coalition building is one way to expand the reach of information produced by PT Foundation MSM Program.

In creating coalitions, the MSM Program must be sensitive to the needs of other MSM groups. For example, some groups may not be willing to work together on joint social events to increase AIDS awareness, or other groups might not allow the MSM Program access to their mailing lists. At minimum, the MSM Program should work to distribute information to other groups through whatever channels, as AIDS information for MSMs is its specialty.

In addition to gay groups, coalition building should include gay venues and gay-owned businesses. Working with business operators might open up new channels to disseminate information.

One of the obstacles in coalition building is overcoming race- and class-based divisions among gay groups within the community. One of the criticisms of the MSM Program is its perceived and actual exclusivity to Chinese, English-speaking men, which is problematic given its authority over HIV prevention information. That exclusivity has deterred some groups and individuals from approaching the MSM Program. The MSM Program must work to reach out to other groups in fulfilling its mandate to educate the MSM community on HIV/AIDS issues. At the same time, other groups will have to overcome hesitations, where they exist, in working with the MSM Program and other gay groups with different membership profiles.

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<sup>21</sup> The formation of the MyRainbow group is one example of the lack of response to the needs of the MSM community on the part of official organizations. While their cause was not specifically related to HIV prevention work, it works towards creating a more comfortable and effective environment in which to perform HIV prevention work.

<sup>22</sup> PT Foundation MSM Program's membership is primarily Chinese, middle class, English-speaking, educated, and often with some international travel experience.

## VI. Mainstreaming of MSM Issues

Coalition building around MSM issues or work on MSM issues, HIV-related or not, must not be relegated or ghettoized to gay organizations or gay individuals. Much of the community's criticisms of the work of PT Foundation MSM Program center on the assumption that the Program alone is supposed to work on all gay-related issues. The Program has a mandate to serve the HIV/AIDS needs of the MSM community, and whether or not that mandate is successfully fulfilled, the Program cannot be expected to solve all MSM-related problems. The fact that the Program is the only registered organization doing HIV work for MSMs does not mean that the Program can or will ever have the capacity to serve all areas of the community. What it does mean is that there are not enough registered, recognized, professional organizations performing this kind of work.

Ultimately, HIV prevention work is about one thing: prevention of HIV transmission. No matter the specific behavior or identity group, any organizations whose mandate is harm reduction and HIV awareness must assess areas of possible harm. It is clear in this report that there are several areas that are being underserved or not served at all. Malaysian AIDS Council—as an umbrella organization rich in skills and resources—has been derelict in assessing the needs of the MSM community—one of the historically high-risk groups. Several interviewees reported that MAC has relegated most, if not all, MSM work to PT Foundation, which has the potential to provide a convenient explanation for the lack of prevention work in some segments of the MSM community. While MAC may have been involved in a few MSM efforts, no sustained engagement, besides involvement with PT Foundation, is apparent.<sup>23</sup>

It appears that in the KL context, organizations and personalities have lost sight of the community being served. The mainstreaming of MSM issues requires that all organizations and groups working in HIV prevention be sensitized to the prevention/treatment needs of the MSM community, and not become embroiled with ownership of MSM issues. A registered organization, such as the MSM Program, may be able to take the lead on some MSM issues, but where such leadership fails or cannot or does not exist, other capable organizations must step in to ensure that needed leadership materializes. Two obvious examples where the ghettoization of MSM issues may have already caused significant harm are the lack of outreach work to male sex workers and the lack of condom distribution at saunas. Both areas are potential, if not current, hotbeds of HIV infection. Where PT Foundation or other MSM groups do not have the resources to pursue work in these areas, organizations, especially Malaysian AIDS Council in this context, must be prepared to address these challenges in full force. Negligence will be nothing but devastating if mini-epidemics develop in non-served areas. Historical examples of non-response to the MSM community are innumerable around the world.

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<sup>23</sup> It is telling that the MSM community is not one of the communities MAC professes to work closely with in its organizational profile published on its website. Other communities served include migrant workers, religious communities, private sector corporations, and medical/dental personnel.

## **VII. Recommendations**

In addition to the recommendations provided throughout this report, the following is a list of key recommendations (in no particular order) to improve HIV prevention work in the MSM community:

### **A. Development of an MSM group forum to address MSM issues**

To the author's knowledge, no forum has been organized to bring together the various MSM groups to discuss HIV prevention strategies in an updated system that incorporates all of these groups. A forum may facilitate future, more formal coalition building among and between groups that may have little or no knowledge of one another. At minimum, such a forum would allow the MSM Program and Malaysian AIDS Council to tap into the diverse and plural MSM community for HIV prevention work.

### **B. Follow up on outcomes of the C2C forum**

In December 2003, a Community to Community (C2C) forum was hosted by MAC. Several gay-identified individuals participated to discuss needs of the gay community, as one of the communities addressed in the forum. Topics of their discussion included safer-sex negotiation, empowerment, and advocacy. A MAC volunteer is currently drafting a report of the discussions. The suggestions in the report will be useful in understanding needs around HIV prevention, as well as general needs of the MSM community.

### **C. Employment of a consultant at Malaysian AIDS Council**

In line with MAC's organizational changes and the UNAIDS assessment of December 2003, MAC should consider hiring a specialist in MSM HIV prevention programs. A consultant may be able to uncover other areas that are not being served, as well as flush out program details for much-needed programs. A consultant should work closely with MAC, the MSM Program, and other groups to develop new comprehensive strategies.

### **D. Development of a male sex workers program**

As successful programs already exist for female and transsexual sex workers, models for sex worker outreach programs are readily available in Malaysia. Current programs and their knowledgeable staff can be consulted to develop a new program specifically for male sex workers. The "money boy" interviewed suggested a drop-in center for access to occasional lodging and rest, food, condoms, and education on safer-sex. While this program will not be developed overnight, outreach work to male sex workers could be initiated quickly to provide condoms and information in the short term. Initial outreach work could be added to a current outreach program or be developed independently. Eventually, a drop-in center needs to be organized to complement current drop-in centers for female and transsexual sex workers. It is important, though, that a male sex worker community program remain independent from current female/transsexual programs, as needs are different and safe spaces could be compromised in joint programs.

#### E. Immediate intervention at saunas

Lawyers should be consulted to ascertain the limitations of distributing safer-sex information, displaying posters, and distributing condoms.<sup>24</sup> Sauna operators should be knowledgeable of their rights within the law, and training to skirt the law if necessary (such as secretly distributing condoms) ought to be provided in the interest of harm reduction. Consultation and work with the DBKL on this issue might also prove fruitful, especially if MAC lends its credibility.<sup>25</sup>

#### F. Input in a University of Malaya research project on MSM needs in Malaysia

The Ministry of Women and Family Development has charged Professor Dr. Sarinah Low Abdullah of the Health Research Development Unit at University of Malaya with heading a study commissioned on MSM needs (health, social, psychological). This report is a timely opportunity to assess all needs of the MSM community, and not just those around HIV prevention. With input from competent academicians, community leaders, and MSM-issue specialists, this report has the potential to re-formulate beneficial government policy around MSM needs. The researchers must be precise, exhaustive, and sensitive to ensure that the report is not used to inflame anti-gay rhetoric or craft policy couched in homophobia or stigma. MAC and PT Foundation can provide valuable input, and academicians who are familiar with MSM issues should be consulted.

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<sup>24</sup> Sauna owners should also inquire as to whether they can legally sell condoms on the premises. The commercial sale of condoms may be one way to evade the problems of free distribution or the “promotion” of sex.

<sup>25</sup> The information garnered here can be used to assist massage centers, though owners may be reluctant to receive this kind of information.

## **VIII. Implications and Limitations**

One of the primary implications of this report is that more research is needed to assess community needs around HIV prevention. The current system of prevention appears to be outdated, and until a more exhaustive report is produced, organizations and leaders will be acting somewhat blindly. With that said, this report has outlined and highlighted some of the key problem areas that can be addressed in the short- and medium-term.

While this report was not intended to be an organizational audit, there are clearly some organizational issues alluded to that need to be addressed to use current resources more effectively, as well as to expand prevention work. Any future organizational examination must be sensitive to the fact that a gay organization must be able to rely on other groups for assistance—the mainstreaming of MSM issues—and not be expected or required to speak for the entire diverse MSM community.

This report has highlighted the diversity and plurality of an increasingly vibrant MSM community in KL. Several groups are listed in section two. Organizations devoted to HIV prevention should not hesitate to work with informal, unofficial groups. More knowledge is needed to understand the workings of the community and include even more groups of MSM for targeted prevention.

The analysis in this report relies almost entirely on information and opinions reported from a relatively small pool of diverse individuals. Even with a sample size of twenty, several strong trends and consistent observations were discovered in the responses of the interviewees. This consistency could be a reflection of a homogeneous pool of individuals, but given the diversity of respondents, their observations and subsequent analysis in this report speaks to the overwhelming need for changes.

With that said, two principal limitations of this analysis are the relatively small sample size and the amount of time spent doing field research. A six-week study will not fully capture the landscape for HIV prevention work, and some of the observations and analysis here may be premature as a result. Future research of this kind would include more participants, particularly those who operate gay venues, such as bars and saunas, and those affiliated with policy-making bodies and government agencies.

Finally, this report has essentially acted as an assessment or evaluation of current programs for and the immediate needs of the MSM community vis-à-vis HIV prevention. Evaluation is a necessary tool to understand the effectiveness of HIV prevention work, and one salient point of this report is the need for ongoing evaluation of programs. It appears that little evaluation currently takes place, and no formal assessment/evaluation scheme for MSM HIV prevention work has been adopted. Hopefully, this report will serve as a starting point for a more self-reflective, self-critical, and assessment-based system of HIV prevention work in the future for the MSM community of Kuala Lumpur.

## **Appendix A.**

### Demographics of study participants (interviewees)

20 formal interviews, in addition to a series of informal discussions with those not formally interviewed

19 males, 1 transsexual

age range: 21 to 54

#### Ethnicity:

7 Chinese

5 Indian

4 Malay

3 multi-racial

1 Caucasian

#### Language:

All interviews were conducted in English, with the exception of one, which was conducted in Bahasa Malaysia with the assistance of an interpreter. Most of the interviewees were competent in English. Two of the interviews relied heavily on written communication, as no interpreter was available.

#### PT Foundation affiliation:

7 are affiliated with PT Foundation MSM Program, as previous or current volunteers, members, or paid staff

5 are affiliated with other MSM-oriented groups

#### Occupation (general):

8 in business (any industry, besides service industry, at any level)

6 in service industry

4 in non-profit sector

1 in government

1 unemployed

#### Occupation (relevant to the HIV prevention work discussed):

4 volunteer outreach workers

1 sex worker

1 sauna owner

1 masseur

## **Appendix B.**

Relevant penal codes

ACT 574

PENAL CODE (REVISED - 1997)

CHAPTER XIV - OFFENCES AFFECTING THE PUBLIC HEALTH, SAFETY,  
CONVENIENCE, DECENCY AND MORALS

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Section 292. Sale, etc., of obscene books, etc.

Whoever-

(a) sells, lets to hire, distributes, publicly exhibits or in any manner puts into circulation, or for purposes of sale, hire, distribution, public exhibition or circulation makes, produces or has in his possession any obscene book, pamphlet, paper, drawing, painting representation or figure or any other obscene object whatsoever;

(b) imports, exports or conveys any obscene object for any of the purposes aforesaid, or knowing or having reason to believe that such object will be sold, let to hire, distributed or publicly exhibited or in any manner put into circulation;

(c) takes part in or receives profits from any business in the course of which he knows or has reason to believe that any such obscene objects are for any of the purposes aforesaid, made, produced, purchased, kept, imported, exported, conveyed, publicly exhibited or in any manner put into circulation;

(d) advertises or makes known by any means whatsoever that any person is engaged or is ready to engage in any act which is an offence under this section, or that any such obscene object can be procured from or through any person; or

(e) offers, or attempts to do any act which is an offence under this section,

shall be punished with imprisonment for a term which may extend to three years, or with fine, or with both.

[Am. Act A727:s.3]

Exception-This section does not extend to any book, pamphlet, writing, drawing, or painting kept or used bona fide for religious purposes or any representation sculptured, engraved, painted or otherwise represented on or in any temple, or on any car used for the conveyance of idols, or kept or used for any religious purpose.

Section 293. Sale, etc., of obscene objects to young person.

Whoever sells, lets to hire, distributes, exhibits or circulates to any person under the age of twenty years any such obscene object as is referred to in the last preceding section, or offers or attempts so to do, shall be punished with imprisonment for a term which may extend to five years, or with fine, or with both.

ACT 574  
PENAL CODE (REVISED - 1997)  
CHAPTER XVI - OFFENCES AFFECTING THE HUMAN BODY  
Unnatural Offences

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Section 377A. Carnal intercourse against the order of nature.

Any person who has sexual connection with another person by the introduction of the penis into the anus or mouth of the other person is said to commit carnal intercourse against the order of nature.

Explanation-Penetration is sufficient to constitute the sexual connection necessary to the offence described in this section.

Section 377B. Punishment for committing carnal intercourse against the order of nature.

Whoever voluntarily commits carnal intercourse against the order of nature shall be punished with imprisonment for a term which may extend to twenty years, and shall also be liable to whipping.

## Appendix C.

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## **Appendix D.**

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